

Minds on the Edge Moderator Report Format:

Group Number: 6

June 18, 2009
WHYY

Moderator names: Lisa Santer/Dick Gross

Group Description: (Brief 1-2 paragraph about the group – numbers, make up (demographic, expertise), quality of the deliberation, etc.) Nine participants, mostly from the City. Two consumers. One had mentally ill son - "didn't know what to do".(Norristown resident) Another has overcome mental illness - history in family - son. "Didn't know what to do". Now works for NAMI. Six medical care professionals. (Sam Rhoads - Scattergood - in our group - was very positive about the result). Majority felt film accurately portrayed frustrations. One made angry. Felt film did not highlight things like peers program for mentally ill and and other things that work. One Dr. - pediatric - medical and developmental. "Medical model does not serve the mentally ill">

Policy Issues Identified (List issues identified by the group)

- Separation between the medical and behavioral health systems.
Reimbursement different and intrudes on treatment.
- Lack of public education on what it takes to support someone.
- Housing - affordable.
- Take people out of their lives to enter system. Loss of connections to the regular routines/life.
- A whole range of community supports need to be increased for the community.
- Autonomy - academic, housing, peer. Choice.

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

- Separation between medical & behavioral health systems(6 votes)
- Lack of public education on what it takes to support someone. (7votes)
- A whole range of community supports needs to be increased for the community. (9 votes)

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

Issue Name : *Integration of the behavioral, medical and related services* (e.g. soc. svcs.)

Success

- Parity in the reimbursement system
- Parity in coverage for services.

Key Obstacles

- Diagnostic means in mental illness.
 - Disparity in payment systems.

- Measures of outcome
- Stigma
- Not my job: e.g. MH vs SA vs Med vs soc svc. Vs police vs school, vs employer

Key Assets

- Growing awareness of issues
- Some evidence-based practices exist.

Actions

- Education for medical providers
- " for insurers
- " for public
- " for politicians
- Pool existing buckets of money & resources (with some centralization).

Issue Name: *Community Education about what it takes to support someone*

Success:

- Knowledge of how to access system
- Knowledge of types of support - choice
- Sufficient # of supports

Key Obstacles: • Medical mindset of citizenry that mental illness can Only be treated in a medical setting.

Key Assets: • Media, consumers, family

Actions:

- Developing well known, well publicized information points Of contact
- Navigators

Issue Name: *How to Provide a Complete Range of Community Supports*

Success:

- Resources available & accessible
- Knowing how to access services

Key Obstacles: • Not enough resources / Provider Burnout

- Language barriers / Medical Model
- Knowledge of resources
- Stigmatization
- Affordability of services

Key Assets:

- Well funded system

- Dedicated professionals
- Scientific/medical progress

Actions:

- PSA's & Public education
- Identify Language Needs
- MH Parity
- Create a model that supports care providers