



# **PUBLIC HEALTH**

**ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON**

## **Mental Health—A Public Health Approach**

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## **Multi-Step Process (to date)**

- **PAG Formed (March 2006)**
- **TWG Approval (April 27, 2007)**
- **First Prevention Day (July 13, 2007)**
- **Focus Groups (Sept./Oct)**
- **Partial Report Draft (Nov. 2)**
- **Second Prevention Work Day (Nov. 9):**
- **Report Draft Presented to Board (Dec. 13)**



# Part I: Mental Health and The Public Health Model

- Prevalence of mental illness/its impact
- The grant and SBOH involvement
- Public health model for mental health
- What is meant by prevention
- Disparities in mental health
- Is mental illness preventable
- Barriers to prevention



## PAG Definition of Prevention

Promotes mental health, intervenes early to address emerging mental health problems, and reduces the devastating impacts of mental illness



## Part II: Age-Specific Groups

- Children birth to five
- School-age children
- Youth in transition to adulthood
- Adults
- Older adults



## Children Birth to Five

### Age-Specific Characteristics

- Infants and toddlers have mental health needs and disorders
- Mental health is relationship-based
- Social-emotional skills are critical
- Diagnosis and treatment is possible but requires specialization



# Children Birth to Five

## Suggested Next Steps

- Social marketing campaign
- MH consultation for child care providers
- Medical provider screening/referral
- Collaboration—agencies and providers
- Part C services to at-risk children



# School-Age Children

## Age-Specific Characteristics

- Do experience mental illness—HYS
- Work is being done to identify risk and protective factors
- Educators and parents need to better understand child mental illness



## School-Age Children

### Suggested Next Steps

- Research risk and protective factors
- Expand program evaluation and wide dispersal of evaluation results
- Educate parents and educators
- Train physicians for screening and referral
- Provide more support for families and youth
- Coordinate/integrate mental health services and screening with schools



# Youth in Transition to Adulthood

## Age-Specific Characteristics

- Heavy reliance on family, if possible, to make the transition
- Neither the child nor adult mental health system provides appropriate services
- Almost no system has ownership of this group
- Lack of health coverage
- Mental illness often arises during this time



## Youth in Transition to Adulthood

### Suggested Next Steps

- System with no wrong door for services
- Mental health within primary care
- Drop-in center model with peer support
- Social marketing campaign for stigma
- Leadership academy for resilient youth

### *From the Literature*

- Provide appropriate services within child and adult systems and continuity between them
- Implement transition support programs



## Adults

### Age-Specific Characteristics

- The mental health system appears to be adequately focused on adults in terms of their age-specific needs



## Adults

### Suggested Next Steps

- Provide more transitional services
- Move from diagnosis-based access to need-based access
- Continue to move the mental health system to a recovery model

*From the Board Staff*

- More intensive services at initial crises rather than having chronic or multiple crises be criteria for access



# Older Adults

## Age-Specific Characteristics

- Conditions such as depression and anxiety are not a normal part of aging
- Treatable mental disorders increase disability
- Older adults strongly prefer to see only primary care physicians due to stigma
- Innovative outreach is necessary to reach individuals isolated in their homes



# Older Adults

## Suggested Next Steps

- Social marketing campaign for stigma
- Draw attention to aging statewide
- Increase outreach to get older adults into care

### *From the Literature*

- Integrate geriatric psychiatry into primary care
- Increase support for family caregivers



## Part III: Integration

- Cross-cutting themes
- Coordination & communication
- Prioritizing prevention investments



## Cross-Cutting Themes

- Communication and coordination
- Social marketing
- Increase funding flexibility
- Leverage existing funding sources
- Assess risk and protective factors
- Screen at multiple points of entry
- Provide care based on need



## Cross-Cutting Themes (cont.)

- Provide age-appropriate services
- Provide culturally competent services
- Meet people where they are
- Support transitions across the lifespan
- Provide mental health consultation
- Increase and improve provider training
- Create trauma-sensitive systems



## Coordination & Communication

- Leadership and governance
- Shared outcomes and indicators
- Statewide accountability
- Local flexibility, local solutions
- Shared data and analysis



# Coordination & Communication (examples)

- Public Health System
- Family Policy Council
- Children's Trust of Washington
- Division of Alcohol & Substance Abuse
- Superintendent of Public Instruction
- Governor's Council on Substance Abuse



# Prioritizing Prevention Investments

- Build on current successes
- Transformative
  - consumer input & peer-support
  - multidisciplinary
  - science-based
- Sustainable



## Next Steps

- Report delivered to MHTP (Dec. 31)
- MHTP presents report to TWG (Jan. 4)
- MHTP hosts community forums (early 2008)
- Policy summit (May 13, 2008)

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