

## **Minds on the Edge – Thursday, June 18<sup>th</sup> at WHYY**

**Group Number – 8 (Rebecca Subar and Bryan McHale)**

### **Group**

- Four women and two men, primarily case managers and advocates, some with family members handling mental health issues. Held a very energetic and concise discussion of the film and the current landscape of the mental health system. With only six people the discussion moved forward very quickly with contributions from everyone which tended to build on recurring themes.
- No one seemed to believe that the resources weren't there to deal with mental health issues, but there are cultural and societal pressures which diminish mental health as a priority and a system which has no collective plan. Everything is fragmented, with too many people going in too many different directions with too many different goals all trying to use the same resources.

### **Identified Issues**

- People not in imminent crisis not getting support to lead fuller lives
- More resources need to be provided in balance between those in crisis and those who need support to live their life
- Those with mental health problems can work/live/etc.
- Children have to learn to manage crisis on their own; No real support for young people on their entry into the mental health system
- Collaboration with the family and all of the various participants in the mental health system
- No integration between physical and mental health
- Getting people to recognize and seek help (what are the barriers?)
- Community mental health system is already overburdened – can't simply take over influx of outpatient care without more resources
- Needs to be balance between community care and emergency hospitalization
- Homelessness
- Health insurance (usually covers mental health less then it does physical health) – Who pays now?

## In-Depth Issue 1

- Establishing collaboration between the patients, their families, mental health services, and other involved parties (Law enforcement, schools, etc.)

### Success

- Everyone being on the same page and reaching the same end point (having the same goals)
- Clients needs are integrated into their own goals
- Bridges built with clients in case of relapse
- Patients become healthier

### Obstacles

- Lack of education about mental health issues; Lack of training to first responders
- Community stigma
- Culture of untreated mental illness in a community (everyone just “deals with it”)
- Family dynamics which deny a problem exists or wants to hide it from the rest of the community
- Passing the buck to another agency
- Burnout of participants leading to all cases being treated the same (judging the book by its cover)
- Lack of time to help people
- Are there too many participants and agencies involved?
- Courts are overwhelmed and therefor more interested in simply getting people out of the system
- Laziness

### Assets

- All of the agencies and their state and federal funding represents an extremely large budget
- CIT training programs
- Databases of patient histories
- E-mail and other electronic collaboration between info systems

### Actions

- More funding
- Case managers (having a single point person who acts as a conductor and travel guide through the system for patients and families)
- Reinforce hope
- Show the stories that work not just the failures in the system (only focusing on failure breeds more failure)
- Train Law enforcement, Courts, ER, and Schools to recognize mental health issues
- Simplify point of entry into the system (a single telephone, e-mail, etc.) as opposed to a labyrinth of multiple agency connections
- Educate that mental illness is an “illness of the brain” as opposed to some sort of separate stigmatized

category

- Further integration of info systems
- Building bridges between various participants (networking between judges, doctors, police, support groups, etc.)

### **In-Depth Issue 2**

- Expansion of mental health resources to meet the ongoing needs of those not in crisis

### Success

- No waiting list for treatment
- Full range of support services for all (jobs, housing, day care, health care, socialization/recreation, case management)

### Obstacles

- Lack of funding
- Interpretation of recovery model
- Attitudes of community mental health staff de-prioritize those not an imminent threat
- Complacency about those not in crisis
- Community stigma
- No systemic collaboration between schools, mental health services, etc.

### Assets

- Large and strong community health network in Philadelphia
- Strong consumer health movement

### Action

- Community range of support services and treatment should be a right regardless of age, income, severity of illness, insurance status, sexual orientation, immigration status, and involvement with the criminal justice system