

How Would We Know If We **Really Reformed** the Mental Health System?

A 25-QUESTION
SCORE CARD

by Bob Nikkel, MSW



“Had this plan been in place before our Luke became unwell, I imagine he would be contributing his gifts on Earth.”

- *Louisa Putnam, a mother*

“...very useful as a kick starter of an important and needed conversation.”

- *Pablo Sadler, MD, New York City
Department of Health and Mental Hygiene*



FOUNDATION FOR EXCELLENCE
IN MENTAL HEALTH CARE

Expect Recovery. Hope Matters.

How would we know if the mental health systems in the United States were really reformed?

Here are 25 indicators that, if fully implemented, would represent a comprehensive system reform. (For more detail on each indicator, read the [full blog](#) at MentalHealthExcellence.org.)

Score each indicator on the following scale:

- 0 Haven't even thought of it
- 1 It is in planning documents and scheduled for implementation
- 2 It has started in operation
- 3 It has been implemented so that 50% or more are gaining access to or benefitting from it
- 4 It is fully implemented.

A score near 100 will not be achieved anytime soon but whatever the number, it will provide an overall assessment of reform and will lead to both immediate and longer-term goals. Now you can score your system and keep working toward total reform.

INDICATOR:	SCORE:
1. No one is ever told they have a "chronic mental illness." Everyone is told they can expect to recover, i.e. get a life back that will be reasonably happy and productive.	<input type="text"/>
2. Every prescribing professional is educated about what well-constructed unbiased research tells us about the relationship between psychiatric medications and recovery.	<input type="text"/>
3. Every person who comes in for service is fully informed about psychiatric medications and is given the choice, without coercion, of whether to use them.	<input type="text"/>
4. Every mental health program has implemented and maintains a medication tracking system and uses it to recognize over-prescribers and provide them with additional education, monitoring and supervision.	<input type="text"/>
5. Every mental health program of all types and settings offers peer services and supports to guide recovery.	<input type="text"/>
6. Every program will provide peer services and supports such as Intentional Peer Support (IPS).	<input type="text"/>
7. Every program provides outreach as well as in-person crisis services with staff educated in psychiatric medication practices to minimize use and optimize for assistance in regaining sleep and lowering emotional distress.	<input type="text"/>
8. Every emergency room has staff specifically trained in skills, knowledge and attitudes that accept persons in severe emotional crisis and provide a specialized calming unit for first line assessment and triage.	<input type="text"/>
9. Every acute care unit is funded in such a way that length of stay is increased and reliance on over-medication is drastically reduced.	<input type="text"/>

10. Every community program has an Open Dialogue or similar early psychosis intervention program to support youth and families going through a first major episode.
11. All services and supports are trauma-informed and all providers are trained in the way in which trauma in childhood and adulthood impact mental health problems.
12. Every community mental health program has both an outpatient service and a facility for psychiatric medication tapering and withdrawal supports.
13. Every crisis system is reorganized to reduce reliance on involuntary treatment and eliminate forced medication.
14. Every program created to respond to Olmstead-type deinstitutionalization requirements has developed a true community-integration initiative to ensure that the individuals they serve become a part of the neighborhoods and not just live in them.
15. Every program provides supported employment, education and housing to every individual who wants these services.
16. Every program provides outreach to jails, juvenile correction facilities, and prisons to ensure transitions and supports including psychiatric medication information and planning to reduce them over a reasonable time.
17. Every program claims budget savings from reduction of psychiatric medication use and re-invests it in the services in this list as needed and guided by peer input.
18. Every program has a policy advisory body composed of at least 80% peer advocates.
19. Every program has a continuing education initiative using on-line and other learning forums.
20. All program administrators and managers are required to read *Anatomy of an Epidemic* and *Psychiatry Under the Influence* as basic knowledge resources.
21. All persons regardless of sexual or gender identity have equal access to all services and supports without discrimination of any kind.
22. All services in the system are geared to eliminate racial and other long standing societal disparities.
23. Affordable and safe housing is available to all persons in need of mental health services and supports.
24. All assessment and support services are provided so that the role of nutrition is recognized when it produces mental health symptoms like ADHD and depression in children, youth and adults.
25. All funding resources are geared toward making and sustaining these changes rather than presenting barriers.

TOTAL:

100



Robert Nikkel, MSW, was the State of Oregon's commissioner for both mental health and addictions from 2003-2008. He is the director of the Mad in America Continuing Education project and a member of the Board of Directors at the Foundation for Excellence in Mental Health Care. He can be reached at bobnikkel@gmail.com.



**FOUNDATION FOR EXCELLENCE
IN MENTAL HEALTH CARE**

Expect Recovery. Hope Matters.