

Texas Consumer and Family Led Network Facilitated Network meetings

On January 24, 25, 28 NAMI, DBSA, MHA, TMHC, TFOF, and Advocacy, Inc. representatives met to discuss opportunities for collaboration between statewide organizations to build a broad and diverse network of organizations to provide advocacy, education, information and support to consumers, youth and families across Texas.

Objectives included finding common ground, recommending MH policy language and addressing specific policy issues. During the meetings, the group identified future trends that will impact Texas MH consumers and families, identified common policy priorities; discussed the experiences of other state mental health coalitions, identified areas for coordinated action, reviewed drafts of language documents, discussed key terms and implications of definitions, agreed on a 2008 agenda of priority policy issues, began discussions to identify issue consensus, and agreed on next steps.

Meeting Outcomes: Consensus agreement reached to begin statewide network of collaboration between Consumer, Youth and Family Organizations and Consensus Priorities:

- Financial status of the mental health system (currently only serving 27% of eligible population)
- Housing
- Employment
- Peer Support and Education
- Peer Operated Systems
- Educating local communities
- Criminal and juvenile justice diversion
- Trauma-informed care and treatment
- Seclusion and restraint reduction
- Integration of mental health and primary care
- Parity
- School-based mental health

Identification of Future Trends in Mental Health: The Behavioral Health World in 10-20 Years Positive Trends:

Mental Health is coming out of the closet
Individually-designed medications
More visibility of mental health
Emphasis on wellness, prevention
Recognition of importance of trauma and abuse
Peer support; peer development of services
Peer operated services
More employment for people with mental illness
Alternatives to hospitalization (e.g., crisis hostels)
Mental health recognized as a public health priority
Seeing recovery as possible
Shift to paradigm of empowerment

Schools are changing culture for a more positive environment for kids
Providers use recovery system compliance
More focus on geriatric population
Need for increased peer support
Media is picking up on importance of issues
Attitudinal training toward foreign medical personnel
Military -- decrease stigma
Early risk/ ability to identify mental illness
Increased education of consumers and family
Trend is for funding collaborations
Trend for hiring consumers and family members

Negative Trends:

By 2015, mental illness will be the second leading cause of disability, Will be feeling the effects of returning veterans – impact of trauma – long-term effects, PTS impacts of 9/11, Katrina, and Iraq War (People throughout the US affected by these events), More people diagnosed with mental illness, Poor getting poorer – even more difficulty with behavioral/mental health problems (e.g., housing; employment), Employment barriers, Decrease in available clinicians, Increased number at risk for suicide (white males; teenagers), More situational depression – where people’s situations don’t improve, Elderly population increasing (greater need to address problems), Need appropriate training for primary care physicians who see and treat elderly to recognize these issues
Fewer people with access to services as population ages – funding not increasing, Decreasing funding for residency programs, Increased need to address stigma.