

WASHINGTON STATE'S MENTAL HEALTH TRANSFORMATION PROJECT GAINS DIRECTION FROM IN-DEPTH INTERVIEWS WITH CONSUMERS, YOUTH, AND FAMILY MEMBERS

Mental health transformation

The President's New Freedom Commission has called for a transformation of existing mental health care to develop a consumer-centered and recovery-focused system that delivers excellent mental health care. Washington State is one of nine states to receive a five-year Mental Health Transformation-State Incentive Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to transform services towards that goal.

Getting direction from consumers, youth, and families

One priority of Transformation is to ensure active partnership with mental health consumers, family members, and youth receiving services. As a first step, the Mental Health Transformation Evaluation Team completed an *In-Depth Youth, Family Member, and Consumer Interview Project*. This endeavor aimed to complement the collection of data via consumer phone interviews and agency administrator and Regional Support Network interviews by gaining perspectives from consumers of mental health services about the current state of the mental health system and needed improvements. The project also served as a means for Washington State's mental health transformation grant to live up to its goal of meaningful involvement of consumers in research, as all interviewers employed in the project were current and former consumers of mental health services, including several youth interviewers.

Interviews consisted of a number of open-ended items, including the following primary questions:

1. **Within the Washington State mental health service structure, what, in your opinion, is working well?**
2. **Within the Washington State mental health service structure, what, in your opinion, is NOT working, creates barriers, or fails to provide quality service and support?**
3. **From your perspective, what would a transformed mental health system look like? What outcomes should we be looking for?**

Interviews were conducted by 14 consumers with ties to mental health consumer advocacy organizations, Regional Support Networks, provider organizations, clubhouses, and other entities at which consumers of mental health services could be accessed.

Interviewers were trained and overseen by staff of the Washington Institute for Mental Health Research and Training (WIMHRT). Respondents were recruited via a modified snowball sampling approach. Consumers and family members associated with local organizations were approached to complete interviews. These respondents then nominated additional consumers and family members who might be interested in completing interviews.

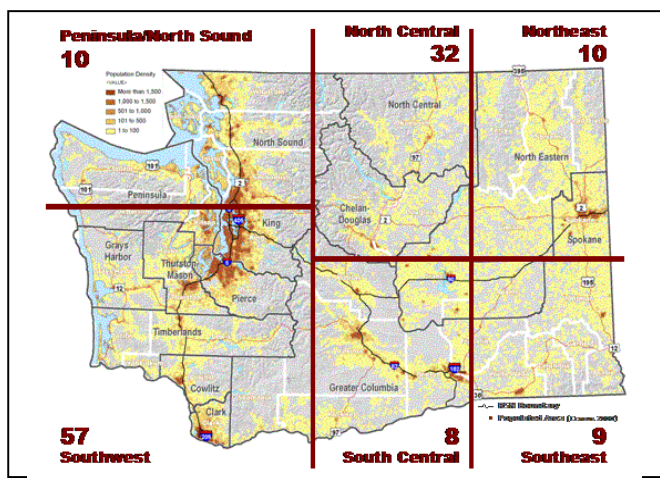
Respondents

A total of 126 interviews were completed by the research team. The research team aimed to achieve a sample of consumers, youth, and family members that was geographically representative of the population of Washington State. This aim was fairly well achieved (see Figure 1). Forty six percent of respondents were male and 54% female. With respect to the diversity of age, cultures, and ethnicities: 46% of respondents were Caucasian, 24% Latino, 14% Native American and 8% African American. Seventy percent of those interviewed fell between the ages of 26-55, while 15% of respondents were youths (age 15-24) and 15% were older adults (age >56).

Results

Qualitative analysis of responses found consistency in the content of responses to the three main questions asked of respondents. Thus, responses were analyzed as a whole. A summary of findings is presented below:

Figure 1. Geographic Distribution of Interviewees



- The most frequently cited **helpful services** were **access to medication through mental health and non-mental health settings, drop in centers/shelters, and support groups.**
- Some individuals felt that their needs were being met, mentioning client-doctor meetings as particularly effective. However, many consumers felt that they were **unable to access necessary care.** The long processes (i.e., **“red tape”**) that it takes to get into services were mentioned as a barrier. Access to care needs improvement, especially before people are in crisis.
- **Lack of housing and financial stress on individuals and families** was discussed consistently across interviewees, suggesting a need for such basic services being provided as well as mental health treatment. Consumers cited improvement in the ability of the system to provide such basic services as an indicator that progress was being achieved in creating a transformed mental health system.
- System issues included an overall **lack of understanding of mental illness**, the tendency for individuals with mental health issues to **cycle through the legal system**, and a **lack of continuity between workers throughout the course of treatment.** Consumers recommended that all departments (i.e., DOJ, JRA, DASA) work together for the betterment of the individuals that they are serving.
- Consumers suggested that more funding be provided to offer a variety of **crisis services** (i.e., for adults, children, families, partners) which would be available 24 hours a day, 7 days a week, as well as more frequent involvement of family members in treatment.
- Populations seen as **lacking services** included **Spanish-speaking individuals, children, the working poor who may not have Medicaid, and the homeless.**
- Many people commented that they felt they were receiving **excellent care**, citing **case managers, primary care physicians, counselors,** and other organizations providing **peer support.**
- Assistance for clients **outside of typical counseling services** were also suggested, including such topics as helping with benefits, assisting with housing and employment, and help with remembering appointments.
- It was recommended that consumers be provided with counselors equipped to provide better

Most Frequently Voiced Themes about *Features of a Transformed Mental Health System* (out of N=152 total coded statements)

Service Improvements	
Pay attention to concerns of family members and friends (esp. parents)	10
24 hour access to care	9
Counselors trained and supported to provide better services	9
Clients have a say in their treatment	6
Earlier recognition of symptoms/ Not needing severe symptoms to receive services	6
Assistance for clients outside of counseling (e.g., help getting benefits, remembering appointments, finding a job/housing)	5
System Level Improvements	
Improve access to care (specifically pre-crisis)	18
Safe housing available	14
More services in rural towns	8
More/better public and professional staff education around mental illness	6
Financial ability would not be an issue in receiving treatment	6
Inform people of available programs	6
All departments (DOJ, JRA, DASA, etc.) working together on behalf of client	5
Provide good jobs for people with mental health problems	5
Counselors would have more time with clients	3
Provide treatment instead of incarceration	3

service via **decrease in caseloads, increase in pay, and more training.**

- In many different ways, consumers consistently reported a desire to have **greater say in the treatment they receive.**
- Among the many outcomes that consumers would like to see with regard to a transformed mental health system, the most commonly mentioned issues included: a **decrease in homelessness and hospitalizations, a more positive spin on mental illness in the media, less police involvement, more public education, less wait time** for an appointment, and **financial assistance** available to everyone.
- For **youth** specifically, consumers posed several specific positive outcomes of a transformed system, including **increase in the number of young people graduating from high school and a decrease in the arrest rates of youth.**
- Outcomes for adults and families were providers working in the best interest of the family overall, rather than just the individual being treated.