NAMI CALIFORNIA
The State's Voice on Mental Illness

NAMI CALIFORNIA POSITION PAPER

ON

IMPLEMENTATION OF THE MENTAL HEALTH SERVICES ACT

NAMI California is a grassroots organization of families and individuals whose lives have been affected by serious mental illness. We advocate for lives of quality and respect without discrimination or stigma, for all our constituents. We provide leadership in advocacy, legislation, policy development, education and support throughout California.

Our membership in California voted for, supported financially, and worked diligently toward passage of the Mental Health Services Act (MHSA) as our highest priority during the year 2004.

NAMI California recognizes the importance of proper implementation of the MHSA. NAMI California encourages all of its affiliates to become involved to assure that the voices of families and persons with mental illnesses are heard and are the center of all action plans. This should occur at the time of organizational planning and include both family members and consumers.

We realize that the MHSA is county focused and that plans will differ, but NAMI California urges consideration of the goals that were established by the President's New Freedom Commission on Mental Health.

- Understanding that mental health is essential to overall health is fundamental to establishing a health system that treats mental illness with the same urgency as it treats other physical illnesses.

- Mental health must be consumer and family driven and involve them fully in orienting the mental health system toward recovery.

- In a transformed mental health system, all Californians will share equally in the best available services and outcomes, regardless of race, gender, ethnicity, or geographic location.

- Early mental health screening, assessment and referral to services must become common practice.

- All Californians should receive excellent mental health care and research discoveries will become routinely available at the community level.

- In a transformed mental health system, advanced communication and information technology will empower consumers.

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The timing is excellent for public health programs, including integrated behavioral health programs and contractors, to employ family members and consumers at all levels of their operations including planning, implementation, evaluation and oversight.

Services should be consumer centered. They should be based on the consumer's rehabilitation/recovery goals rather than the needs of the service delivery system.

Services should empower consumers. They should incorporate consumer self-help approaches and be provided in a manner that promotes consumers retaining the fullest possible control over their own lives. Services should be provided in the least restrictive environment.

Services should be racially and culturally appropriate. They should be accessible, available, and acceptable for members of racial, ethnic, gender, and other minority groups.

Services should be flexible. They should be available at all times and for as long as needed. They should be provided in a variety of ways with individuals being able to choose the services that are appropriate. Consumers should have a simple method to enter and exit the mental health system as their needs warrant.

Services should focus on strengths. They should be built on the assets and strengths of consumers to help them maintain a sense of identity, dignity and self-esteem.

Services should meet special needs. They should be adapted to meet special needs of sub-groups of the seriously mentally ill population such as children, youth, and senior at risk. Special needs of mentally ill individuals with co-occurring disorders, i.e. substance abuse addictions, developmentally disabled, blind, deaf, etc. must be met.

Systems should be accountable. Consumers and families should be involved in planning, implementing and evaluating programs.

We know that many individuals with severe, disabling mental illness will not seek services. There should be a mechanism to locate consumers and inform them of available services. There should also be individualized outreach services provided to persons who are unable to attend, or decline to attend a formal program or go to a treatment center.

Medication management is an essential component of mental health treatment. Medication management services include prescribing medications, ensuring that needed medications are available to consumers, carefully monitoring medications to ensure maximal therapeutic effectiveness and minimal side effects, and educating the consumer and family (or other caregivers) regarding the nature of medications, their benefits, and potential side affects.

Co-occurring substance abuse and mental illness treatment must be coordinated, comprehensive and integrated.

There is a need for crisis intervention including:

24 hour hotline
Walk-in crisis and triage services
Mobile outreach for dealing with in-home crises
Respite beds or "in home" respite services

There must be a provision for necessary referrals to ensure that consumers' other physical health care needs are being monitored and treated when appropriate.

Consumers should not have to move as service needs change. There should be permanent, affordable, safe, acceptable housing available for the majority of consumers in the normal housing arrangements typically used in the community. There should be a small number of supervised, structured settings for those in need. They may then require help with the transition to permanent housing.

There should be provision for consumers who choose competitive employment. Support should include job development, on-the-job support and coaching, job sharing and employer education.

For consumers not ready for employment, there needs to be social, recreational and educational access available to all.

There is a need for consumer advocacy in legal, financial and other matters.

Support for families should include:

- Support during the first crisis when a consumer becomes ill and with each successive exacerbation different levels of support will be needed depending on the needs of each individual family.

- A family advocate should be hired in each county.

- A transition plan from the care of a senior family member to a supported program with housing for the individual with a mental illness.

- Counties should hire or contract with NAMI trained family members and consumers to teach families and peers bio-psycho-education courses. These explain the emotional roller coaster that family members and consumers must endure.

- NAMI members can offer proven provider education. They do this by sharing stories about family member confusion and loss of dreams.

Only with collaboration of providers, consumers and family member treating each other with respect can the best outcomes be obtained. Treatment using the recovery model has proven to be successful.

Finally, we need to look at successful programs and expand them or reinstate those that have been cut due to budget restrictions, such as:

- Provide services to those with severe mental illness who are housed in board and care homes, room and boards, and IMDs. Programs must be geared toward recovery.
- Training of first responders, i.e. law enforcement, fire services, ambulance crews.
- Training and oversight of board and care operators.
- Training and oversight of room and board operators.
- Coordination between mental illness needs and other physical illness needs.
- Self-help/peer support to raise self-esteem.
- Criminal justice innovations and diversion/discharge services.
- Educate counties of the importance of Mental Health Courts.
- Mobile offices for rural areas.
- Mobile mental health teams to augment police/sheriff interventions.
- Continued training and updating for correctional officers in jails and prisons.
- Continued training and updating for mental health workers.
- Continued training and updating of materials for mental health boards.
- Break down barriers to treatment.
- Reduce stigma/discrimination of mental illness.
- Recognize the importance of a consumer's mental health history when given by consumers, family members or other care givers.