

MPHA Policy Forum Series #1
Mental Health and the Health Care System
November 4, 2016

Welcome- Lindsey Fabian, President

Today we will be talking about Mental Health, which is the first in a series of 4 forums. In January we will be talking about community planning and how to organize our community. March is about gun violence and racism. May is about climate change.

NAMI Conference is tomorrow and scholarships are still available.

#MPHAForum is the hashtag people can use to share information and thoughts about this forum

Moderator Remarks-Janny Brust

Janny was a past President of MPHA. While in MPHA she was able to try different skills in a safe environment. If you are new in your career or new in MPHA and are on the fence about joining, please do. If you've been a part of MPHA, consider doing something new with the organization to test your skills.

We all know that mental health issues are prevalent. It surfaced as a top 5 priority in a community needs assessment survey. Mental health not only affects the individual, but also all the people who care about that person. It costs the US \$1 billion for mental health that is not treated. People with mental health issues get better with treatment.

Each panelist will give opening comments. There are some prepared questions that will be asked to panelists to further discussions. There will be table discussions with colleagues, and a time for the audience to ask questions.

Introduction of Panelists-Janny Brust

Angela Lockhart: Integrated Service Delivery Coordinator at Dakota County

Tim Leslie: Sheriff of Dakota County. Trained law enforcements on Data Driven Justice Initiative

Stephanie Devitt: Founder and principal of SDK Communications and serves on the board of Vail Place, a community based mental health clubhouse.

Glenn Andis: Directs the business segments of Medicaid, Medicare products at Medica.

Opening Commentary- Glenn Andis, Stephanie Devitt, Time Leslie, Angela Lockhart

Glenn: Grandmother had psychotic episode in mid-40s. Committed to state hospital. She stayed there for 50 years. That was how mental health was treated during that time. Now we have people moving out of the institutions and into the community, but the money did not follow to support services and resources to assist people with mental health issues. The MN system needs work, but it better than a lot of other systems in the country. Difficult to find a psychiatric bed, so people are stuck in ER rooms

waiting for a bed opening. People in jail can't get into a psych unit. People in general medical beds have a primary psych diagnosis, but are being treated on general medical floors with people not trained to deal with psych issues. Some people may think we should just build more beds, but we need to focus on transition care. Many are ready to be discharged from a hospital, but not ready to go home so they need to go to a community based place to get care and there is not enough space in these places. This is public health crisis because it is happening all across MN and the nation. We need to find an answer to this crisis.

Stephanie: New definition of public health, "public health 3.0," which is a major upgrade to help address determinants of health and health equity. Profession is going through a change. 3 ideas how public health can contribute to mental health and health care transition. Think of public health as expertise to help everyone live a healthier life. Vail has spaces where people with mental health can gather and also work there. It is open on holidays, which is important for many people with mental health issues. They have partnered with North Memorial on a grant and this has shown decline in ER and hospital rates. Public health is expert from looking at health from the daily lived life of someone to help them live life day to day. Look at mental health from a prevention lens similar to food and tobacco use. In Baltimore schools looking at implementing meditation to help de-escalate situations. Seen suspension rate drop to 0. Look at toxic stress in our environment and deal with that to help with mental health.

Tim: Every county in Minnesota must have a sheriff because they run the jail, but every county does not need a police department. Jail is not prison as people are there for many different reasons. Father was committed, which bring a personal perspective to this issue. There should be no stigma because it impacts all of us. Police officers make house visits. When he was a new officer he saw a veteran officer deal with an individual going through a mental health issue with such dignity and respect on their level. This is what should happen every time. We have a hard time defining mental health issues and there have been system failures. In Dakota County, 3 men were killed in last 7 months. These individuals had weapons and could have been a danger to the public. Would love to have more tools to help them, but not there yet. Someone committed suicide in the jail recently and no one knew he had a mental health issue. People coming into the jail are not required to give history. Many are high or drunk that they see. They may be off their meds. Try and get them on meds to get them back in the clear state of mind and then help them. Texas is in the forefront; they can see any hospital admits from the field, in Minnesota we can't do that. Dakota County will be hiring a mental health practitioner in the jail to assess if someone who has been arrested is mentally ill.

Angela: What is more needed from project management perspective is the messaging. Public health does campaigns (Make it Ok campaign, mental health first aid), which changes public's view of these issues. Over last 100 years had institutions for people deemed untouchables and cast offs. They were not understood, and community didn't know how to interact with them, or the cause of mental health and any possible treatments. People that were in jail for mental health then went into institutions, but people still didn't understand mental health illnesses. Experiments were done unchecked and people were no better off than when they were in jail. "Miracle" drugs were introduced to help people and get them back into communities. Institutions had demeaning names like insane asylum and house for lunatics. Since Kennedy mental health has been a priority, but nothing has ever been done. We need public health to frame the issue to help society understand mental health and have a more compassionate attitude. It's a big job and requires all of us working together.

Panelist Discussion

1. Any group looking at mental health in a big picture way to help identify the gaps in the system?

Glenn: There is a draft recommendation coming from Governor's task force about mental health. Mandate to come up with comprehensive recommendations, by November which they have done. There are reps from all walks of life; providers, advocates, consumers. Topics include: continuum of care, disparities, housing, workforce, psych bed capacity, prevention, etc. There are far more things to do than can be done. These recommendations need to be prioritized because can't pass all these into legislation or fund all of these. Wait and see what will happen, but it is a step in the right direction.

Stephanie: Mental health, public health, and health care going under changes as profession. Public health needs to bring together the important stakeholders to make the most of limited resources.

Angela: It is expensive to put people with mental health in jails or ERs. Organize efforts in Dakota County and get stakeholders at the table including director of public health, social services, sheriff, public defender, prosecutor at these executive meetings. Mental health people have first contact with system with police. They need to react to them with mental health approach as opposed to penalty approach. Training officers on mental health first aid.

Tim: Police officers are supposed to deal with mental health issues on top of all other criminal events. It is not a perfect system. People with mental health may not take prescribed medications, and may choose to self-medicate. Cannot force people to take the medications that were prescribed to them.

2. How does someone get on this task force? Can public health join?

Glenn: These people on the task force were appointed by the governor. I am sure that they will open these recommendations up to the public for their input. MPHA can have input in what will be brought to the legislative session this year based on these recommendations.

Table Discussion

Time was given for discussion at each table what has been presented by panelists. Each table was also asked to come up with any questions for the panelists.

Audience Questions

How do we get unstuck?

Angela: Data. Need to clearly identify the problem we are trying to address. For Dakota County this is the response time and the way officers respond. Also defining the population you need to deal with (common faces-those people that are seen again and again). Also need to have a clear work plan.

Stephanie: Affordable Care Act Section 1332. In 2017 States can make edits to affordable care act. Are there opportunities to factor in social determinants of mental health into these payments? Discussions about how mental health is paid for and how it is covered. This can change how mental health task force recommendations are taken.

Glenn: Stigma is still a major factor that is plugging up the system. Have more housing vouchers with people with severe mental health issues than we have housing available. We have shortage of affordable housing in MN, but many landlords do not want to rent to person with severe mental health

issue or criminal record which makes it impossible to find them housing. This is all stigma and a lot needs to be done.

Tim: Champions to drive change. Legislative process can't be depended on to get us unstuck. A lot can be done at the local level.

How do we move upstream to support mental health as public health?

Angela: Sheriff is open to new approaches, which is needed. The things that we have always done aren't working so need to think of new ways. Need to chip away at the problem.

Stephanie: Public health lens and is best at prevention so we don't go into emergency situation. Policy changes and norm changes to mental health will help us to see improvements with mental health like has been seen with tobacco use.

Glenn: Great history of collaboration in Minnesota. Looking at the systemic problems we have, we can look to have legislative to help change, even though they can't do everything. Need to depend on that collaboration to get these changes made.

Questions asked by audience, but not time for panel to answer in forum. Some may stick around to answer these questions:

- Substance abuse (opioid) and mental health?
- Training of law enforcement for mental health?
- Courts specifically for mental health?
- 48 Rule- how does it impact health system?

Summary Remarks-Janny Brust

Panelists were willing to share personal stories, which helps to reduce stigma. We have come a long way from the days of institutionalization. We are trying to get people back in the community, and it's not perfect but it's improved. There is a need to close the gaps that we have, and while the task force is a great step it is important to also be a champion at the local level. If you can't share data, it makes it very difficult. With privacy it's hard to do that, but data will help out. There are lots of roles for public health and lots for people to explore to advance this conversation.

Closing Remarks- Lindsey Fabian

Thanks for Ken, the communication committee co-chair. Links have been place on Twitter page. We all can be public health and mental health advocates. Thanks to the sponsors, and policy forum committee for organizing. You can become "Friends of the Policy Forum" on the newsletter, \$40 gets you into all the policy forum series. The spring annual conference planning committee is forming, let us know if you want to join.

See you in January for the next forum series on community planning.