

Group #2 Moderators: Beth Perry and Ted Enoch

Group Description: The engaged quality of this group's discussion clearly came from the considerable experience of each of its participants. Three were parents of people affected by behavioral health issues, one was a peer counselor, and the rest came from groups dealing with the matter professionally, including one medical student and one retired osteopath. Five were women, three were men; one participant was African-American, the rest were white. Most were middle-aged, with the two medical people providing the youngest and the oldest. All were ready from the beginning to talk and to listen carefully. Everyone seemed to greatly appreciate the chance to talk together.

Policy Issues:

- 1) Criminalization: The legal system and the police are the first line of defense –Why?
Heart attacks rushed into the medical system; brain attacks are not. Why?
Public school treatment –
First declare son 'incorrigible', then get a probation officer, then get 'help'
- 2) Commitment Debate/ Institutionalization
Balance autonomy and needs;
Legal system balances protecting patient vs. treating illness
- 3) Lack of Access to Care
Byberry Hospital closed, not fixed; System broken
Emergency rooms very poorly equipped for this purpose
Homeless shelters mistreat and make the problem worse
Expense: Public assistance better than insurance (20 visit maximum)
- 4) Training (for teachers, parents, counselors, police, shelters)
Example: Rape victim treatment now vs. 30 years ago like 'night and day'
Do the same for behavioral health issues
- 5) Recovery/Good Outcomes/Prevention
Early identification, early intervention
Prevention of abuse
Address abuse and trauma early on in a person's life
Provide jobs

Top Issues for Analysis: 1) Criminalization; and 2) the Commitment Debate

Issue by issue analysis:

Issue #1: Criminalization

A) Success: Criminalization issue should not be in the picture. If it is in the picture, should know how to handle the mental issue effectively.

B) Key Obstacles:

- 1) Lack of training
Treatment of rape victims then and now as a good example of good training)
- 2) Lack of funding
- 3) Stigma
- 4) Fragmentation of services

C) Key Assets:

- 1) Local medical school, hospitals, and universities
- 2) Local mental health organizations
- 3) Informed citizens ready to act!
- 4) Books, movies, growing public awareness – Time is right.

D) Actions

- 1) Education (stigma)
- 2) Stigma: Copy success of better treatment of cerebral palsy, Downs syndrome,
- 3) Better communications of services and coordination of services
- 4) Good and effective public relations (How to get help and how to recognize help is needed)

Issue #2; Commitment Debate

A) Success: Maximize engagement; Minimize involuntary element

B) Key Obstacles: Lack of options; Coverage stigma

C) Key Assets:

- 1) Mobile teams
- 2) Crisis services
- 3) Certified peer specialists
- 4) Recovery-focused CBH and DBH

D) Actions

- 1) \$\$ for team-based, longitudinal, empathetic, '24-7' first responders

- 2) Improve police-mental health relations
- 3) Improve emergency room training and mental health collaboration
- 4) Court system diversion programs
- 5) Expand ICM services and out-patient follow through
- 6) Involve family
- 7) Increase peer educators