

Minds on the Edge Moderator Report:

Group Number: 4

Moderator names: Carolyn T. Thompson & Steven Pyser

Group Description: The group consisted for ten participants: 3 men/7 women, all white, and approximately $\frac{3}{4}$ were health care professionals*. The group was like-minded and never verbally disagreed with each other. They worked well together and needed very little direction from the moderators.

* Demographic are based on visual observation, rather than allowing participants to self identify.

Policy Issues Identified

- Health care professional don't get to see people until a lot has happened
- Money isn't going into prevention
- Substance abuse isn't being addressed
- The definition of "imminent danger" is harming some people
- Lack of a continuum of care
- Need early intervention with young children
- Trauma leads to the break down of family systems
- Misguided values – leaving the hospital to end up in law enforcement
- Stigmatization
 - Mental illness is viewed differently than physical illness; people need to see mental illness as a medical condition
 - Need to treat brain-based disorders as we do other disorders
 - Leads to internalized stigma/shame and denial
- Lack of training for law enforcement
- Mental illnesses aren't visible ("we don't put a cast on the brain") and therefore people don't offer to help
- Early treatment/intervention
- Balance fiscal and quality individual care
- Public education is needed
- Lack of equitable compensation for mental health professionals (they make far less than medical professionals.)
- Alzheimer's
- Housing
- Jobs and education
- Trauma/PDSD
- Treatment vs. resisting litigation
- Integration of services (blend funding, collaborations)
- Care taker support

Top Issues For Analysis (List 3-4 top issues people will work on)

- Integration of services
- Sigma and discrimination

Issue-by-issue analysis of each of the top 3-4 issues:

Issue Name: Integration of Services (individualized plan among systems)

Success (What it looks like):

- Collaboration among all supportive persons
- A centralized organization to coordinate and direct supportive services

Key Obstacles to address

- Sharing information
 - Legal consideration (HIPPA)
 - Individual choice
- Social stigma
- Politics/funding

Key Assets to draw on

- People who are willing and committed to improving this issue
- Possible model of medical system
- Support of current administration (i.e. president)

Actions to take and by whom (official action, organizational action or individual action)

- Influence healthcare legislation
- Do what we can within what we have
 - Person centered planning
- Reorganize what we have
 - Use universal assessment tool across systems (bio psycho social)
- Education
- Increase frequency of treatment teams (e.g.: Assertive Community Treatment)
- Create continuum of care
- Inclusion of care takers
- Peer perspective

Issue Name: Stigma and Discrimination Regarding Mental Disorders

Success (What it looks like):

- Parity in funding for research and treatment
- Educate from ground zero regarding mental illness
- Effective treatments from serious disorders

Key Obstacles to address:

- Lack of public awareness and information
- Language bias

Key Assets to draw on:

- Brain-based research increasing

- Treatment protocols with evidence for specific treatment for specific disorders
- Actions** to take and by whom (official action, organizational action or individual action)
- Giant PR campaign that is multifaceted to educate large groups in our society
 - Re-language; the term “mental health” is part of the problem
 - Scientific basis needs highlighting
 - Culture-specific focus for education and treatment
 - Larger diverse populations for education in treating disorders