

Implementing the White House New Freedom Commission on Mental Health

By Daniel Fisher,MD,PhD
National Empowerment Center, Inc.
Member of the Commission

The Final Report of the White House's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health in America, was released July 22, 2003. The report gives great hope to people labeled with mental illness. It sets out a bold recovery vision : **“We envision a future when everyone with a mental illness will recover...”** These words are a validation of the voices of consumer leaders and researchers across. These people through research and personal experiences have repeatedly shown that recovery is evidence-based. These are bold words and will need bold actions to bring them to pass. The following are proposed implementation steps, which many consumers believe, will help transform the system to a recovery orientation. The steps are arranged according to the recommendations from the final report.

Recommendation 1.1: Reduce stigma

Plan 1.1: Statewide consumer groups should develop a speakers bureau of people who have recovered from mental illness, are working in the community, and are willing and capable of sharing their stories of recovery in a variety of settings through talks, dialogues, panels

Recommendation 2.1: Develop individualized care plans

Plan 2.1a: CMS and SAMHSA should set up a self-determination demonstration waiver program similar to the Cash and Counseling Waiver done for persons with physical disabilities. Under this program consumers can exercise expanded choice and control which increases their satisfaction and motivation.

Recommendation 2.2: Involve consumers fully in orienting the system towards recovery

Plan 2.2a: Consumers should represent at least 25% of the advisory, planning, and evaluation boards at Federal, State, and local levels for all administrative organizations as a condition of their receiving public mental health finances such as block grants and Medicaid.. Consumer-run National

and State training programs should be established to prepare consumers to successfully carry out these jobs as advisory board members

Plan 2.2b: CMHS and SAMHSA should collaborate to help the states hire consumers as Medicaid reimbursable peer specialists as has occurred in Georgia

Plan 2.2c: SAMHSA should provide TA to the states on continuing the development of consumer-run social clubs and crisis hostels

Recommendation 2.3: Align federal programs to improve access and accountability

Plan 2.3a: CMS can work with the states to develop "Money follows the individual" rebalancing demonstrations which allows the states to have the flexibility of funding to have Medicaid funding follow the consumer from institutions to the community. Medicaid buy-ins should be encouraged at state level to enable people returning to work to retain Medicaid benefits.

Plan 2.3b: Urge CMS to provide TA to the states on how to use Medicaid Rehabilitation option to fund supported employment and SSA is encouraged to remove disincentives to work

Plan 2.3c: HUD should facilitate access to 150,000 units of permanent supportive housing for consumers who are chronically homeless as well as other consumers who choose it as a part of their recovery ; HUD should make the regulatory changes needed to make mainstream housing programs, such as 811, more accessible to people with mental illness

Recommendation 2.5: Protect and enhance rights

Plan 2.5a: HHS Office of Civil Rights should follow through on compliance with *Olmstead* decision and provisions of the ADA.

Plan 2.5b: CMH could eliminate the need to trade custody for care by changing Medicaid eligibility to cover all children at risk

Plan 2.5c: All levels of Federal, State, and local government should eliminate employment discrimination based on mental illness

Plan 2.5d: SAMHSA should reduce with a goal of eliminating seclusion and restraint through engaging consumers and other stakeholders

in providing TA and training on alternative approaches such as have been successfully employed in Penn.

Recommendation 5.1: Accelerate research to promote recovery

Plan 5.1: NIMH, SAMHSA, and NIDRR should collaborate to fund consumer-driven research on how people recover and the ways that consumer-operated services, peer support and self-help facilitate community integration and recovery

Recommendation 5.3: Improve and expand the workforce

Plan 5.3: HHS and NIDRR should fund consumers to educate consumers, families, and providers about recovery

Recommendation 5.4: Develop a knowledge base in four understudied areas

Plan 5.4a: NIMH should fund research into ethnic and culturally specific treatments and impact of cultural competent services on outcomes

Plan 5.4b: NIMH should support research on the long-term effects of psychotropic medications and NIMH and FDA should make this information as well as information on the effectiveness of medications available to consumers, families, and providers in an ongoing accessible format such as a website

Plan 5.4c: NIMH should fund research on the effects of trauma and services for trauma

Plan 5.4d: HHS should synthesize existing knowledge and develop new knowledge about enhancing crisis support services (such as replication of Soteria House acute care, or consumer-run crisis centers)

Recommendation 6.2: Use health technology and telehealth to improve access and coordination of mental health , overall health, and wellness

Plan 6.2: Consumer-operated website: SAMHSA and CMHS to undertake pilot work to begin testing and developing a consumer-operated,

culturally competent, interactive website that organizes information for consumers that supports self-care and self-determination, provides and updates a database of self-help groups, warm lines, and other consumer resources, shares stories of recovery and wellness, provides discussion list management software, employs chat rooms, manages interactive input from consumers, and serves as an IT (information technology) training tool (the last plan was proposed by the Consumer Subcommittee to CMHS).

** The full report can be obtained through the internet at www.mentalhealthcommission.gov. or by calling 800-662-4357