

Principles for Mental and Behavioral Health Policy

Caring for the Whole Person

1. Mental illness can have a powerful effect on the health of individuals, their families, and their communities. It is important to view mental health as an essential element of an individual's overall health. This integrated approach should permeate all aspects of the human services system to ensure that behavioral health is consistently viewed and incorporated within the context of health promotion and health care delivery and financing, and be fully integrated with the other health and social services that the individual and family receive.
2. Services and supports should not be limited to those traditionally thought of as falling under the medical model and should include access of other supports as needed including psycho-social rehabilitation, benefits counselling, housing, transportation, and employment services. The state, county and managed care organizations must assure the availability of a seamless array of flexible, quality services should be available on a voluntary basis that help people maintain homes, jobs, and family and community ties encourage people to seek the assistance they need.

Choice

3. Consumers must be given real choices about the services they receive and who delivers those services, as well as flexible budgets which put control of some of the resources in the hands of consumers to spend on services they choose. For choice to be real, systems must offer a wide array of interventions and supports, and consumers must understand their benefits and risks. A flexible, creative approach to funding fosters development of individualized services that build on an individual, family and enable individuals and families to meet their needs, hopes and desires. In the case of children and adolescents, families must be involved in the mental health service system and recognized as key decision-makers in the treatment process.

Recovery-based, Quality Services

4. Individuals with mental illness should have the knowledge and belief that anyone can recover and/or manage their conditions successfully. The value of recovery and recovery-oriented behavioral health systems is widely accepted. A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.
5. Because recovery is a highly individualized process, recovery services and supports must be flexible to ensure cultural relevancy. What may work for adults in recovery may be very different for youth or older adults in recovery. In order for mental health services to meet consumer needs they must be recovery-based, trauma-informed,

culturally appropriate and respectful of the person receiving services. A flexible, creative approach to funding fosters development of individualized services that build on an individual, family and enable individuals and families to meet their needs, hopes and desires.

Least Restrictive Appropriate Treatment

6. People with mental illness should live and receive services in the least restrictive setting appropriate to meet their needs and consistent with their choice. Community supports should be focused on helping an individual to live as fully and independently as possible with the same opportunities and quality of life afforded to all citizens.

Voluntary Engagement

7. Coercive systems with a limited menu of medications, office-based therapies and institutional care often result in poor outcomes and discourage help-seeking. Forced mental health treatment is never appropriate, except when there are immediate and serious safety risks. Even then, listening to consumers and respecting their choices is essential to designing service plans that succeed. Involuntary commitment and placement in a secure civil treatment setting must not be done absent a significant safety concern and never for punishment. It must be for the shortest time necessary and require frequent reassessment and due process protections.

Criminal Justice Involved Juveniles and Adults

8. People with mental illness are both over-represented and under-served in the criminal justice system. Most people with mental illnesses are not violent, and most violent crimes are not committed by people with mental illnesses. Finding their way to treatment services can be difficult for any individual, but it is especially difficult for those arrested and entering the criminal justice system. DRW promotes early intervention and treatment as better alternatives to detaining people with behavioral health conditions in the justice system. Diversion into treatment alternatives to incarceration and post-release support services have been proven to improve the lives of offenders with mental illness and reduce recidivism.
9. Unfortunately, our jails and prisons have been forced into being the largest institutional provider of mental health services. Intersection of behavioral health and criminal justice, trauma is a key component. Increased availability of mental health services and an understanding of traumatic responses is required to assist justice system personnel to better respond to both adults and juveniles in the justice system.

10. Upon release from incarceration, individuals with behavioral or mental health issues face many barriers to successful reentry into the community, including poor connections and waiting periods which may jeopardize their recovery and increase their probability of relapse and re-arrest.

Restraint and Seclusion (includes chemical restraint)

11. DRW is committed to eliminating the use of seclusion and restraint in all its forms for people with mental and/or substance use disorders. In mental health systems, the use of seclusion and restraint on previously traumatized individuals can revive memories of trauma and these methods should only be used as a last resort when less-restrictive measures have failed and safety is at severe risk. The goal of all treatment services and settings should be to create coercion- and violence-free treatment environments governed by a philosophy of recovery, resiliency, and wellness.

Abuse Neglect

12. Experiences of abuse and neglect can have a lifelong impact on an individual's health and opportunity. Abuse and neglect can never be justified or condoned. Unfortunately, many systems that are designed to help individuals and families can actually cause trauma. Sufficient oversight and training must exist throughout the service system in order to reduce and eliminate instances in all settings and when it does occur there must be accountability at all levels from line staff to oversight agencies. In the case of peer-on-peer situations, sufficient scrutiny must be given to services system responsible for oversight and treatment planning.

Peer-directed / Peer-support

13. DRW supports increased availability of peer-directed services and supports that help prevent relapse and promote sustained recovery. A "peer" is an equal, someone who has faced similar circumstances or challenges. In peer support, the people involved have had some sort of similar experience, such as being given a psychiatric diagnosis and receiving behavioral health services. That is one of the key differences between peer support and professional services and treatment. Peer support should be voluntary, respectful, and strength focused.
14. Research has shown that peer support facilitates recovery and reduces health care costs. Because peer support differs substantially from the roles within the traditional workforce, providers and HMOs/MCOs need training to support them to understand and put into practice the philosophy and values of recovery and trauma-informed peer support. Without shared vision, values, and understanding, peer delivered services are at risk of being misunderstood, misused, and ineffective.

Employment and Housing Supports

15. Employment can play an important role in recovery, however, for some individuals mental illness can present a significant barrier to employment. Supported employment

can help people with the lived experience of mental illness to participate in the competitive labor market by helping them find meaningful jobs and providing ongoing support from a team of professionals in the most integrated and competitive setting possible. Supported employment is more effective than traditional vocational rehabilitation services, where individuals with mental illness work in isolation from the mainstream of their communities in special sheltered work settings. There must be a reallocation of funding away from isolating and non-competitive settings into evidence-based, supported employment programs targeted to adults with serious mental illness.

16. Good supportive housing programs must give participants immediate, permanent housing in their own apartments or homes with the same rights and responsibilities as any other tenant. Treatment compliance should not be a prerequisite to obtaining housing. Individuals in supportive housing should be able to access a comprehensive array of services and supports, as needed to ensure successful tenancy and to support the person's recovery and full integration into community life.

Discrimination and Stigma

17. Discrimination and stigma can make it difficult for people with mental illnesses to find and keep a job, get stable quality housing, receive government benefits and participate as full members of their communities. State and federal laws outlawing discrimination and promoting social inclusion in employment, housing, government services and public accommodations provide fundamental tools in addressing these problems by prohibiting governments and business from treating people differently simply because they have a mental illness. They also require governments and businesses to make changes to how they operate in order to reasonably accommodate people with mental illness so that they get the same access and the same benefits as other people.