

11/02/16: NAMI Presentation on Mental Health Care Engagement

Presenter:

- Laura Usher – Manager, Criminal Justice & Advocacy Advocacy & Public Policy, lush@nami.org
- Bill Carruthers – Certified Peer Specialist - Mental Health, Addiction, bcarruthers@gatewaybhs.org
- Paton Blough – Motivational Speaker and CIT Trainer, paton@rehinge.com

Relevant Attachments:

- Biweekly call slides
- 14 ways to reach out
- Paton's story
- Bill's story
- NAMI engagement
- CIT National Curriculum: <http://cit.memphis.edu/curriculum.php?id=0>

Key Takeaway: *It is possible to create a system of diversion that allows an individual who comes into contact with law enforcement but displays symptoms of mental illness to be diverted. Individuals in need of mental health care need to be connected to services that are tailored to them. Additionally, positive engagement with services is critical to better outcomes.*

The National Alliance on Mental Illness runs support groups, provides free education programs, and trains police to help fill in the gaps for communities working to support individuals with mental illnesses. NAMI recognizes that across the mental-illness focused health care system, the dropout rate for participants is significant, noting that 70% of people will drop out after their first or second visit. To combat this issue NAMI recommends that providers focus on *what program you are diverting a person to*. NAMI is confident that it is possible to create a system of diversion that allows an individual who comes into contact with law enforcement but displays symptoms of mental illness to be diverted. But it is critical to disseminate this information – that long term recovery for those struggling with mental illness is possible and there are tools that communities can deploy to help. NAMI also points out that not every service is intended for each individual. People need to be connected to services that are tailored to them, which means working with your community—including individuals with lived experience and their families—to identify the different resources that are needed. Additionally, positive engagement with services is critical to better outcomes. At its core, this means patients are having positive interactions with the systems they are coming into contact with, they are being treated with respect and care, and they are being connected to appropriate services. Key to this approach is kindness and empathy – something peer counselors can provide. Details on incorporating a NAMI approach can be found in the attachments.

Paton Blough grew up in a small town in Alaska and had a brother with bipolar disorder before discovering that he had the same condition. His support group did not condone modern psychiatric and medical treatment due to religious convictions. Therefore, Paton had numerous

episodes that negatively impacted his marriage. His third major episode led to an arrest which were followed by 6 additional arrests. All of these arrests could be linked to his untreated medical condition. The turning point for Paton, was his diversion to a mental health court and subsequent assignment to a NAMI program and peer support group. NAMI was instrumental in securing him a medical doctor that spent considerable time with him. NAMI gave Paton hope and support, which inspired him to get involved with peer support so he could assist others who have gone through his struggle. NAMI's peer support program is very effective because individuals with lived experience are able to connect with those struggling with mental illness in a way that professionals sometimes cannot. It is worth noting that 83% of jail inmates have had a mental health problem and no access to treatment. But more importantly, 80% of people with mental illness improve after appropriate diagnosis, treatment, and ongoing monitoring.

Q&A –

Q. Laura, could you elaborate a bit more on what “better ways to engage in mental health care” looks like on the ground?

A. What we mean by this is to really focus on better relationships with individuals. A lot of individuals come into contact with a health care provider and have a negative experience. This can take several forms, including not spending time with them to fully understand their experience, offering demoralizing advice that indicates that their “problem” cannot be solved, treating them with disrespect, and other issues. Due to this, many individuals will not return or have a negative perception of mental health care, which does not lead to positive outcomes.

Some of the principals that folks have identified as being really important to creating a culture shift toward engagement include (elaborated upon in more detail through the attachments):

- Being driven by the needs of individuals
- Communicating hope
- Sharing information and decision making with individuals, rather than making decisions for them
- Using a strengths based approach to assessment, rather than identifying the “problem” and saying they can fix you
- Being sensitive to different identities, age, sex, sexual orientation, race...etc.
- Adding peer support services

Q. How do we find folks in recovery and family members to join our planning team?

A. Reach out to your local NAMI affiliate and see who is available through them. Typically, there are both individuals and family members they can introduce you to. If you're having trouble or there is nobody who can participate, reach out to Laura Usher or the national office.

Q. What is a first step a community leader can take to incorporate a better relationship approach in their jurisdiction's health care services?

A. First step is to include individuals in recovery and their family members in the decision making process and are offered multiple opportunities for them to provide feedback so that there is a constant feedback loop where their voice is being heard every step of the way. Some systems can be adjusted on the local level, but then there are larger systems like Medicare and other reimbursement and insurance programs that will require a bit more of a concerted effort. It all starts by having the perspectives of the individuals who are directly impacted involved.

Additionally, including peer support in services is a really great way to supplement any service with a source of lived experience. Peer support specialists can also act as a constant check on the system because they can identify areas that can be improved and make their voices heard easier than someone who is still trying to enter recovery.