

How Effective Mental Health Policy Translates To Impact On People's Lives

It is easy to take for granted how policy shapes our lives. It may sometimes feel like the decisions made by elected officials do not always trickle down to the mental health programs in your community. However, policy has a dramatic impact on how your community programs are funded and operated. Below are two examples of the impact that effective mental health policy has had on people living with mental illness in Texas.

NAMI Education and Support Programs

In the 2017 legislative session, the state established the Community Mental Health Matching Grant Program under HB 13. This legislation created a framework through which local organizations can leverage matching funds to support community mental health programs that address gaps in care for individuals with mental illness. NAMI Texas was among over 50 organizations that received funding under this new matching grant program.

The matching grant that NAMI Texas received under HB 13 allows for the expansion of evidence-based, cost-effective NAMI education and support programs for individuals with mental illness. Our project acknowledges that there is a shortage of peer-led education and support programs in the state. By increasing the availability of these programs, the lives of individuals with mental illness are being positively impacted. As one peer education program participant put it, “[NAMI] Peer-to-Peer has allowed me to take the focus off my illness and learn to balance it with the rest of my life. By engaging in recovery I am able to be more relaxed and productive both at work and home.”

A graphic featuring a stylized, multi-colored circular shape (yellow, orange, blue) on the left, with a white speech bubble containing the quote.

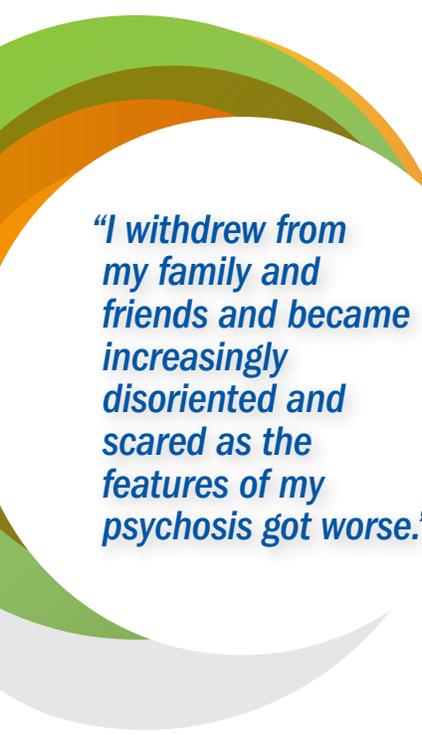
“By engaging in recovery I am able to be more relaxed and productive both at work and home.”

In the 2019 legislative session, NAMI Texas strongly encourages the state to invest in programming that would prevent a generation of young people from suffering in silence. A critical piece that is missing from the approach to mental health in schools is educating students and parents on the resources and information available when a young person is struggling. *NAMI Ending the Silence* is a free, 50-minute presentation/program that helps parents, teachers, and middle and high school students understand mental illness.

First Episode Psychosis

In Texas every year, an estimated 3,000 adolescents and young adults ages 14-35 experience a first episode of psychosis. For a young person who experiences psychosis, these changes come gradually and are frightening and confusing. All too often, there is

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“I withdrew from my family and friends and became increasingly disoriented and scared as the features of my psychosis got worse.”

a delay in providing these individuals with any care whatsoever, and as a result they end up unemployed, out-of-school, homeless, incarcerated, or worse. One young person who experienced psychosis in his first year of college described it as, “I couldn’t do routine assignments. I stayed up all night talking to myself and had trouble concentrating. I withdrew from my family and friends and became increasingly disoriented and scared as the features of my psychosis got worse.”

Research has shown that Coordinated Specialty Care (CSC), a team-based approach that encourages shared decision-making about treatment and recovery goals, can make a dramatic difference for these young people, helping them get their lives back on track. Federal law requires that states set-aside 10% of federal Mental Health Block Grant dollars to establish and expand Coordinated Specialty Care teams to treat early psychosis. Texas currently has 10 CSC program sites and 12 teams across the state that operate primarily through block grant funding. Additionally, a significant expansion of CSC programs is anticipated as a result of an increase in federal Mental Health Block Grant dollars for Fiscal Year 2019. However, this funding is not enough to make CSC a truly statewide program. Going forward, state leadership should support the HHSC Exceptional Item funding request that is intended to make CSC a program that is available in every county in Texas.

This story from a CSC program participant makes the case better than any data ever could:

“ I never felt like I was just another patient; I felt like my team always saw me as a real person that wanted to get her life back together. They always supported me in school, helped me find a job. The school and work therapist drove me around for close to 3 hours to help me get to job interviews, they coached me on my job interviews, helped me complete job applications. This sort of help is not common—they helped me get my life back! The social skills therapist helped me feel comfortable in social situations—we did role play on various uncomfortable scenarios that could happen in my personal life—that helped me a lot. They taught me how to tune out the voices in my head so that I could function. I did not think these types of services existed! I don’t know how much these types of programs (cost)—though this program helped me stay out of the hospital, get a job, get on with my life—and that is priceless, you can’t put a price tag on this type of treatment! ”



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