MENTAL ILLNESS POLICY ORG.
UNBIASED INFORMATION FOR POLICYMAKERS + MEDIA
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Where we CHOOSE to spend	Ineffective, wasteful, diverts from what works
Prevention	Serious Mental Illness (SMI) like schizophrenia and bipolar cannot be prevented.
Trauma	Trauma is not a mental illness. Everyone experiences something misfortunate. PTSD is a mental illness, and even that runs from mild to severe.
"At-risk"	Generally a euphemism used to wrap poverty, bad grades, divorce, joblessness in a mental health narrative so mental health funds can be diverted to them. None are mental illnesses or individually risk factors.
Suicide campaigns	Suicide campaigns do not reduce suicide and are often aimed at non-suicidal, or kids, the least likely to suicide. Over 55 are more likely. Targeted interventions are more effective.
Stigma	Stigma is far behind not believing you are ill ("anosognosia"), cost, lack of services doctors and transportation in why people don't get care.
Mental Health First Aid (MHFA)	Evidence is that trained and trainers like it, not that mentally ill are helped. Identifying asymptomatic is not problem. Moms of known SMI beg for services and can't get it.
Public Health Approach/Education	Serious Mental Illness (SMI) is not like AIDS, or sexually transmitted diseases where you can learn how not to become infected. Advertising does not help SMI.
Inefficient Outreach	Outreach should be at exits to jails, shelters, prisons & hospitals where SMI are. Instead, outreach is often at elementary schools, shopping centers, and places where SMI are not.
Antipsychiatry "Peer" Support	Peer support not proven to cut homelessness, arrest, incarceration. hospitalization. Groups often promote pop-psychology and stymie efforts to hospitalize, commit and treat SMI.

Where we SHOULD spend	Reduces homelessness, arrest, incarceration, hospitalization, cost
On Seriously Mentally Ill	SMI (4% of pop.) are more likely than higher functioning to become crisis without treatment.
Hospitals	As inpatient capacity goes down, incarceration goes up.
Housing	Virtually impossible to help homeless SMI if they don't have place to live.
Assisted Outpatient Treatment	The only program proven nationwide to reduce homelessness, arrest, incarceration, hospitalization in 70% range each in the most seriously mentally ill.
Clubhouses	Provides structured activity, hope, sense of purpose.
ACT/ICM Case Management	Keeps Seriously Mentally Ill (SMI, schizophrenia, bipolar, etc.) connected with doctors, benefits, housing, services that can prevent hospitalization incarceration homelessness.
Psychiatrists	For most SMI, medications are the foundation, and other interventions do not work without this. But they have side-effects and may need constant titrating
Rehabilitation	SMI need help regaining lost skills
Electroconvulsive Therapy	Often effective for those not helped by other treatments, fast, good for elderly and pregnant moms who can't tolerate or don't want meds.*
Clozapine and injectables	Clozapine reduces suicide. Injectables are long-lasting and increase compliance.*
Gap Navigators	Hospital, shelter, jail & prison responsibility ends when SMI exit. There must be navigators (case managers) to connect them to ongoing services prior to release.

Where we are FORCED TO SPEND	because we don't spend where we should
Training Police	Police step in after one condition is met: mental health system failed.
Mental Health Courts	People the mental health system won't treat go to court where judges order the mental health system to treat them. It's a long unnecessary round trip.
Jails and Prisons	Jails and prisons are overwhelmed with mentally ill. Incarcerated have all rights removed and are most likely to commit suicide.
Forensic Hospitals	Prisons are setting up psychiatric hospitals inside to deal with the lack of them outside.
Courts, lawyers, DAs,	Criminal justice is forced to run a shadow mental health system for those the mental health system refuses to treat.

* Not medical advice. Consult your doctor. (Rev. 11/2017)