

The State of the Union's Behavioral Health Delivery System 11/26/2014

Headline news is revealing to the public as well as to our policy makers the harsh reality that the chronically mentally ill and their families already know all too well-that our behavioral health care delivery system is broken. In the United States, the penal system is the primary provider of behavioral health services for the persistent and chronically mentally ill.

Specifically, the National Alliance on Mental Illness (NAMI) reported in 2013 that the persistent and chronically mentally ill are a minority, representing about 17% of the adult population. Many of them, up to 60% of adults and about 50% of children, receive no formal care within the behavioral health care delivery system. Many are cared for at home by family members who are ill equipped to do so over the long term and who suffer themselves as a result.

The persistent and chronically mentally ill experience their feelings of depression and anxiety differently than do others who may experience depression and anxiety, this in great part because these symptoms become a part of their daily lives and impacts their outlook on life, as these are experienced for years. As a result, they will often “drop out of life”, assuming they were ever engaged in the first place.

Many do not have positive family relationships, may have had family members to disengage from them altogether, may not have gainful employment, and may not be able to secure their other daily needs, such as housing and transportation.

It is for these reasons that many end up in the legal system. For those displaying erratic or psychotic behavior at time of contact with the legal system, they may be suspected of drug and alcohol abuse, whether or not this is actually the case.

It is noted that it is the behaviors that others see and not the experience of persistent and chronic mental illness that draws the attention of the public, to

include policy makers. Ideally, those experiencing these persistent symptoms must take responsibility to do what they can--by seeking the care they need from professional caregivers. A problem with this however is that some of them are incapable of recognizing their symptoms as a problem. This begs the question: if the infrastructure is not in place for the chronically mentally ill and their families to adequately seek this care, then who should be held accountable?

The chronically mentally ill and their family needs formal assistance during an acute crisis; they need various levels of support in the community across various service providers. Maintaining an adequate level of care over the long term calls for an array of community based interventions.

All being said, I am interested in applying my copywriting skills toward the educational needs of policy-makers, providers, and the public so that there is a greater understanding of the challenges that the persistent and chronically mentally ill and their families face in their daily lives.

I bring to this effort my training as a social worker and my years of experience working in the community services board. By addressing the copy needs of the behavioral health industry, I hope to have a positive impact on providers, the general public seeking information on wellness, and on identified clients, and their families.