

Minds on the Edge Moderator Report

Group Number: 9

Moderators: Josh Warner and Carol Lydon

Group Description: The group consisted on thirteen people, with a couple more women than men. All but one were involved in the field of behavioral health as a provider, advocate or in some other capacity. One gentleman stated that he had had personal experiences through his family and himself but did not work in the field. Most were from Philadelphia.

Policy issued identified:

- Isolation – Of parents, providers, consumers, many times related to the stigma and classification of the issue and the tendency to want to “normalize”
- Those that are highly trained (providers/doctors) often do not get directly involved with consumers, e.g. shelters are filled with people with mental illness but doctors and psychiatrists are not at the shelters. There are low level people “on the front”.
- “A mind is a terrible thing to waste.” There is so much potential but we are “throwing away people”.
- The system itself doesn’t have much hope.
- Need to utilize natural supports or create supports. “Peer support”.
- Lack of empowerment
- The need to “think outside the box” for treatment, e.g. work opportunities. One gentleman hires homeless men, some with mental illness, to work in his business.
- What about support for the family? NAME.
- It is a trauma; however it is denied and not talked about.
- Families → Support → Education

Philadelphia:

- Isolation
- Poverty
- Lack of services for non-English speakers
- Substance abuse – 1) street drugs are often used for or in place of prescribed medication; 2) street drugs can increase symptoms

- Housing – alternatives are needed to or post-hospitalization
- Dual diagnosis
- Addiction illness is becoming less stigmatized

Top Three issues:

- De-stigmatization
- Isolation/ non-coordination of services
- Difference in treatment of mental health vs. physical health

ISSUE 1: DESTIGMATIZATION

Related words: discrimination, prejudice, shame, civil rights, criminalization

Success: Public awareness/acceptance of mental health challenges as any other health condition.

Obstacles: Ingrained values/prejudice. Stereotyping. Funding and lack of political and social will.

Assets: Peer support/natural support, families. Many mental health services in the area. Attention and willingness to hear/share personal stories.

- Actions:**
1. Massive public education.
 2. Health care reform that includes mental health.
 3. Public commitment to prevention and early intervention.
 4. Decriminalization of mental health conditions.
 5. Increase opportunities for peer/family involvement and leadership roles.
 6. Alternative crisis services.
 7. Culturally and trauma informed services.
 8. Recovery role models.

ISSUE 2: ISOLATION

Success: More qualified mental health professionals where the people are (shelters, etc.).
Integrated response between police and mental health providers.

Obstacles: Most marginalized don't want treatment. Stigma. Lack of communication. Lack of money.

Assets: CIT program. Civic engagement. Drug ads.

Actions: City-wide CIT – police department, legislators, more qualified mental health workers in shelters when people are there.

ISSUE 3: DIFFERENCE IN TREATMENT BETWEEN MENTAL HEALTH AND PHYSICAL HEALTH

Success: Police trained in mental health intervention. ER docs trained in mental health issues.
302s are unnecessary.

Obstacles: Mental illness is perceived to equal incompetency. Not enough money for research.
Stigmatization.

Assets: Community mental health system exists. Medications. Peer Support. Evidence-based treatments.

Actions:

1. More research to understand illness and effective treatments.
2. Training – ER docs, lawyers, police, district magistrates.
3. Public relations campaign to change perceptions of mental illness.