Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Engagement: The New Standard for Mental Health Care

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Presenters

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Why Focus on Engagement?

“The U.S. system of mental health care is failing to engage people who seek help. The facts say it all: many people who seek mental health care drop out. 70% that drop out do so after their first or second visit.”

Why? Many different stories

“She just doesn’t seem to believe she needs medication.”

“I was strapped down and left alone for hours. I never want to go back there.”

“The doctor didn’t listen to me.”

“I tried to get my son help, but none of the doctors could reach him.”

“The program cared about me as a person and cheered me on.”

“The medications make me feel like a zombie.”

SAMHSA
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Learning about Engagement

- NAMI Board of Directors workgroup
- Dialogue with the NAMI community
- Outreach to diverse experts: individuals, family members, providers, researchers, program administrators and others
Expert Advisory Group
Key Informant Interviews

- **Pete Earley**, Journalist, author of 17 books, among them *Crazy: A Father’s Search Through America’s Mental Health Madness*
- **Jacqueline Feldman, M.D.**, Professor Emerita, Department of Psychiatry, University of Alabama Birmingham School of Medicine, Birmingham, Ala.
- **Maggie**, Nursing Student
- **Kenneth Minkoff, M.D.**, Clinical Assistant Professor, Harvard Medical School, Zia Partners, Inc., San Rafael, Calif., and Acton, Mass.
- **Mark Ragins, M.D.**, Medical Director, MHA Village Integrated Service Agency, Mental Health America, Los Angeles
Learning from Promising Programs and Practices

- Housing First
- Opening Doors to Recovery
- MHALA Village
- Laura’s Law in San Francisco
- Early Assessment and Support Alliance
- Rochester Forensic Assertive Community Treatment Program
NAMI’s Engagement Report

ENGAGEMENT
A New Standard for Mental Health Care
Engagement is the strengths-based process through which individuals with mental health conditions form a healing connection with people that support their recovery and wellness within the context of family, culture and community.
“My son’s first break was when he was most open to the idea of engagement. He was scared and didn’t know what was going on. He voluntarily went to see a psychiatrist, but the manner in which he was treated really closed the door at that opportune moment. The psychiatrist was proud of being the kind of doctor who tells it like it is. He told my son, ‘you have a mental illness and are going to be on medications for the rest of your life. They’ll probably cause you to gain significant weight, and you probably won’t be able to work in a regular job. If you don’t take the medications, you are going to end up homeless, in jail or dead.’ My son’s reaction was to reject that and to close the door on treatment.”

-- A father who shared his family’s story in the report
Personal Experiences: Maggie

When her psychiatrist was away, Maggie saw another doctor who wanted to significantly increase her medication. The doctor recommended that she leave school because it would be too stressful. Maggie defended her existing treatment plan and life goals. She understood the importance of negotiating with this new psychiatrist to maintain her current treatment because it was working for her. “If I hadn’t had that experience in the FEP program, I probably would have quit school.”
“We started working with a woman who had been doing pretty well in life. She worked in aerospace and sales until she got paranoid. She had a problem with a person living above her in her apartment building, so she had been living in a car for 10 years. She felt she had to dodge and hide from plots. She moved around a lot to keep away from imagined persecutors. She wouldn’t walk into the program’s building or leave messages. To build a connection, staff had been meeting her for months in a commercial parking lot. She needed help with her state disability paperwork so she could keep getting money, so that gave the program a way to be useful.”
On Oscar’s one-year anniversary of being in recovery from substance use, a woman from his peer support group told him:

“For the two years that you were coming here and sharing with us, I would ask myself, ‘Why is it not working for Oscar?’ But now I see you, alive, in recovery and well, and I ask myself, who am I to say that something is not working for someone else?”
“I’d never been to a [psychiatric facility] until a friend took me in. I could hear people screaming on other floors. It was frightening. Everything was medicalized, with a band on my wrist and a lockdown protocol. It all made me nervous and uneasy. I wasn’t talking, so my friend talked for me. The woman doing the intake told my friend, ‘I’m not the one who does the formal diagnosis, but I’ve seen a lot of these people, and I can tell you right now that in my opinion she is a schizo.’ It was a horrible experience! She was acting like I was not in the room, like I couldn’t understand what was happening. Everything about that place made me want to escape.”
Integrating engagement into the mental health workforce:

“Familiarity breeds engagement, and [people seeking services] need skilled providers who are going to stick around. But the system considers providers to be interchangeable.”
Recommendations: Training
Recommendations: Research
Recommendations: Principles for Systems Change

- Make the expectation of engagement a priority at every level of the mental health care system. Train for it. Pay for it. Support it. Measure it.
- Provide opportunities for individuals, if interested, to include family and other close supporters as essential partners in their recovery (as desired by the person receiving services).
- Recognize the role of community, culture, faith, sexual orientation and gender identity, age, language and economic status in recovery.
- Provide robust, meaningful peer and family involvement in system design, clinical care and provider education and training.
- Add peer support services for individuals and families as an essential element of mental health care.
- Promote collaboration among a wide range of systems and providers, including primary care, emergency services, law enforcement, housing providers, schools, education and employment providers and others.
Recommendations: Principles for Providers

- Communicate hope. For those who feel hopeless, hold hope for them until they experience it themselves.
- Share information and decision-making. Support individuals as active participants in their care.
- Treat people with respect and dignity. Look beyond the person’s condition to see the whole person.
- Use a strengths-based approach to assessment and services. Recognize the strengths and inner resources of individuals and families.
- Shape services and supports around life goals and interests. A person’s sense of wellness and connection may be more vital than reducing symptoms.
- Take risks and be adaptable to meet individuals where they are.
Bill Carruthers
Director, Peer Program
Savannah Counseling Services
Culturally Competent Engagement

Police Encounters

Poverty

Court System

Hustling for Survival

Ladies of the Night

Drug Dealers

Homelessness

Addictions

SAMHSA
## Interventions

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Collaborative Fusion

Creating a Recovery Community

- Forensic Support
- Certified Psychiatric Rehabilitation Practitioner
- Stepping Up
- Opening Doors to Recovery
- Georgia Housing Voucher
- NAMI
- Child Protective Services
- Child and Adolescent Resiliency Enhancement Services (CARES)
Georgia Crime Information Center (GCIC)
- Maintains computerized criminal history database
- Provides Law Enforcement 24/7 electronic access to criminal history information

Types of Inquiries
- Wanted / Missing Person
- Driver’s License
- Criminal History
- Sex Offender
- Protection Order

Georgia’s CJIS Network
- Direct access to over 32 computerized databases
- Has > 17,000 users operating over 10,000 devices
- Handles more than 30 million messages per month in support of Georgia’s criminal justice agencies.
Recovery is Possible
Bill Carruthers

- Certified Psychiatric Rehabilitation Practitioner
- CPS, AD, MH, WH
- Club House Manager
- Georgia CSB Recovery Committee
- Certified Addiction Recovery
  - Empowerment Specialist (C.A.R.E.S.)
- CIT Certified
- Peer Program Director
  Savannah Counseling Service
- NAMI Peer Mentor
- Local Advisory Committee (LAC)
  - Jail Diversion Trauma Recovery Program
- Former ODR Peer Navigator
- NAMI Georgia Executive Committee
Ann-Marie Louison, MSW
Director, Strategic Initiatives
CASES, NYC
Engagement Feels Like...

They cared about me, not just doing their jobs
Treatment Engagement Continuum

- Decision to seek care
- Ongoing decision to remain involved
- Participation in various components of care
- Optimizes outcomes that are priority of the recipients
System Barriers

- Strategies to improve engagement likely have limited impact if the increased engagement is to treatments of poor quality or limited ability to address the unique needs of the recipient of services.
System Barriers

- Design of treatment systems
- Service payment structures
- Staff training
- Staff supervision
- Staff evaluation
Standard of Care

• Service providers and all participants in the mental health system shift to a culture that enhances the promotion of engagement as a new standard of care.
What Does Engagement Look Like

- Sit
- Listen Deeply
- Care
Download Our Report

Download at [www.nami.org/engagement](http://www.nami.org/engagement)

or order hard copies from [www.nami.org/store](http://www.nami.org/store)
Questions?
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