

*WHERE
WE
STAND*

Legislative
Session
2009-2010



PUBLIC POLICY PLATFORM



National Alliance on Mental Illness

NAMI | New Hampshire

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The order does not reflect a priority listing.)*

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WHERE WE STAND

NATIONAL ALLIANCE ON MENTAL ILLNESS NH PUBLIC POLICY PLATFORM Legislative Session 2009-2010

Mission Statement

The National Alliance on Mental Illness (NAMI NH), a grassroots organization of families, consumers and other volunteers, is dedicated to improving the quality of life of persons of all ages affected by mental illness or serious emotional disorders through education, support and advocacy.

Vision Statement

People of all ages with mental illness or serious emotional disorders and their families will have access to comprehensive, integrated health care and community-based supports without discrimination or stigma.

The Vision Will Be Achieved When...

- The general public has an accurate understanding of mental illness and serious emotional disorders and what is helpful and hurtful to those affected by it;
- Mental illness and serious emotional disorders have parity with other medical conditions in the access to and quality of treatment, support services, and financing available to promote recovery and build resilience;
- People with mental illness or serious emotional disorders are treated with dignity and respect and have the opportunity to build resiliency, recover, achieve their aspirations, and live, learn, work, and play in supportive communities without discrimination or stigma;
- Individuals and families affected by mental illness or serious emotional disorders have the education, information, and support needed to make decisions about their health.

To accomplish our mission and vision we have established a public policy platform which NAMI NH will use to advocate for services and supports and/or defend existing policies and programs that benefit persons with mental illness and their families.

**NOTE: Our policy areas of interest are listed in alphabetical order.
This is not a listing by priority.**

POLICY AREAS OF INTEREST

(alphabetical order)

Active/Equal Family Participation (Family Mutual Supports)

More and more evidence is showing that when families are educated and learn techniques for coping with mental illness, the outcome of treatment for their loved one and positive movements toward their recovery are improved. Armed with education and receiving support from other mental-illness experienced families, participants in support, and education groups feel fewer strains in dealing with the mental illness and remain healthy. This reduces the economic burden of the illness on the family, community and workplace. **NAMI NH supports:**

- Active consumer and family involvement in planning, implementing and evaluating mental health services.
- Adequate state financing for family organizations to deliver “family mutual supports” including: education and support programs to help families deal with mental illness and promote the recovery of their loved ones; assistance to help families and consumers provide public education to reduce the stigma associated with mental illness and improve help seeking behavior for those at risk.
- Training for providers, family members and consumers in person/family centered strategies for inclusion of families and consumers in treatment planning and assessment, and in shared decision-making processes related to all aspects of treatment.
- Increasing, through training, participation of families in public policy and mental health practice decisions that affect them and their loved ones with mental illness.

Community Mental Health Service System

Fundamental to NH’s mental health treatment system for persons with severe mental illness and children and adolescents with severe emotional disorders are our ten Community Mental Health Centers (CMHCs). NAMI NH has worked closely with each of the Mental Health Centers, as well as the association that represents them (NH Behavioral Health Association). In this collaboration we focus on: assuring “person-family perspective” to treatment and support services and; strategies for improving timely access to quality services. NAMI NH members serve on CMHC Committees, Boards and task forces. We believe the Centers are fundamental to the NH mental health service delivery system, addressing the needs of those most vulnerable with mental illness and severe emotional disorders. To improve the quality of the CMHC system, the use of consumer and family satisfaction and outcome survey studies should be conducted on a regular basis and made public for use by decision makers, administrators and advocates.

NAMI NH supports:

- Adequate funding, including provider payments for community mental health services and supports in order to: attract and maintain an adequate workforce of well trained qualified providers; avoid waitlists; assure a broad array of science-based services to meet the needs of those who meet the system’s eligibility criteria.

- Community mental health services that are comprehensive, adequate, and high quality, and span a continuum of care that ranges from timely access to inpatient psychiatric beds and/or other acute inpatient alternatives to outpatient treatment, case management and functional services and supports.
- Adequate public funding for Community Mental Health Centers to carry out the recommendations in the Mental Health Commission Report, Vols. I-III (1/08).
- Provision of science based treatments such as Illness Management & Recovery, Supported Employment, Integrated Dual Disorders Treatment and such science based practices for children with SED as Cognitive Behavioral Therapy for children with trauma histories and multi-systemic family therapy.
- Coordination and integration of physical health care with mental health care of the priority populations, including children, adults and older adults with severe mental illness.

Criminal Justice

Inappropriately incarcerating persons due to their mental illness is wrong and requires change. Criminalization of persons with mental illness is a growing public policy issue, involving financial, therapeutic and or legal perspectives at the state (prison) and local levels (county jails). A number of legislative committees are now looking into this public policy matter and making recommendations for reform (**Commission Report on Mental Illness and Criminal Justice, Vol. III, 12/08**). Persons with mental illness who inappropriately find themselves in jail and prison must not be denied adequate treatment for their mental illness and must be transferred, if appropriate, as quickly as possible to the community mental health service system. Families must be treated with dignity and respect and as considered as allies to improve the well-being of all those incarcerated.

NAMI NH supports:

- Appropriate mental health treatment and health care for those in prisons, jails and the Sununu Youth Detention Center.
- Efforts to assure that persons with Medicaid insurance in prisons and or jails may maintain their access to Medicaid or be immediately reinstated on Medicaid after re-entry.
- Inmates, including youth, must have comprehensive pre-release/reentry plans, which include treatment and support services (including relapse prevention, wellness promotion and family education and support), housing plans and work (or education) plans.
- Incarcerated persons with mental illness or severe emotional disorders must have the same choice of medicines available to them as those in the NH Medicaid program.
- Prison populations, especially women, need comprehensive physical health and mental health care including care for their children.
- Diversion programs, (persons with mental illness are “diverted to treatment, if appropriate) rather than jail. These programs include training for law enforcement and probation officers to appropriately and safely address mental health emergencies and interactions with mentally ill persons; training programs may be

modeled after the national Crisis Intervention Team (CIT) program and should be supported and funded through multiple state departments, counties and the Police Standards and Training Academy.

- Funding for Mental Health Courts, proven efficacious, throughout NH to assure that law enforcement officers' interventions are coordinated with the judiciary and mental health systems so that mentally ill persons are diverted, when deemed necessary to appropriate treatment.
- Improvement in the juvenile justice system to assure that children's mental health and substance use disorders are dealt with by qualified trained staff.
- Easy access to mental health treatment for children diagnosed with SED so families do not have to relinquish their child through CHINS petition in order to get treatment for their child.
- Legal counsel should be available for those who cannot afford their own counsel on issues relating to surrendering a child for treatment and/or guardianship.
- Formally established linkages between the criminal justice/juvenile justice and the mental health systems to ensure treatment needs for individuals and their families are effectively coordinated and delivered.

Housing

With increased housing costs and lack of adequate and affordable housing stock, many consumers spend longer periods of time in the state hospital than may be warranted; others live in inadequate and unsafe situations or become homeless. If recovery from mental illness is to be improved, then housing programs that reduce isolation and support independent living must be available. Access to affordable and safe housing must be addressed at the state level. Additional supported housing models must be incorporated into the public mental health system. **NAMI NH supports:**

- Efforts to link supports and services to housing for persons with mental illness. These services need to be flexible and based on an individualized plan that is person centered and part of an overall treatment plan.
- Policies for the mental health and housing authorities to collaborate to find ways to improve housing stock and access for those with mental illness.
- All efforts to bar discriminatory zoning and land use policies that exclude group homes and/or supported housing in residential communities.

Integrated Health Care

Evidence demonstrates strong connections between mental and physical health. Recent reports, including the NH Mental Health Commission Report, indicate that persons with severe mental illness die, on average, 25 years earlier than their age cohorts in the general population. Consumers suffer from medical conditions that shorten their lives including, diabetes, coronary artery disease, hypertension, obesity, and immune deficiencies. In fact, 60% of premature deaths in persons with schizophrenia are due to medical conditions including cardiovascular, pulmonary and infectious disease. **NAMI NH supports:**

- Access to a seamless system of care that is coordinated and integrated; this includes dental care as well as treatment for substance use disorders. Medical care must focus on reducing increased morbidity and mortality largely due to treatable medical conditions caused by modifiable risk factors such as smoking, obesity, and hypertension.
- The use of science based practices such as Integrated Illness Management and Recovery and In Shape to support health management, diet and physical fitness.
- Efforts to promote wellness for people with mental illnesses by taking action to support of the federally sponsored program “10 by10” program to prevent and reduce early mortality by 10 years over the next 10 year time period.
- Mechanisms for financing the coordination and integration of treatment for mental illness with primary care services.
- State statutes and/or regulations that establish strong linkages and partnerships between community mental health centers and community health centers.
- The “medical home” concept that allows each person to enter into the system at any place and then have access to the identified service to get continuous integrated care.
- State health initiatives that are designed to address coverage, cost, access to and quality of care for those with mental illness and severe emotional disorders.

Medications

Medications play a critical role in promoting recovery from mental illnesses and severe emotional disorders. Researchers know that medications alone are not as effective as medications in combination with other treatment and supports in promoting recovery and reducing the burden of illness. Whenever possible, a combination of treatment interventions and supports should be used to improve outcomes. Medications are vitally important to the recovery process, yet NAMI NH does not recommend any particular medication to treat mental illness. NAMI NH should remain vigilant to assure that rules, policies and procedures for prior authorization of medications remain as easy as possible and that administrative burdens to the consumers and/or the providers do not have consequences which prevent access to medications. **NAMI NH supports:**

- Individual’s access to medications and treatments that have been approved by the FDA and the NIH (NIMH).
- Medication choice based on the clinical judgment of the prescriber in ongoing consultation with the consumer and or his/her family.
- Any NH Medicaid managed pharmacy benefit which appropriately balances the opportunity for consumers and their physicians to choose medicine which is best to address their mental illness with the financial resources of the state.
- Policies and programs that recognize and address the adverse health effects of psychiatric medications through regular screening and referral to and coordination with primary care providers.

- **We Oppose:**
“Fail-first” or “step” treatments and/or therapeutic substitutions inconsistent with evidence and/or solely based on economic/cost factors.

Mental Health and Schools – Effective Services for Children with Severe Emotional Disorders (SED)

Mental health treatments in schools must be well supported and specifically meet the needs of children who are coded SED. No child should be unjustifiably denied an education because of his/her emotional disorder. In the special education system, suspension and expulsion regulations must not be biased against children with severe emotional disorders. A system of care should provide screening and early intervention services which are coordinated across health, mental health and educational systems to assure the most effective treatments and educational services in the least restrictive environment for the student. Referral processes between schools and CMHCs should be smooth with no burden on families. Parents must be considered allies in the process to improve behaviors, school performance and treatment outcomes. Policies and procedures must take into account the mental condition of the child, and protect the child from undue suspension or expulsion, and promote and assure the rights and protections of children and their families. **NAMI NH supports:**

- Screening and early interventions so that those in need can be offered services before conditions have become more severe.
- Infant mental health services coordinated between primary care providers, community mental health and maternal and child health.
- Service coordination and integration between schools and CMHCs to assure the mental health needs of the SED population are addressed in a timely and effective manner.
- Regular in-service training for school professionals to identify early warning signs of mental illness (SED) in children and adolescents to effectively address these issues with parents and professionals.
- Transition planning for children and adolescents at significant development milestones across institutions for assuring effective services and supports. Funding to assure that transitions are given the attention they need so that children with SED and their families are not lost to the system.
- Broad policies and procedures that assure that the rights of parents whose children are in special education are protected to the fullest.
- Easy access to IDEA services and 504 planning for identified children with SED and their parents.
- Maximization of a policy for assuring the “least restrictive environment” for children with SED; however, when appropriate, residential placements for children with SED should be available.
- The use of Evidenced Based practices for treatment for children with SED and their families should be promoted and supported financially.

Older Adult Services

The older adult population, with complex medical conditions associated with their aging and mental illness, is growing rapidly. Caregivers for adult children are dying and persons with mental illness are losing their support systems. Older adults need access to integrated care that is community based as well as access to timely acute care when needed. **NAMI NH supports:**

- Funding for community mental health center programs and services for older adults provided by trained providers, including outreach programs such as REAP.
- The Geriatric Education Center at Dartmouth Medical School to provide science-based training services for providers working with older adults with mental illness.
- Educational programs for families and allied professionals dealing with older adults with mental illness, i.e. NAMI NH, “Side by Side”.
- Improved systems of communication and care coordination between primary care physicians and mental health providers who have in common older adult consumers on their caseloads.

Safe and Effective Use of Technology

Timely and critical information about an individual’s medical history can be enormously helpful in facilitating medical interventions that are effective in treating that person. Electronic medical records can serve as an important tool to promote integrated care, improve treatment outcomes and patient safety. The advantage of each care provider and consumer having access to a medical record will improve communication and shared decision making. **NAMI NH supports:**

- The safe and confidential use of technology to improve the information flow so that each provider can have timely access to needed information to make medical decisions more effective and integrated with those treatments provided by other providers.
- Protocols that are designed to assure that electronic health records protect privacy of the consumer while enabling providers to get information in a timely fashion.

Services for Military and Their Families

Members of the military (active duty, Reservists and National Guard) and their families need access to mental health services and supports (Veterans Family Resource Centers, VA, National Guard) to address their mental health needs no matter when they arise (pre-deployment, during deployment, and post-deployment). **NAMI NH supports:**

- A system of care where coordination of referrals to mental health services and social supports are clearly articulated and available to the military and their families. The DHHS and the National Guard should work closely with other private and public organizations to assure that comprehensive care is available and financially supported to the military and their families.

- Services to military families that help educate and support them in their efforts to positively address the impact of all the phases of deployment on each family member; services are to be coordinated across all health and social service systems.
- Training for military personnel to enhance their ability to recognize persons at risk of suicide and connect them to service providers.

Stigma and Discrimination

Nearly 2/3 of all people with a diagnosable mental disorder do not seek treatment. Stigma and discrimination, associated with mental illnesses, remains one of the major barriers to getting help to those with mental disorders. Public attitudes also affect how people cope with and seek treatment for themselves and/or for their family member or friend. NAMI NH works to address these attitudes and behaviors by providing the public with the facts about mental illness, confronting the stigma and discrimination directly when it is observed and promoting the opportunity for people in recovery to tell their stories in public venues. NAMI NH believes, in concurrence with scientific evidence, that persons receiving treatment and services for their mental illness are NO MORE dangerous than the population at large. More often the people with mental illness are the victim of crimes rather than the perpetrators of crimes. **NAMI NH supports:**

- The DHHS developing policies and practices for promoting research based anti-stigma programs throughout the state.
- Funding for activities that address stigma and promote help seeking behavior; this includes programs such as the NAMI NH, “Frameworks Suicide Survivors’ Speaker’s Bureau”, “In Our Own Voice”, and Life Interrupted as well as other federally developed programs.
- Mental health services that are person and family centered, science based and high quality.
- Public education and outreach programs to schools, businesses and civic groups that provide information about mental illness, substance use disorders and severe emotional disorders.

Suicide Prevention

Evidence demonstrates that 90% of persons who die by suicide have an underlying diagnosis of a mental illness and/or substance use disorder. In NH the highest rate of suicide is among white males age 65 and older. Death by suicide in the population 12 to 24 years old is the third highest cause of death in the state. NAMI NH should demonstrate its leadership and active participation in the Governor’s Suicide Prevention Council.

- Council goals are to: Foster development and evaluation of suicide prevention efforts; Develop and promote effective clinical and professional practices; Improve access to and collaboration among mental health, health care and other service providers; Promote and oversee implementation of the State Suicide Prevention Plan.

NAMI NH supports:

- Greater state and private financial support for programs and services to address this serious public health issue including NAMI NH's "Frameworks Suicide Prevention, Intervention and Postvention Project", a designated "best practice".
- Improved coordination among all State Departments and statewide prevention programs including the work of the newly created Suicide Prevention Council, the Strategic Prevention Framework, the Division of Public Health Services and the Bureau of Behavioral Health.
- Improved levels of supports to individuals, families, and communities who have lost a loved one to suicide and to reduce the level of contagion.
- Funding for a survivor support and education program and Speakers Bureau to promote individual healing and help-seeking behavior.
- Collaborative working alliances between private and public organizations and state departments with the National Guard and other service providers to provide technical assistance and training on suicide prevention, intervention and postvention (individual and community healing after a suicide incident).

Treatment for Addictions and Prevention Services

50%-60% of adults with mental illness have a co-occurring substance use disorder. It is estimated that 40% of incarcerated juveniles have substance use disorders. Mental illness and co-occurring substance abuse makes treatment for both extremely difficult, yet science indicates effective treatment is possible. **NAMI NH supports:**

- Expanding funding for screening and treatment services to individuals with substance use and mental health disorders.
- The implementation of evidence-based treatment services for treating mental illness and co-occurring substance use disorders; i.e. Integrated Dual Disorder Treatment (IDDT) and science-based practices for screening and treating youth and young adults
- Training programs for service providers for treating individuals of all ages with mental illness and co-occurring substance abuse disorders.
- Effective dissemination and implementation of the national parity legislation that covers all mental health diagnoses and substance use disorders.
- The integration of mental health, substance use and primary care screening, early intervention and treatment services and funding mechanisms to provide the most effective treatment for individuals with these conditions.
- Improved access to adequate and timely acute care facilities for those in need, especially those with co-occurring mental health and substance use disorders.
- Improved access to licensed and/or certified providers specifically trained in the screening and treatment for co-occurring disorders.



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