

Mental Health Transformation

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Mental Health Transformation

- *Transform*: to markedly change the form or appearance of; to change the nature, function, or condition of, to convert. The act or an instance of transforming. The state of being transformed.
- *Transfigure*: to radically transform the figure or appearance of; to alter radically; metamorphosis

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Why transformation?

- The “myth” of more money (“If we only had more money”)
- Need to address unserved people, particularly people of color
- Need to adequately serve current clients
- Need to change from a “fail first” response (“You are not that bad yet”)

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Client or peer suggested ideas:

- When people need help, have someone there to help them.
- Transformation starts with us consumers. It's an attitude about our illness and a recovery attitude we can share with our peers.
- Clients need to know that they are not alone. They need to hear from others who are like them. People are still very isolated.

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Client or peer suggested ideas-Program related:

- People reaching their goals are what matters.
Providers can help; goals mean hope.

- Design programs that foster resilience, healthy independence and discourage dependency.

- We need people who believe in us and we need people who expect us to get better and do more for ourselves.

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Client or peer suggested ideas-Program related:

- Surround people with resources to keep them stable, and as they get better, respond to those changes.
- Educate the educators about the benefits of spirituality to persons with mental illness.
- Create continuous forums and encourage the sharing of stories by staff, clients, and family members so that the system can learn, grow, and change continually.

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Client or peer suggested ideas-Systems related:

- Work with non mental health agencies because some people like Latinos, need help but wont go to mental health.
- Create co-dependency education (what it is, how co-dependency does not help, how to avoid it) as part of higher education curriculum.
- Encourage self examination as a valued skill for staff, family members and consumers.

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Client or peer suggested ideas~Systems related:

- Counties should demand changes at the state level. We generate Medi-Cal dollars by maintaining people in their illnesses. Consumers get their livelihood from having serious, persistent mental illnesses.
- There has to be *less* denial about the fact that much illness is induced by trauma, and/or trauma is a co-occurring issue for clients. We need more effective and consistent treatment of trauma and trauma-induced illnesses.

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For people we serve in a transformed system:

- “Transparency.” Clients can see for themselves in an ongoing way where they stand or their status or progress in our programs.

- * Programs would be designed and responsive to clients progress and for clients to move on in their lives.

- Peer support would be readily available from peer staff, volunteers, and others. Peer support and recovery efforts would be encouraged by all staff and equally valued as a service for our clients.

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Program ideas in a transformed system:

- Correlated with transparency, programs would have clear "pathways" for progress, movement and accomplishment. Clients 'moving on' from programs would be based on completion of service goals, not merely them attaining long standing stability.

Service goals would be culturally relevant and in service to the improvement of an individuals "quality of life," including housing, employment, job training, health care, education, relationships, and meaningful activity.

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Systems/Community ideas in a transformed system:

- We would offer supports when needed and not have individuals 'fail first' in order to get needed services. Effective early intervention strategies and responsiveness could reduce serious risk, minimize losses and prevent more costly intensive services.
- Develop viable community based prevention strategies focused on reducing stigma and increasing mental health education.

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Systems/Community ideas in a transformed system:

- Create genuine community partnerships that do not include the message: “Please take some of our mental health clients.”
 - * Develop partnerships in community settings that move mental health agencies away from being ‘in charge’ of everything.
- Identify within ethnically diverse communities what community supports exist, and enhance those supports by putting resources into them.
 - * Include family members, primary care doctors, faith community, educational institutions, etc.

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Systems/Community ideas in a transformed system:

- Support and emphasize ‘transitions’ into the community for both transition age seniors and transition age young adults, not transitions into programs or systems of care.
- People would not be penalized or at risk for exiting the mental health system.
 - * Loss of entitlements or other resources like SSI or Shelter Plus Care housing would not occur when an individual exited or ‘graduated’ from mental health.