Getting Ahead of Stage 4

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NYAPRS September 17, 2015

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Who is this woman?

- What are those funny letters after her name?
- What gives her legitimacy to be here?
- What's with the gray hair?

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Here comes some theory

Thanks to Dr. David Shern for the next few slides

General Theory

Genetic Vulnerability

Toxic Environments (Stress & Trauma)

Allostatic Load & Neural Encoding

Behavioral Health Disorders

Compromised Academic Achievement & Social Functioning

Compromised Occupational Achievement & Quality of Life

Diminished Socio-Economic Status/Health Status Development of Chronic Illnesses

Toxic Environments (Stress & Trauma)

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How Did We Get Here?

- Causal Factors in the Development of Illness - involve the interaction of risk & protective factors that produce health & illness
  - **Risk factors**
    - Genetic Vulnerability
    - Toxic Stress and Trauma
  - **Protective Factors**
    - Personal Skills and Resources
    - Environmental Buffers

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The Foundations for Lifelong Problems

- Half of all adolescents who will have a lifetime diagnosis of mental illness will have that diagnosis by age 14
- On average – they will not receive treatment until age 24
- Children with mental health conditions are likely to perform poorly in class, miss school, drop out, abuse drugs/alcohol, have poorer occupational goals & achievements

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Mental health conditions are the only chronic conditions that as a matter of public policy we wait until Stage 4 to treat, and then often only through incarceration.

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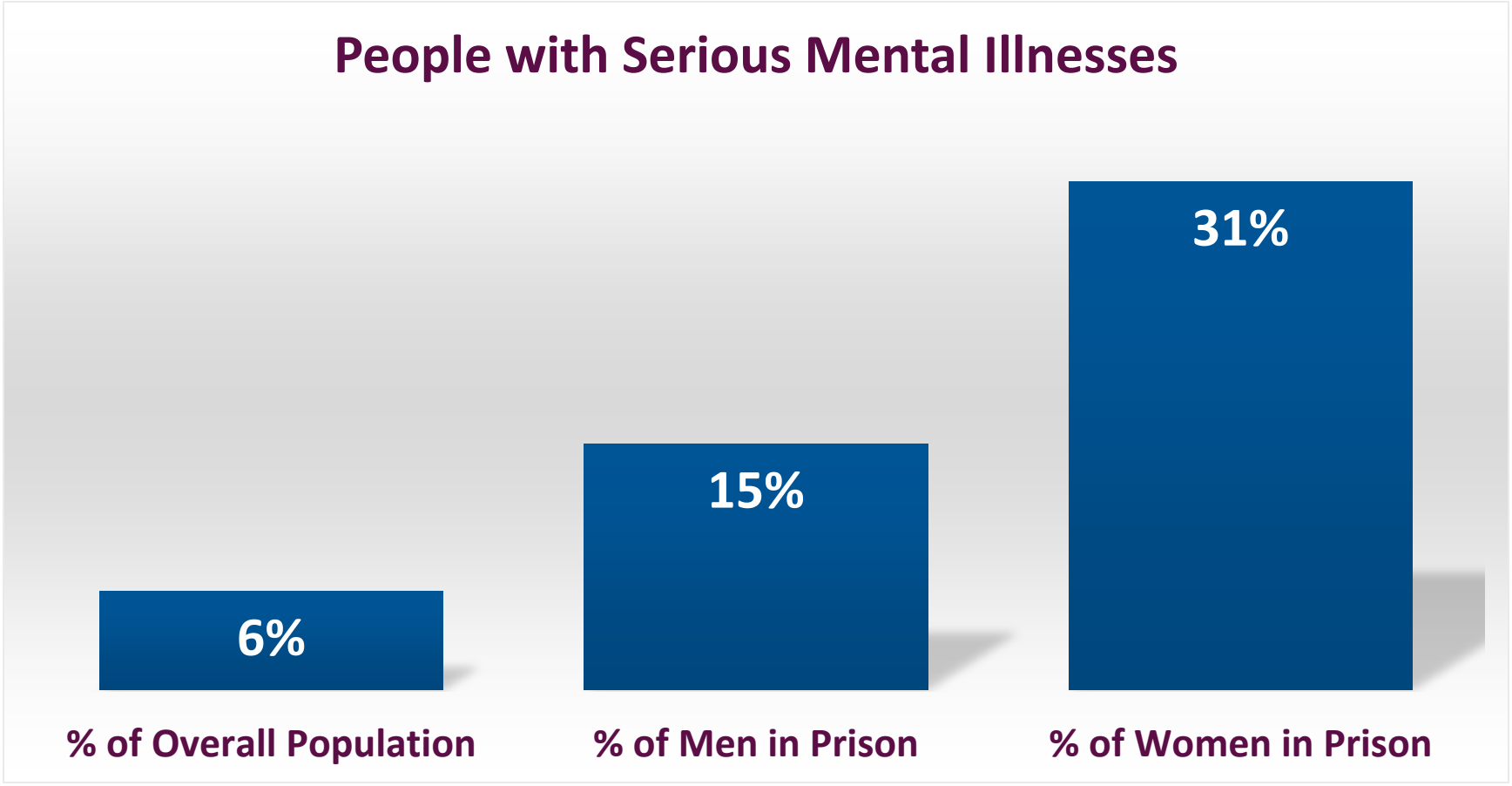
Mental Health and Incarceration



Source: Steadman et al, 2009

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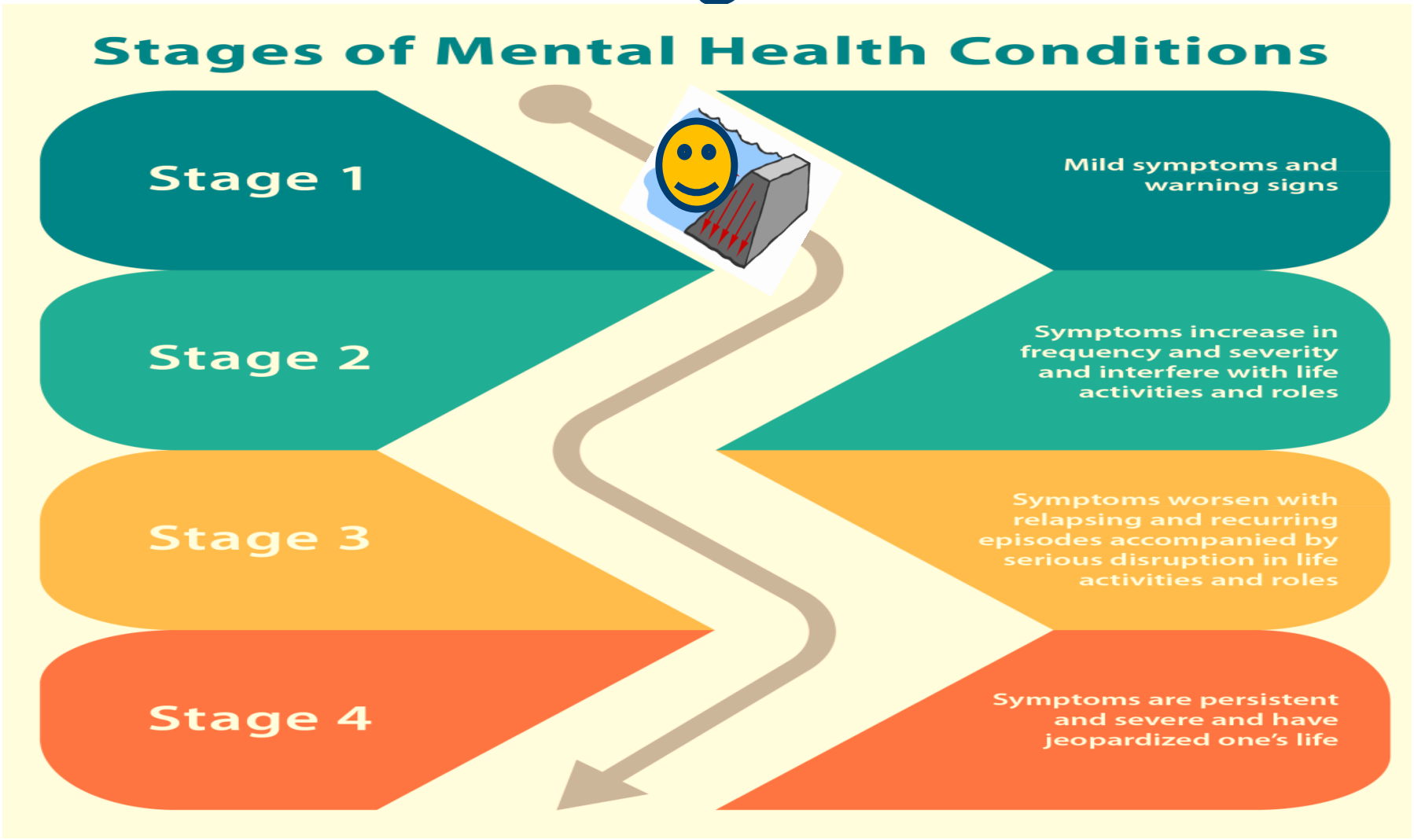
Intervention B4Stage 4



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MHA's Mental Health Model

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Why Cancer is the appropriate metaphor

When was a growing up, Cancer was Cancer
People whispered about the

The BIG C

Fear, isolation, shame, stigma, pity

Treatments were harsh, toxic, mutilating

Endpoint…debilitation and death

Kids: they just were doomed!

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What mental health must learn from today's view of cancer

Dealing with causes

Minimize environmental toxins and stressors

Indentify genetic predispositions

Preventative screenings

Today's optimal treatment looks at the whole person—their lives—their goals

Prevention: minimize environmental factors, extra attention to those at risk from environmental factors, careful watching and screening for known genetic factors, earliest interventions

Personalized and Personal Medicine

Lowest dose chemo-therapy agents (support for side-effects)

Nutritional support

Physical therapy and exercise to maintain and build strength

Occupational and educational supports

Emotional and spiritual supports

Accepted assumption people will maintain employment/school (and other factors of their lives)

And that they will completely recover or live well while managing a chronic condition

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Obvious parallels and similar cautionary notes

- Screening sometimes reveals issues that might resolve themselves
- Must be careful not to over treat
- Remediate and/or manage iatrogenic effects of treatment
- Never lack or lose hope

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Most public policy uses a too small toolbox, which includes dangerous tools

- Medications
- Talk therapy
- Hospitals and outpatient partial programs
- Police
- Courts
- Jails

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What can and must be addressed

- ACE's, Toxic Stress, and Trauma
- Earlier identification and intervention, i.e. don't wait for a crisis
- Housing supports
- Employment and educational supports
- Family supports and wrap around services
- Social supports
- Whole person—whole health

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The Temple Collaborative: Domains of Community Inclusion

Housing – housing first initiatives ,community development agencies, home ownership programs

Employment – workforce development training programs, supported employment

Friends – community mentors from agencies – knitting classes and sports teams and civic groups

Education - community and career colleges, supported education

Heath and Wellness – community health clinics, gym memberships

Religion – participation in the full life of the congregation - bible study groups, trips, food drives

Family – re-establishing normalized roles within existing family settings – child, parent, sibling, uncle/aunt

Intimacy – romantic relationships, sexual relationships, marriage and child rearing

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Assertive Outreach and Initial Engagement:

The many obstacles people face in entering and staying in services make this domain essential to the success of the system and the people it seeks to serve. Human tragedy has shown that many people die before they receive the help they need, but empirically supported practices have given us many ways of increasing motivation; eliminating obstacles; and making services more accessible, more acceptable and easier to navigate.

Screening, Assessment, Service Planning and Delivery:

There is a wealth of concepts and resources that can be used to make care more effective and to lay a better foundation for ongoing recovery. These include emphases on individual, family and community strengths, and on resilience and recovery capital, from the initial screening and assessment process through the interventions chosen. These emphases also extend to the integration of services for mental health, primary care, substance use and trauma-related issues and the mobilization of professional and community-based recovery support structures from the earliest days of treatment.

Continuing Support and Early Re-intervention:

Although recovery is a significant reality, some behavioral health challenges are chronic conditions that can move into and out of remission. Effective professional, peer and community support can, not only help individuals and families achieve their dreams and goals, but also prevent, identify and address recurrence of the symptoms of mental health and substance related challenges. This support can take many forms and occur at many times throughout the recovery process.

Community Connection and Mobilization:

The forging of a meaningful life in the community must be driven by the true hopes and dreams of individuals and families—hopes and dreams that may have been worn down by years, decades or even generations of poverty, prejudice, trauma, illness and hopelessness. Traditionally seen as sources of danger, temptation and deprivation surrounding the treatment refuge, communities must instead be seen for and cultivated as sources of support, fellowship, civic engagement and healing. Behavioral health organizations and providers must recapture their roles as members of and contributors to their communities, so they can foster the exchange of resources between those communities and the individuals and families they serve.

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10 Core Values

Strength-based Approaches that Promote Hope:

Community Inclusion, Partnership and Collaboration:

Person- and family-directed approaches:

Family Inclusion and Leadership:

Peer Culture, Support and Leadership:

Person-First (Culturally Competent) Approaches:

Trauma-Informed Approaches:

Holistic Approaches toward Care:

Care for the Needs and Safety of Children and Adolescents

Partnership and Transparency

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7 Goals

Provide integrated services

Create an atmosphere that promotes strength, recovery and resilience

Develop inclusive, collaborative service teams and processes

Provide services, training and supervision that promote recovery and resilience

Provide individualized services to identify and address barriers to wellness

Achieve successful outcomes through empirically informed approaches

Promote recovery and resilience through evaluation and quality-improvement processes

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Guiding Principles of Recovery:

- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social network
- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect

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Medicaid Redesign includes

- Rehab counseling, support & skills building to restore and develop skills to improve self management and functioning in community
- Community Psychiatric Support and Treatment
- Goal-directed supports, strength based planning/treatment and solution-focused interventions to assist individual, family, collaterals
- Habilitation
- Crisis Intervention, Short-Term Crisis Respite, Intensive Crisis Intervention, Mobile Crisis Intervention
- Support Services, including Education Support, Peer Supports, Family Support and Training
- Training and Counseling for Unpaid Caregivers
- Non- Medical Transportation
- Employment Support Services, Prevocational , Transitional Employment Support, Intensive Supported Employment
- On-going Supported Employment
- Self Directed Services
- Rehabilitation Psychosocial Rehabilitation

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1) General inpatient hospitalization, including in state-operated facilities;

(2) Medically necessary acute treatment services and medically necessary clinical stabilization services;

(3) General hospital outpatient services, including at state-operated facilities;

(4) Psychiatric inpatient hospitalization, including in state-operated facilities;

(5) Psychiatric outpatient hospital services, including at state-operated facilities;

(6) Intensive outpatient services, including at state-operated facilities;

(7) Partial hospitalization, including at state-operated facilities;

(8) Evidence-based maternal, infant and early childhood home visitation services, as described in Section 2951 of the Patient Protection and Affordable Care Act, P.L. 111-148, as amended from time to time, that are designed to improve health outcomes for pregnant women, postpartum mothers and newborns and children, including, but not limited to, for maternal substance use disorders or depression and relationship-focused interventions for children with mental or nervous conditions or substance use disorders;

(9) Intensive, home-based services designed to address specific mental or nervous conditions in a child while remediating problematic parenting practices and addressing other family and educational challenges that affect the child's and family's ability to function;

(10) Intensive, family-based and community-based treatment programs that focus on addressing environmental systems that impact chronic and violent juvenile offenders;

(11) Evidence-based family-focused therapy that specializes in the treatment of juvenile substance use disorders and delinquency;

(12) Short-term family therapy intervention and juvenile diversion programs that target at-risk children to address adolescent behavior problems, conduct disorders, substance use disorders and delinquency;

(professional

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13) Other home-based therapeutic interventions for children;

(14) Chemical maintenance treatment, as defined in section 19a-495-570 of the regulations of Connecticut state agencies;

(15) Nonhospital inpatient detoxification;

(16) Medically monitored detoxification;

(17) Ambulatory detoxification;

(18) Inpatient services at psychiatric residential treatment facilities;

(19) Extended day treatment programs, as described in section 17a-22;

(20) Rehabilitation services provided in residential treatment facilities, general hospitals, psychiatric hospitals or psychiatric facilities;

(21) Observation beds in acute hospital settings;

(22) Psychological and neuropsychological testing conducted by an appropriately licensed health care provider;

(23) Trauma screening conducted by a licensed behavioral health professional;

(24) Depression screening, including maternal depression screening, conducted by a licensed behavioral health professional; and

(25) Substance use screening conducted by a licensed behavioral health

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" Power concedes nothing without a demand it never did and it never will." Fredrick Douglass

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Green is the new Pink

Destination Dignity March:

Washington, D.C. August 24, 2015

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