

Governor's Task Force on Mental Health: Third Draft of Principles to Guide Our Work (8/4/16)

The Task Force's work will be shaped by a set of governing principles to be developed by the Task Force members. At their July 25th meeting, the Task Force suggested a few additional changes to the revised list. Those changes have been incorporated into this draft; changed sections are marked with an asterisk.

1. **Prevention and early intervention based:** It is better to help someone avoid illness or address symptoms early than to wait until their condition has become more acute to provide services. Primary prevention (preventing a mental illness from occurring); secondary prevention (identification and screening of people with high risk factors or low protective factors for mental illness); and tertiary prevention (halting or slowing the progress of an illness that has already been diagnosed) are all essential strategies. The system should employ a full range of effective health promotion and prevention strategies, including education of the general public about mental health and their role in supporting people with mental illnesses.
2. **Resilience and recovery-driven:** The goal of mental health services is resilience (children) and recovery (adults). Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. Recovery is defined by the Substance Abuse and Mental Health Services Administration (SAMSHA) as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."¹ For some people resilience and recovery involve freedom from the symptoms of mental illness; for others, they involve effective management of symptoms in order to live a satisfying life. In any case, resilience and recovery are about striving toward maximum participation and performance in appropriate life activities including school, work, family life, civic engagement, spiritual practice, recreation, and socializing.
3. **Person-centered and family-centered:** Recovery is best achieved by person-centered, person-driven, and family-centered strategies and care, which means that each person and their family directs their own recovery to the greatest extent possible. The approach is summed up in the "Nothing about us, without us" motto. Family and friends can play a crucial role in helping ensure that decision-making and care are driven by the preferences of the person as much as possible.
4. **Autonomy:** There is a fundamental tension between involuntary civil commitment as a means to ensure safety and treatment and the curtailing of civil liberties. The mental health system should be designed to prevent or reduce the use of civil commitment whenever possible, and to ensure that individual autonomy is only constrained when absolutely necessary.
5. **Anti-stigma:** The stigma surrounding mental illnesses is very powerful discrimination that isolates people, prevents them from seeking treatment, and dramatically complicates recovery. It also misleadingly links mental illness with violence. It is important to fight stereotypes and misleading information about mental illnesses and to educate society about the reality of these illnesses. Education should also prepare people to respond

¹ "SAMHSA Announces a Working Definition of 'Recover' From Mental Disorders and Substance Abuse Disorders," SAMHSA News Release accessed on December 22, 2013 at <http://www.samhsa.gov/newsroom/advisories/1112223420.aspx>

appropriately when encountering someone with a mental illness or experiencing a mental health crisis.

6. **Community-based:** As much as possible, mental health services should be accessible in local communities so that people can pursue resilience and recovery while remaining integrated in their communities. The system of services in each community should reflect the community context and the strengths of that community.
7. **Commitment:** Policy makers and regulators should commit to following through and implementing the recommendations of the Task Force. This could require additional financial or human resources.
8. **Access to the right services, right place, right time:** People experiencing mental illnesses should be able to find the right services in the right place at the right time. Just like what we expect when we break our arm or experience a heart attack, people with mental illnesses should have timely access to services that meet their needs in a convenient location. They should also receive services in the least restrictive and most integrated community setting of their choice.
9. **Consistency of services regardless of payer:** The healthcare system should provide consistent and appropriate services regardless of whether the person's insurance is publicly or privately paid. There should also be mechanisms to assist people as they move between public and private insurance to ensure smooth transitions.
10. **Public-private partnerships:** The mental health service system relies on effective collaboration among a host of government-operated and private entities. The roles of each organization should be clearly understood and there should be adequate support for the joint planning, collaboration, evaluation, and redesign that is necessary for continuous improvement at a system level.
11. **Public and private insurance:** The mental health service system is funded by both private and public insurance, so any planning for changes to the service system should consider 1) the needs of all people no matter their source of the funding of their services; and 2) the impacts on the services funded by both public and private insurers.
12. **Integration:** Mental health services should be integrated to assist a person to transition easily between service locations and levels of care. Mental health services can be integrated with other health and social services, including substance use disorder treatment, primary and urgent care, disability services, housing, income supports, law enforcement and corrections, education, etc.
13. **Coordinated:** Where mental health services are not actually integrated, they should at least be coordinated so that the person and family receiving care do not "fall through the cracks" between providers or levels of care.
14. **Multi-dimensional:** Mental illnesses and substance use disorders are medical conditions that have emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual dimensions. To support recovery, the healthcare, social service, education, and employment systems should help the person—with their family and community—to address all of these dimensions in flexible ways.
15. **Safety net:** The mental health system should ensure that anyone who needs mental health services can access them, regardless of ability to pay, high intensity of illness, symptoms including aggression, history of legal involvement, or other reasons. Even in a community-based system with multiple providers and funders, there should be well-understood responsibility, accountability, and capacity for "no rejections" providers who serve those whom no one else is willing to serve. The safety net function should be clearly spelled out

on a local, regional, and statewide basis and funding should be allocated to match responsibility.

16. **Sustainability and cost-effectiveness:** The system should be based on a sustainable and affordable financial framework with rational incentives.
17. **Suicide prevention:** Suicide can result from inadequately-treated mental illness. Suicide is preventable and the mental health system should invest in proven suicide-prevention programs.
18. ***Stewardship:** The mental health system should reflect responsible stewardship of public and private funds, ensuring that funds are used efficiently to have maximum positive impact on health outcomes.
19. **Understandability:** The system should be easily navigated by people with mental illnesses and providers because it operates in efficient, understandable pathways.
20. **Cultural responsiveness, competence, and specificity:** The system should respect cultural and social norms of people who might have alternative conceptualizations of mental health and mental illness. As much as possible, services should be responsive to the needs of people from the range of cultural and ethnic groups in Minnesota (culturally responsive and culturally competent) and/or specifically targeted to the needs of a particular cultural or ethnic group (culturally specific). Education about various cultural perspectives should be delivered to create better understanding and awareness.
21. **Accessibility:** Mental health services and information need to be available in multiple formats and languages to meet the needs of the range of people living in Minnesota. Printing documents in multiple languages and formats is a good start, but assuring that follow-up resources are also available in multiple languages or responsive to the needs of linguistic/cultural subpopulations will also be necessary.
22. ***Housing:** Stable, safe, affordable housing is key to pursuing recovery in the community. The mental health services system should collaborate and coordinate with housing services to prevent homelessness where possible and to quickly address the need for housing—with appropriate services—to avoid or ameliorate mental illness or mental health crises. The system should also identify housing gaps and request resources to fill those gaps, as well as providing up-to-date, useful information about the availability of safe housing and the processes and funds for accessing housing.
23. **Transportation:** Transportation is a key dimension of access to services: if a person has no way to get to appointments, the treatment may be available but it's not accessible. Humane and safe transportation is also especially important during a mental health crisis. The mental health system should include, or coordinate with, transportation services to ensure that people with mental illnesses can access services with safety and dignity.
24. ***Employment:** Employment is one key to maintaining independence and self-identity, which makes it an important factor in recovery. The mental health service system should coordinate with employers and vocational services providers to ensure that people receive the support they need to prepare for and maintain stable employment. It should also work with employers to increase understanding about mental health and mental illnesses.
25. **Prevent, reduce or eliminate criminal justice involvement:** The mental health service system should be set up to prevent, reduce or eliminate criminal justice involvement by people with mental illnesses whenever possible.
26. **Evidence-based:** The system should support evidence-based interventions and treatment to produce the desired outcomes. Where evidence has not yet been developed for a particular treatment or sub-population, research should be initiated to test the intervention and cultural leaders should be consulted about the most appropriate way to proceed. Some

people prefer the term “evidence-informed” to acknowledge the importance of cultural differences and the fact that evidence gained about one cultural group may not generalize to other cultural groups.

27. ***Capacity:** The system should have ample capacity of staff and programs to meet the needs of all Minnesotans with mental illnesses and emotional disturbances.
28. **Accountability:** The rules and incentives governing the service system should clearly define accountability among all parties.
29. **Data-driven and continuous improvement:** The mental health system should have a transparent system for setting quality goals and measures, gathering data, assessing outcomes against measures, and implementing improvements. Changes to the system should be driven by this data and analysis.