

Minds on the Edge Moderator Report

Group Number: 5

Moderator names: Loretta Raider and Onaje Muid

Group Description: A diverse group of 7 Women, 3 men, ages 40+
6 Whites
1 Hispanic
1 Indian-American
2 African-American

There were family members of consumers, a nurse, a counselor, a social worker, a psychiatrist, a policeman, a lawyer and advocates. The group was very energetic, engaged, and excited to be talking to like-minded people about issues they cared deeply about.

Policy Issues Identified: Drugs and Quality of Interventions
Due Process
“System Sucks”
Education of Front-Line Responders
Police
Prevention and Pro-actions
Children and Adolescence
Funding Problem
Insurance Restrictions

Top Issues for Analysis: Drugs/Intervention
Education
Financing/Insurance

Issue by Issue Analysis:

Drugs/Intervention

Success: All patients who need it would have ready access to quality, integrated health plan where drugs are just one component. “Patient-centered.” **Outcome:** Stable, healthy patients leading productive lives: Stable, sustainable, continuity of care. Early intervention (stigma-free) or clinical access school-based.

Key Obstacles: Limited access, stigma, financial limits, medicine: side effects are burdensome, cause loss of self, dosages are delicate to calibrate. Patients are unwilling to comply with plan, psychiatrists are not sufficiently knowledgeable or trained, care not comprehensive – “piece-meal.” Research doesn’t reach bedside, Pharmaceutical companies push profitable drugs

Key Assets: Family members, social services, medical staff/physicians, law enforcement, community centers, educational system/staff.

Actions: Inspire medical schools and emphasize integrated care, continue research into causes and effective interventions of mental illness, translational research to more effective treatments into practice more quickly,

better drugs and less power to for-profit drug companies, quality control over practice and interventions on quality assurance, continuity of care, early interventions, prevention in case of crisis/intervention, education to de-stigmatize

Actions taken by whom: Family, funders (government/private insurance), medical establishment, school systems, and government/law enforcement.

Education - Lack of wellness support and programs

Lack of age and mental health diagnosis (appropriate programs through lifespan)

Success: Social acceptance of mental health issues, decreased hospitalization, increased independent living, increased community based service, increased education, and wellness support programs.

Key Obstacles: Stigma, discretionary funding, pro-active non-crisis oriented funding

Key Assets: Advocates, families, person in recovery, governmental policies that are family-wellness oriented.

Actions: Pilot programs, cultural diversity, competency, and sensitivity.

Actions taken by whom: Families, person in recovery, partnerships – federal, state, and local systems, and providers in collaboration with families.

Financing/Insurance

Success: Open access -> consumer choice, TX/RX, high value on self-determination.

Key Obstacles: Type of coverage and access to services, silos – restriction to services, providers, medicine – arbitrary rules of insurers created by business model instead of health-care model.

Key Assets: Advocacy, consumers/family, providers, timing coincides with national healthcare.

Actions: Education of public, change in policy, parity, self-determination, and de-stigmatization campaign, policy continuing changes, lobbying professionals and grass roots, and medical campaign.