



17th Annual RTC Research Conference

The President's New Freedom Commission
on Mental Health


Creating Opportunities to Transform Mental Health
for Children, Adolescents and Families

Mike Hogan
Ohio DMH, Commission Chair

The Premise and Theme...

Our work has been done...

It Is Now In Your Capable Hands



President George W. Bush
Announcing the New Freedom Commission
Albuquerque, New Mexico: April 29 2002

Child/Adolescent Concerns in the
President's Speech

- "Consider this example -- a 14-year-old boy who started experimenting with drugs to ease his severe depression. This former honor student became a drug addict. He dropped out of school, was incarcerated six times in 16 years. Only two years ago, when he was 30 years old, did the doctors finally diagnose his condition as bipolar disorder, and he began a successful program..."

- "The Commission's goal shall be to recommend improvements to enable adults with serious mental illness and children with severe emotional disturbance to live, work, learn, and participate fully in their communities."
President's Executive Order, April 2002




Commissioners



- Mike Hogan, Ohio Dept. MH
- Jane Adams, Keys to Networking, Kansas
- Rudy Arredondo, Texas Tech University, Texas
- Dan Fisher, National Empowerment Center, Mass.
- Anil Godbole, Advocate North Side Health Network, Illinois
- Henry Harbin, Magellan Health Services, Maryland
- Larke Huang, Georgetown University, Maryland
- Norwood Knight-Richardson, CareMark Behavioral Health Services, Oregon
- Ginger Lerner-Wren, Judge, Florida
- Steve Mayberg, Cal. DMH
- Bob Postlethwait, retired Eli Lilly Neuroscience, Indiana
- Wally Prechter, Chair, Heinz Prechter Foundation, Michigan
- Nancy Speck, Telehealth Consultant, Texas
- Randolph Townsend, Nevada State Senate
- Dee Yates, Psychologist, Texas
- 7 Ex Officio Members (SAMHSA, NIH, CMS, HUD, Labor, VA, Education)

Commission Subcommittees



- Employment and Income
- Housing and Homelessness
- Older Adults
- Children and Families
- Evidence Based Practices
- Cultural Competence
- Medicaid and Medicare
- Criminal Justice
- Consumer Issues
- Rights and Engagement
- Rural Issues
- Medications
- Interface with General Medicine
- Suicide Prevention
- Co-Occurring Disorders
- Acute Care

Each Subcommittee: developed a Subcommittee Report ... analyzed the problem ... identifies Federal programs involved and models of excellence... considered policy options... developed recommendations for consideration

- Subcommittee reports will be published SOON under separate cover
- Subcommittees used academic/policy experts as consultants
- Special Contributors: Bob Friedman, Beth Stroul, Sybil Goldman, Young People/Parents, Bob Pynoos, Steve Adelsheim, Barbara Friesen, Sheila Pires, Rachel Guerrero, Pat Mrazek, Jenny Johnson

Interim Report: Barriers to Care



- Mental Health and Suicide Prevention Not Yet a National Priority
- High Unemployment
- Fragmentation
- Severe
- Fr
- Ser
- Older
- Rece

"The system is in shambles"

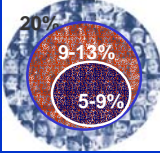
The President's Commission: Scope and Urgency of the Problem

Prevalence of SED

- 5-9% Youth with SED & very serious problems in home or at school
- 9-13% Youth with SED & some problems at home, school
- 20% Youth with any diagnosable disorder

"Mental health problems among children and adolescents constitute a public health crisis for our nation."

Report of the Children and Families Subcommittee



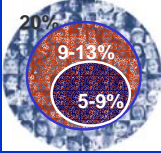
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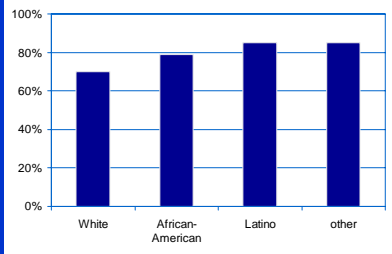
"At least 25% of adolescents are at serious risk of not reaching productive adulthood"

National Research Council, 2002



Most Children in Need are Not Getting Help

Children With a Mental Illness NOT Receiving Mental Health Services



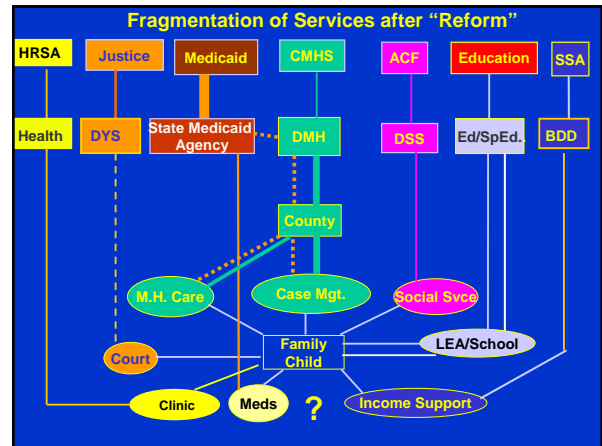
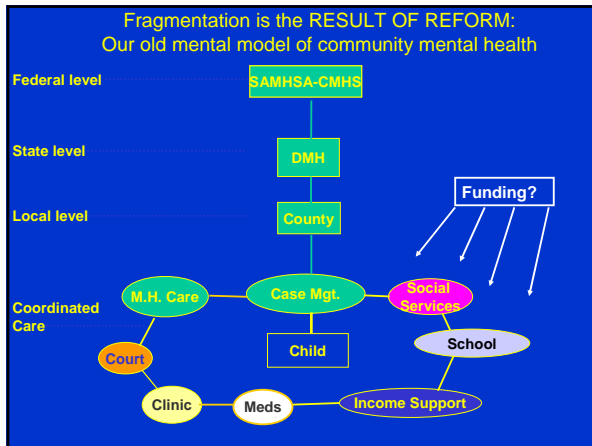
Calculations based on data from the National Health Interview Study, Stumm et al, 2000

The Lethality of Serious Emotional Disturbance

- For young people 15-24, suicide is third leading cause of death
- Rate for ages
 - * 15-19 - 9.7 /100,000
 - * 20-24 - 14.5 /100,000
- More youth and young adults died from suicide than cancer, heart disease, AIDS, stroke, pneumonia, & birth defects COMBINED (1996)

Major Problems in Child/Adolescent Mental Health (Children and Families Subcommittee)

- Fragmentation in Funding, Responsibility
- Lack of Family Partnerships, Support
- Unmet Needs, Disparities
- Gaps:
 - In services
 - Between what we know and do
- Lack of Prepared Workforce
- Poor Focus on Prevention & Early Intervention
- Lack of Understanding:
 - Of mental health problems of children and adolescents
 - Of stigma
- Lack of Accountability, Quality Improvement



How the Final Report was Developed

- Recommendations advanced from Subcommittees
- Awareness: Recommendations are Not Enough; Reform is Inadequate
 - Consensus on a proposed Vision for mental health in America

Vision For A Transformed Mental Health System

We envision a future where recovery and resilience are the expected outcomes and when mental illnesses can be prevented or cured.

We envision a nation where everyone will have access to early detection and the effective treatment and supports essential to live, work, learn and participate fully in their communities.

How the Final Report was Developed

- Recommendations advanced from Subcommittees
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 - Consensus on a proposed Vision for mental health in America
 - Proposed National (and state and Local) Goals to achieve the vision
 - Recommendations to help achieve the Goals

National Goals To Transform Mental Health Care

- Establish Mental Health as Essential to Health
- Provide Consumer and Family Centered Care
- Eliminate Disparities in Mental Healthcare
- Early Mental Health Screening and Treatment Across the Lifespan
- Provide The Best Care Science can Discover and Offer
- Capitalize on Technology

**Goals To Transform Mental Health:
Examples: Moving an Action Agenda Forward**

- Americans Understand that Mental Health is Essential to Overall Health

Advance and Implement a Strategy for Suicide Prevention

- School Screening (Columbia Teen Screen reached 10,000 a year ago, 30,000 in 2003)
- Community Coalitions based on Air Force success in many states (12 counties in Ohio alone)

**Goals To Transform Mental Health:
Examples: Moving an Action Agenda Forward**

- Provide Consumer and Family Centered Care

- Develop an individualized plan of care for every child with a serious emotional disturbance
 - Reinforces (and extends!?) a System of Care imperative
- Involve consumers and families fully in orienting the system to recovery and resilience
- Realign (federal) programs to meet needs
- **Broaden the State Mental Health Plan**
 - Major initiative in President's FFY '05 budget
 - Examples: Nevada, Kansas, Illinois, New Mexico, others
- **Protect Rights; Support Olmstead, Eliminate custody relinquishment, Reduce S/R**
 - New state waivers...Federal/State legislative proposals, "Trauma informed" and violence-free environments

**Goals To Transform Mental Health:
Examples: Moving an Action Agenda Forward**

- Eliminate Disparities in Mental Healthcare

- **Improve access to quality, culturally competent care**
 - State plans with benchmarks for cultural competence: Connecticut, California, Massachusetts, New Mexico...
 - SAMHSA convenes first meeting of minority professional fellows
- **Improve access to quality care in rural and remote areas**

**Goals To Transform Mental Health:
Examples: Moving an Action Agenda Forward**

- Early Mental Health Screening and Treatment

- **Promote the mental health of young children**
- **Improve and Expand School-Based Mental Health**
 - UCLA and Maryland National Centers focus on how to address recommendations
- **Screen and link with treatment**
 - screening in juvenile justice settings now in 40 states
- **Screening and collaborative care in primary care**

**Goals To Transform Mental Health:
Examples: Moving an Action Agenda Forward**

- Provide The Best Care Science can Discover and Offer

- **Accelerate research to promote recovery and resilience**
 - NIMH follow-along study of Children's Systems sites
- **Advance Evidence Based Practices**
 - Casey "Blue Sky" project links MST, FFT, treatment foster care
- **Improve and expand the workforce trained in EBP**
- **Develop the knowledge base in understudied areas**

**Goals To Transform Mental Health:
Examples: Moving an Action Agenda Forward**

- Capitalize on Technology

- **Use health technology and telehealth to improve access and coordination, especially in rural areas**
 - See: www.networkofcare.org
 - In Appalachian Ohio, the Southern Consortium for Children links 13 rural clinics and service sites for interactive telemedicine and professional development
- **Develop a strategy to make integrated electronic record possible in mental health**

The Commission's Thinking About Change:
It's Your Turn

- Recommendations advanced from Subcommittees
- Awareness: Recommendations are Not Enough;
Reform is Inadequate
 - Consensus on a proposed Vision for mental health in America
 - Proposed National (and state and Local) Goals to achieve the vision
 - Recommendations to help achieve the Goals
 - "Transformation" as the shared process of Change
- Implications of "Transformation"
 - Change at every level...linked and continuous
 - Deep change, through many means

Thank You For Your Commitment
Let Us Become That Change Which
We Seek In The World