

# Mental Health Matters Day

CALIFORNIA STRONG!



## IMPORTANT AREAS OF FOCUS IN CALIFORNIA POLICY AND ADVOCACY

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The following is a brief overview of the policy and advocacy efforts shared by the many partners that joined together to bring you Mental Health Matters Day on May 23, 2018.

## **Supportive Housing**

Studies show that a large number of adults who are homeless also have a serious mental illness. California's lack of affordable housing and supportive housing programs that provide needed services along with housing is a challenge that the mental health community is prepared to address. A safe, stable place to live is essential to ensure effective treatment and recovery outcomes. We advocate for additional affordable housing development and housing-based supports for individuals living with mental illness and for families with children who experience mental illness and emotional disturbances. We encourage affordable housing developers and advocates to form partnerships with the mental health community to address California's housing shortage as the high costs make it difficult for many to find stable housing. All deserve equal access to housing.



## **Protecting and Supporting Mental Wellness in Immigrant and Undocumented Communities**

We advocate for policies and services that support mental wellness in immigrant and undocumented communities. We recognize that the current political climate has created extreme fear, terror and trauma in some of California's communities, all of which impede mental wellness. We support policies such as the establishment of sanctuary cities and the refusal to participate in federal immigration raids. Not only do we support policies that promote mental wellness, but we also promote access to community defined mental health services and supports for this unique population.

### Peer Certification

Peer Certification creates a practice that is distinguished from other disciplines within the behavioral health workforce that provides services from the perspective of recovery through shared experience. Peer Support is a relationship of mutual learning founded on the key principles of hope, equality, respect, personal responsibility and self-determination. The services provided are evidence-based, nontraditional, therapeutic interactions between people who have a shared lived experience of a behavioral health challenge or the shared experience as a parent/family member of a person with a behavioral health challenge. Peer support specialists reduce hospitalizations and hospital stays, improve client functioning, increase client satisfaction, reduce family concerns, alleviate depression and other symptoms, and enhance self-advocacy.



### Intervention Diversion from the Criminal Justice System Including Bail Reform

The criminal justice system is often the worst place for individuals with mental illness, yet they comprise 64% of people in jail and 56% of people in prison nationwide. We advocate for reforms to prevent entry into the criminal justice system and to divert out as early as possible, including training law enforcement on crisis intervention, minimizing pretrial detention through bail and pretrial reform, implementing alternative custody programs and behavioral health courts, and reforming sentencing laws and practices.

### Access to Treatment

An individual with mental illness should have timely access to all available treatments that are effective in treating their mental illness. Support is key to treatment and recovery; therefore, efforts must be made to identify supportive



friends and family members to integrate into a collaborative system of care. An individual with mental illness should have the right to engage their preferred provider or change providers as meets their needs. Ultimately treatments should be client centered to efficiently meet the needs of the individual.

### Stigma Reduction: Mental Health Awareness, Education and Training:

Approximately 1 in 5 adults in the United States experiences a mental illness in a given year, and 1 in 25 experiences a serious mental illness that significantly interferes with or limits one or more major life activities. However, only 41% of the adults with a mental health condition and 63% of the adults with a serious mental illness received mental health services in the last year. We believe that state and local governments should continue and increase funding for stigma and discrimination reduction programs. By increasing awareness of mental illness and decreasing stigma, we take the most important step towards increasing access to treatment. We also believe more training and educational opportunities are needed to properly train first responders and all professionals to better support individuals living with mental health conditions. With adequate training, education and awareness community systems can be more equipped and informed to properly support individuals throughout the Continuum of Care.



### Prevention and Early Intervention

Half of all chronic mental illness begins by the age of 14, and three quarters by the age of 24. Early diagnosis and early initiation of treatment is therefore medically effective and critical to recovery. We believe that school-based programs are essential to the prevention and early intervention

of mental illness. School based supports should be available, with appropriate privacy and anti-discrimination protections for students and families. We support every county in the implementation of Prevention and Early Intervention (PEI) programs to engage and intervene with individuals who are developing early signs and symptoms of mental illness. Many programs targeting underserved communities should be PEI programs. Programs should be available to all individuals of all ages and should include partnerships with families and community-based organizations.

### Alternatives to Institutional Care

Alternatives to institutional care are community-based, trauma- informed, person-centered programs that focus on crisis prevention and crisis support in settings that are staffed and operated by people with lived experience of the mental health system. We seek to enable each mental health consumer with support when they need it, not wait until a crisis grows and ends with involuntary treatment. Self-determination and receiving treatment in the least restrictive environment are important and essential components of an effective, efficient and ethical system of care.

## Substance Use Disorder

A large number of those impacted by substance use disorders also report having a mental health challenge. A substance use disorder is a chronic, relapsing health condition of the brain. The misuse of alcohol and drugs impacts the health and well-being of individuals and can put lives at risk. Stigma, lack of access to substance use disorder treatment due to high demand for treatment combined with low capacity due to limited funding and lack of and/or limited insurance coverage continue to represent the major barriers to addressing substance use disorders in our communities. The good news is that treatment works, and each dollar spent on treatment can save up to \$11 in un-incurred societal costs. Through the provision of evidence-based therapies, individuals can build and maintain recovery after treatment.

## Importance of Meaningful Stakeholder Process

A stakeholder is a person or group of people who are directly impacted by mental health or a person who represents others' interests relative to mental health. A meaningful stakeholder process outreaches to all communities to educate, engage and partner with stakeholders while honoring the Recovery Philosophy and its values of: Hope, Empowerment, Self-determination, Freedom of Choice, Knowledge of Rights, Self-Confidence, Self-Advocacy, Responsibility, Developing Peer & Other Support Systems, and Resiliency. A proper stakeholder process also focuses on the specific needs of stakeholders including linguistic, socioeconomic, educational, spiritual and ethnic experiences of consumers and their support systems. A meaningful stakeholder process allows consumers to bring their personal perspective and wisdom derived from their experiences to the decision-making process and to have their voice incorporated into the outcomes that result from the stakeholder process.

## The Role of Parents and Families

Parents and family members, including relative caregivers, of minor children and youth with mental health challenges have the right to be included in every step of their child's treatment. Parents and family members have unique insight to their children's/youth's mental health and overall well-being. Family advocacy should be included in the process of developing treatment plans for minor children and adult children when there is consent. Parents should have access to education about their child's mental illness, peer-peer support, and awareness of the array of treatment options. Further, parents should not be shamed or blamed for their child's actions and attitudes. It is not a matter of 'good' or 'bad' parenting.



## Military and Veterans; Suicide Prevention and Awareness

Active duty service members and veterans die by suicide at much higher rates than the civilian population. Although veterans constituted just 8.5% of the US



population, they accounted for 18% of all deaths by suicide amount US adults in 2014. We must promote awareness of this epidemic and encourage service members and veterans to seek help when they are experiencing mental health challenges. We also must educate policy makers and other decision makers about this

important topic so that appropriate services and supports are funded and available to meet the need and to save lives. Central to this effort is to reduce the stigma associated with mental illness that impedes military and veterans from seeking mental health services and support. There also needs to be increased research to improve identification and treatment of the mental health disorders. For instance, more needs to be learned about the behavioral after-effects of mild traumatic brain injuries (TBI), which often mimic post-traumatic stress disorder (PTSD). Because of this lack of knowledge, many service members from the recent conflicts were released from service with Less Than Honorable Discharges instead of receiving the services and support that they needed. Leaving the service with these “bad paper discharges” prevents a veteran from receiving the health care they would otherwise be entitled to and it has been shown that this may sink them into an abyss of unemployment, homelessness, drug or alcohol abuse, and at times, suicide.

## Cultural Equity

Diverse stakeholder inclusion is essential to shape mental health policy to appropriately serve diverse communities.

Stakeholders from California’s varied unserved, underserved and inappropriately served racial, ethnic, and cultural populations, including LGBTQ, veteran, and special needs communities across the lifespan must be included in service development and delivery to appropriately address their mental health needs. We advocate for more providers, administrators, and policy makers from these communities and for more community defined practices that better meet the needs of these communities



Maternal mental health (MMH) disorders, such as depression, anxiety, and the more rare but serious postpartum psychosis, affect one in five women, or 20 percent, during pregnancy or the first year following childbirth. Among those living in poverty, up to 50 percent may be affected. Maternal depression is the most common complication of pregnancy in the United States (surpassing gestational diabetes and preeclampsia combined), yet there are no laws requiring that health plans and hospitals with perinatal units adhere to any specified level of optimal care for maternal depression. We advocate screening for maternal mood disorders at least once during pregnancy and once postnatal by OB/GYNs, that health plans create case management programs for patients with maternal mood disorders, and that they consult with reproductive psychiatrists, using telehealth services when available, to coordinate care. We also advocate that hospitals with perinatal units develop quality management programs that will assure training of all clinical staff based on a specified curriculum about maternal mood disorders. Patient education on maternal mental health disorders must also be provided by hospitals, in order to empower new and expectant moms and their families by making them well-informed about the potential complications these disorders may cause and how to seek out care.

