

Minds on the Edge Moderator Report

Group Number: 3

Moderator Names: Ellen Greenberg, Carolyn Chernoff

Group Description:

While visitors and observers cycled in and out of our group, Group 3 had 11 main participants: 1 man, 10 women, several women of color, majority appeared to be white, ranging in age from around early 30s to much more seasoned. Our group included self-identified consumers of behavioral health services and their families, past and present professionals in the field (psychiatric nurses/social workers, other therapists, counselors and educators), and NAMI members. People in the group came to WHYY from Philadelphia and the surrounding region, including New Jersey.

Our group was passionate about behavioral health, and brought a lot of serious energy to discussion. Several people shared personal experiences and some tears, and the group seemed to listen to and respect one another's various journeys. It was a challenge to focus on policy issues, but once three major themes were identified by group members, they split into small groups and brainstormed a lot of good ideas while continuing to share stories, struggles, and resources.

Policy Issues Identified: (note: asterisks indicate how many people voted for the issue)

- Autonomy – what gives autonomy and enables help and care?***
- “Imminent Danger” – this is a negative policy, what is a positive policy?
- Red tape and challenges to diagnosis
- Early intervention
- Supporting Families*
- Public education
- Professional development
- Peers and peer programs**
- Proactive hospital policies
 - Support and advocacy
 - In E.R. and crisis response
- Is treatment effective***
- Research studies*
- Falling through the cracks
- Policies throttle families and clinicians
- New ways to intervene*
- Health care reform must include non MD workers *****

Policy Issues specific to the Philadelphia Region:

- Nobody talks to anybody
- Stigma
- Restraining orders and criminalization (instead of sending someone with a documented mental illness to jail for violating a restraining order, sending them to treatment)*
- School districts include more counseling with trained people***
- New ways to intervene that involve the entire community*
- Importance of community acceptance
- Maintenance/continuum of care***
- Integrated medical/behavioral health:****

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- Services
- Training
- Hospitals
- Treatment
- Awareness
- Links
- Engagement through empathy*

Top issues for analysis

The group split into two large groups to focus on:

1. Integrated medical/behavioral health and
2. Include non M.D. workers

Then one woman in the group asked if there was anyone else interested in working on another issue.

Two other group members joined her to work on the issue of:

3. Effective treatment

ISSUE 1: INTEGRATED MEDICAL/BEHAVIORAL HEALTH

SUCCESS:

- Training of clinicians
- Places where services are provided
- Communication across all parties
- Reduced recitivism

KEY OBSTACLES:

- Stigma
- Interpretation of HIPPA
- Finances
- Lack of awareness and resources

KEY ASSETS:

- Awareness
- Healthcare reform
- Healthcare equity for all disease

ACTIONS:

- Civic engagement
- Legislative reform
- Feedback from patients
- Training
- Incentives for becoming integrated
- Disincentives for failing to become integrated

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- Communications among all providers
- Healthcare reform

ISSUE 2: INCLUDE NON M.D. WORKERS (PUBLIC EDUCATION)

SUCCESS:

- Use of trained: APNs, Social workers, teachers, guidance counselors, multidisciplinary coordination, access to support for activities of daily living for families and patients.

KEY OBSTACLES:

1. Not empowered at the level of competence
2. Not proper training (of staff in school systems)
3. Pay
4. Political will to change system
5. Stigma

KEY ASSETS:

- Role model: NJ (NJ employs APNs for CMHC; Mental health reform increased under Governor Codey)

ACTIONS:

1. Demand that the Department of Education mandate Mental Health training of school personnel
2. Seek counsel from all mental health disciplines (nurses, therapists, social workers, etc.) as to effective programs to shape new programs
3. Dissemination of documentaries in multiple venues
4. Work toward higher pay for all mental health workers including Advance Practice Nurses (who must be given prescriptive power)
5. Support mental illness education of the public

ISSUE 3: FINDING EFFECTIVE TREATMENT

SUCCESS:

- Treatment makes a qualitative difference in the life of patient and family on goingly
- Patients move into housing and employment that are satisfying situations
- Stabilization
- Consistency of care
- Experience of JOY, thriving

KEY OBSTACLES:

- Funding
- Stigma

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- Fear
- Training
- Limitations regarding programming
- Communication
- Awareness
- Understanding
- Narrow approaches
- Policies that constrain options
- Criminalization

KEY ASSETS:

- Good research
- Confidence in insurance coverage
- Funding efficacy
- Range of options
- Continuum of care
- Direct access
- Customized services
- Respect and dignity

ACTIONS:

- Educating people working in the system
- Showing video voices
- More public events for brainstorming
- Increased dialogue
- Increased education
- Find effective treatments and then make them broadly available
- Government advocacy and PR (like the heart association)
- Fighting stigma
- Collaboration between organizations
- Behavioral Health term – refer to “Behavioral Health” vs “Mental Illness”
- Editorials