WHAT OHIO’S MENTAL HEALTH SYSTEM NEEDS

NAMI Ohio Board of Directors
FY 20-21 State Budget Platform

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**A Mother’s Plea**

As a family member, I can remember, in the not so distant past, the horrible pain and sense of defeat I felt in trying to help my son. Now, I count my blessings because, with the help of so many and through many ups and downs, my son is in recovery and living a quality of life that I did not think possible years ago.

Unfortunately, when I look back, I recognize that my family’s journey did not need to be so difficult. Without casting blame, the mental health system that was available was difficult at best to maneuver through and, in many instances, did not have the care available that my son desperately needed. There may be many reasons these services were not available to my son, but there is no excuse that all of us don’t do everything in our power to lessen the pain these illnesses cause.

In a recent NAMI Ohio board meeting, we spent two days listening to presentations and discussing how Ohio’s mental health system could be enhanced. It is important to the readers of this letter that I say “enhance” the mental health system. Too often we as family members or those living with the illness beg for change, which can be misperceived as being ungrateful for what is available.

We want to enhance the system—make it better. We want to make sure that people living with mental illness in the community have meaningful activities and social experiences. We want to make sure none of those released from psychiatric hospitals are dropped off on a street in the middle of the night in their hospital gowns, or to homeless shelters that will insist they find other places to be during the daylight hours. We want to make sure the basics that we all need for our health and well-being, a roof over our head, food in our belly, and someone who knows our name, are there for even the sickest of the sick.

I cannot put into words the experience of listening to the 24 members of the NAMI Ohio Board. These individuals were giving up their weekend to have input in how NAMI Ohio must advocate for services currently not available or in short supply.

The following document is our best attempt to identify the biggest problems we as family members, and those living with the illness, have experienced and still experience, as well as, what we hear from NAMI members and those who request NAMI Ohio’s assistance every day. Each issue is not an isolated incident from one family or individual, but one we hear echoed across the state. Along with each problem, we have included actual stories from helpline calls we get in our office that illustrate the struggle of families.

We are asking advocates, legislators, and others to take the recommendations in this document and work to make them a reality. It is unacceptable to ignore the cries for help coming from the children and families who are impacted by serious mental health conditions.

Remember, we are not professionals. Our interest lies in our hearts because of the experiences our members have gone through in dealing with these mean illnesses. I want to thank everyone, on behalf of all the citizens of this state, for reading this and being part of the conversation.

—Anne Walker, NAMI Ohio Past President
NAMI Ohio Recommendations for What Ohio Needs

1. **Expand Crisis Care**
   People in crisis wait weeks or months for an appointment with a psychiatrist. Can you imagine waiting nine months for an appointment for a toothache?

2. **Increase Access to Affordable Supportive Housing**
   Those without a place to live make more frequent visits to emergency rooms, psychiatric hospitals and jail.

3. **Improve Children’s Access to Mental Health Care**
   About 8 out of 10 children who need mental health care do not get care. Early intervention can prevent more serious and costly problems in adulthood.
Expand Crisis Care

“My daughter was diagnosed with early onset bipolar disorder when she was 9 years old. She is now 12. Recently, she threw her 3-year-old sister down the stairs. If I call the police, they take her to children’s hospital and put her on a psych hold until she “calms down” then they send her back home.”

“My 22 year old daughter was planning to attempt suicide by blowing up her car. Police came and took her to the hospital. Hospital staff did not believe she was a threat and sent her home. She won’t take meds and I don’t feel safe with her in the house.”

“My son was hospitalized last year, then stopped taking medication after he was released. He is currently homeless and in a crisis state. Due to his paranoia, we would like to not have to involve the police to get him help.”

There is a lack of around-the-clock, quality crisis services for families

Crisis services provide immediate attention from trained professionals to assess and stabilize those who desperately need help. Family members often have no alternative but to wait for their loved one’s problem to get worse to the point they have to call the police or go to the emergency room. Individuals often wait long hours in the ER, go without treatment, or go to jail.

Solutions:

• Each community should have a mental health crisis center for youth and adults that is open at all hours, every day. This will act as a “central receiving center” where law enforcement officers or family members can take people they believe are in need of treatment when a mental health crisis occurs.

• Ensure that a full continuum of crisis services, including central coordination & control dispatch services, mobile crisis teams, and crisis diversion centers are available to all Ohioans and can be accessed within a reasonable distance from every part of the state.
There is a lack of affordable, safe housing for people with serious mental illness

The most common type of call NAMI Ohio receives relates to the need for housing. While communities may have housing programs, the need far surpasses the availability of housing. Also, people with serious mental illness often have difficulty staying in housing without supportive services such as case management, peer support, mental health services, daily living skills, support, etc.

When people with serious mental illness don’t have a place to live, they are more likely to frequent emergency rooms, psychiatric hospitals, and the criminal justice system. Without a roof over one’s head, it is nearly impossible to move forward in stability and recovery from serious mental illness.

Solutions:

• Increase the amount of affordable, quality housing for people with serious mental illness with an array of housing types
• Invest in quality adult care facilities that provide housing, care, and a family-like environment
• Develop housing specifically for aggressive young adults who are the most difficult to house
**Improve Access to Children’s Mental Health Care**

“My 13 year old daughter is in residential treatment. The county said they would pay for her to stay there 90 days, but now they are saying I need to give up full custody. Is there a way to get help for my daughter without giving up custody?”

“My 14 year old adopted child is in and out of the court system with domestic violence and animal abuse charges. I gave up custody for 8 months and he went to a boys program out of state but was kicked out for violent behavior. He needs 24/7 supervision, which I am trying to handle on my own. I don’t know what else to do.”

“My son is 15 years old and has 3 diagnosed mental illnesses. He has been arrested for multiple domestic violence charges. We could not get even the most basic counseling for him where we live and I could not have him in the home because I am afraid of him. I cannot pay for treatment for him. A few months ago, I surrendered him to Child Protective Services to receive treatment. He is now in a treatment foster home waiting for help.”

**More early identification and intervention programs are needed**

A whopping 80% of children with mental health conditions do not receive any care. Youth experiencing the beginning stages of mental health difficulties often do not recognize their symptoms or get help from a professional. The same is often true for their parent or caregiver. We must do a better job of intervening earlier.

Early support for families can reduce the number of children who go on to develop even more serious mental illnesses in adulthood. Educating families, youth, and professionals who interact with them as well as providing early intervention can increase positive outcomes.

**Solutions:**

- Fund long-term early intervention programs, including first episode psychosis programs
- Incentivize linking mental health agencies to traditional youth serving programs such as the YMCA, YWCA, church youth groups, 4-H, Boys and Girls Clubs, etc., to reach more youth and the adults who work with them
- Educate doctors on childhood mental health so that they recognize problems early and adopt mental health screening programs
- Incentivize workforce development to attract psychiatric professionals to the field
- Utilize tele-psychiatry and advanced practice nurses to improve access, especially in rural areas
- Increase access to emergency and planned respite services for caregivers to provide a break from the situation at home
Enhance School and Community Based Care

Schools are often the front lines when it comes to recognizing mental health needs for children and youth. However, many schools lack the ability to provide a full range of services needed, and they are not integrated well with community mental health systems.

Solutions:

• Reduce barriers to providing mental health services in school, by increasing students’ access to case management and counseling
• Encourage insurance plans, including Medicaid, to reimburse for services provided in schools, such as case management and counseling
• Ensure that educators and administrators are trained in mental health first aid and trauma informed practices
• Ensure youth have access to coordinated services and supports in their communities
• Create capacity for residential programs to meet the complex needs of children
• Increase planning for transitioning youth from residential to home that includes meaningful participation from parents
Conclusion

This inventory of issues does not begin to cover the exhaustive list of problems discussed by the NAMI Ohio board. When it comes to children and youth, mental health care is even more complicated and the problems of access are multi-layered. We have just begun to scratch the surface on what families and individuals living with mental illness need. Mental illness has been hidden under stigma and discrimination for hundreds of years. We simply have to do better. Providing an hour of counseling every other week does not begin to meet the needs for hundreds of Ohioans struggling daily with mental illness. NAMI Ohio, the state’s voice on mental illness, is ready to implement an advocacy effort that does not concentrate on all of the problems, but the four priorities listed here. The real solutions listed above have the power to lessen the struggle for so many Ohio citizens whose lives have been invaded by mental illness.