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Using People Power to Transform the Culture of Mental Health

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Today's Mental Health Systems

UNDERFUNDED

UNDERSTAFFED

UNDER THE RADAR

Setting the Stage

	Population	Estimated number of individuals with SMI
Rio de Janeiro	6.2 million	310,000
Nairobi	3.1 million	155,000
Tokyo	9.2 million	460,000
Mumbai	18.4 million	920,000
Rome	2.8 million	140,000
Cairo	9.5 million	475,000
New York	8.6 million	430,000
London	8.1 million	405,000
Shanghai	26.2 million	1,310,000
Sydney	4.6 million	230,000

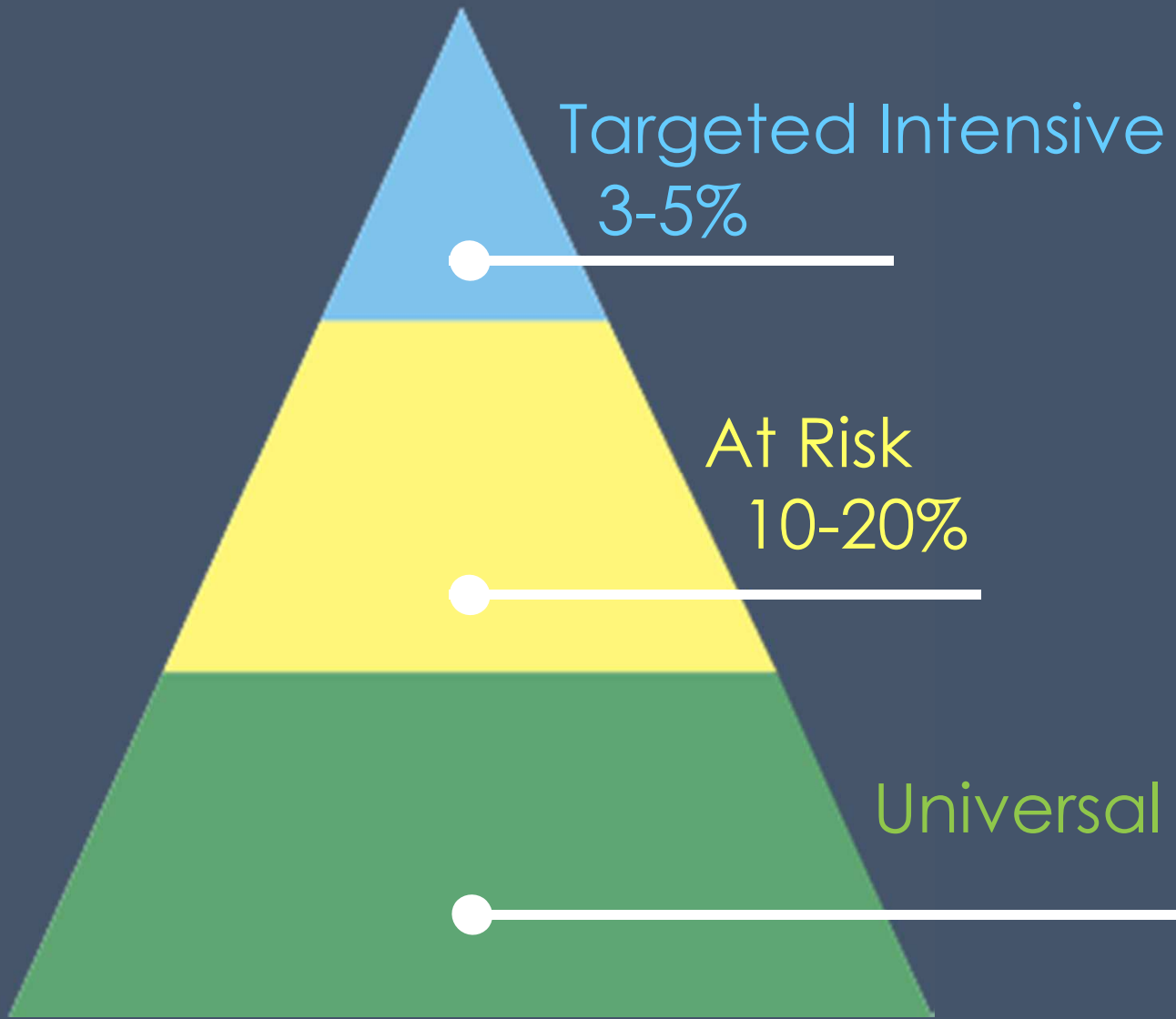


Mental Illness
is the
#1 DISEASE
Spectrum Globally





Engagement Usually begins in Crisis



MTSS
MODEL



How do you reach individuals before a crisis?

HOW DO WE MAINTAIN THEIR WELLNESS?

HOW DO WE ENGAGE BEFORE A CRISIS?

HOW DO WE ENGAGE WHEN CRISIS OCCURS?



YOU

CANNOT KNOW WHAT YOU HAVE NOT BEEN TOLD

Changing the Climate

CHANGING THE CULTURE

Evidence Based Popular Education



Changing the Culture

ENGAGING ALL STAKEHOLDERS

families

faith communities

teachers & staff

first responders

individuals

student peers

older adult providers

employers/employees

taxi-bus drivers

medical providers



Keep
It
Simple



know the signs



active listening

empathy

know where
to find
resources



It Begins at Home

FAMILIES KNOW THE INDIVIDUAL BEST
FAMILIES CAN BE A PART OF THE PROBLEM
OR OF THE SOLUTION
OR BOTH

Interpersonal Relationships

Knowing someone with a mental illness is the single most effective tool in de-stigmatization



Family Psychoeducation Reduces Rehospitalizations by 85%

EVIDENCE BASED
WIDELY USED

McFarlane, Lukens, Dixon, Lucksted

<https://store.samhsa.gov/system/files/theevidence-fp.pdf>



Family Psychoeducation

8 HOUR – 36 HOURS

- Information about the major mental illnesses and the most current research
- Possibilities for living in recovery, including treatment strategies currently
- Empathy – Understanding your loved one
- Skills-training in the areas of problem solving, listening, communication techniques and handling crises and relapse
- Care for the caregiver
- Resources and Advocacy



Crisis Intervention Training for First Responders

24 HOURS – 40 HOURS

GOALS:

- Understand common signs and symptoms of mental illnesses and co-occurring disorders;
- Recognize when those signs and symptoms represent a crisis situation;
- Safely de-escalate individuals experiencing behavioral health crises;
- Utilize community resources and diversion strategies to provide assistance





Teacher & Education Training

8 HOURS

PRE-K TO COLLEGE (ALL STAFF)

- Recognizing Signs & Symptoms of Psychiatric and Substance Abuse
- Referrals for Support & Resources
- De-Escalation Techniques
- Recognizing signs & symptoms of psychiatric distress or substance use

School Peer to Peer Education

resilience

Increased connectedness

Increased engagement at school

long term impact





Provider Training

ALL HEALTH CARE PROFESSIONALS

- Understanding the realities of having a mental health condition
- Increased compassion for the vulnerabilities people face when seeking care
- Recognition of your role in the individual and family's journey towards recovery

Faith Based Education



THE FIRST PLACE

most families in many countries go is to their faith community.

Most faith leaders have little to no behavioral health education

People in crisis often seek help from faith communities

education

Peer linkage

mindfulness

technology

resources

referrals



164,000 Mental Health Apps



Telemedicine



Face to Face

Via

Internet/cell phone apps

Diagnosis-Prescription

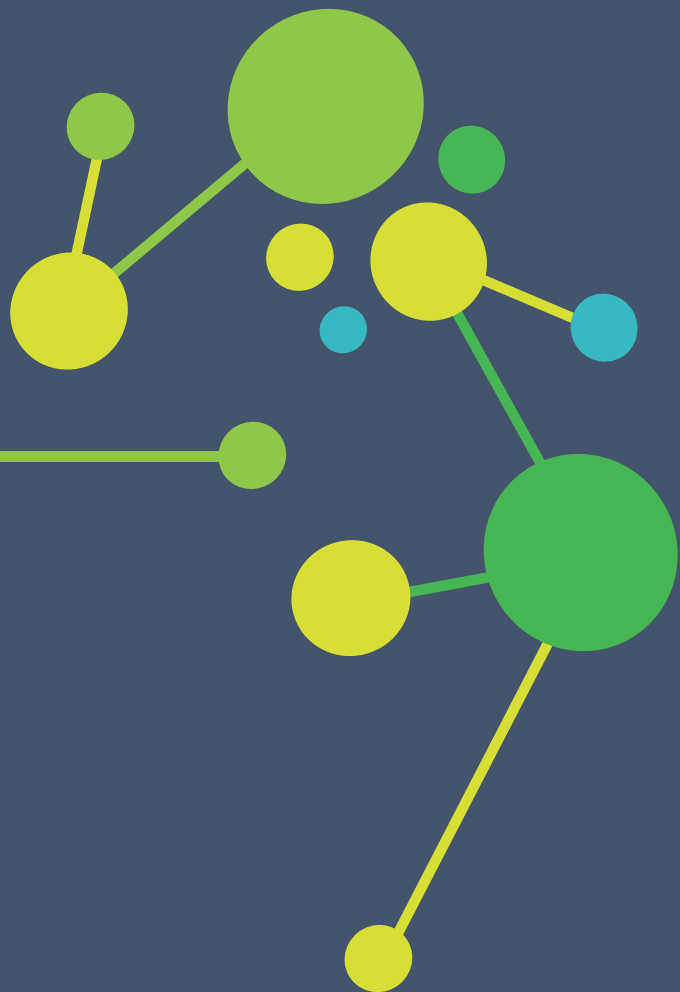
Follow Up



CONVERSATION

& ENGAGEMENT REDUCE ISOLATION

Foster Open Compassionate Engagement
Community Outreach



People are Thirsty for Education

ALL OF THESE APPLICATIONS
ARE EVIDENCE BASED AND IN USE

“There is no health without mental health; mental health is too important to be left to the professionals alone, and mental health is everyone's business.”

- Vikram Patel



hälsa svaस्थ्य
afya

jiánkang

gesundheit
zdorov'ye saúde

la santá Salute'
salud
Sante'





Each Mind Matters!

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