

Consumer and Family Driven Mental Health Care

- The Mental Health Planning Council's (The Council) current strategic plan is based on the federal report, *Achieving the Promise: Transforming Mental Health Care in America*, published in July 2003. This publication was written by the President's New Freedom Commission on Mental Health (The Commission).
- The Commission was appointed to study the mental health service delivery system and to make recommendations that would enable adults with serious mental illnesses and children with serious emotional disturbance to live, work, learn, and participate fully in their communities.
- Goal two of The Commission's report, also a goal of The Council's strategic plan, is "Mental Health is Care is Consumer and Family Driven."

What is consumer and family driven mental health care?

- The needs of individuals and families drive the policies and service delivery system.
- *Consumers of mental health services must stand at the **center** of the system of care.*

Why do we need consumer and family driven mental health care?

- Increase awareness and involvement in the development of the plan of care for adults with serious mental illness, and families with children who receive case management services.
 - Anecdotal conversations regarding the plan of care reveal:
 - Individuals or families may not be involved in the development of their plan.
 - Many may not be aware of a plan or may not have seen it.
 - More than one plan may be developed. Potentially, the plans were not developed in concert with each other or with the participation or knowledge of the consumer.
 - Children also have a plan developed through the school, an Individualized Education Plan, more commonly known as an IEP.
- Increase the focus to include the participation of consumers and family members in quarterly meetings between the Division of Mental Health and Substance Abuse Services and the Human Service Center's program staff

when they meet to plan and improve community-based mental health services statewide.

- Place psychosocial rehabilitation centers that serve individuals with mental illness, which are operated by each of the eight human service centers, in outlying communities.
- Strengthen the mental health consumer network in North Dakota. Over the years, effectiveness and productivity of the consumer movement fluctuated for a variety of reasons.
 - A consistent, adequate funding source is needed to sustain its leadership and viability.
- Increase consumer and family involvement in the mental health care system, with planning, decision-making, and implementation. Review at all levels will result in increased functioning for individuals with mental illnesses and children with emotional disturbances.
 - There will be a stronger “buy-in” by those who use the services as well as a higher rate of satisfaction with the services.
 - More partnerships and collaboration will occur, facilitating more meaningful communication and a higher level of trust between consumers and providers,
 - The result of consumer involvement is a better chance of recovery and resiliency.
- Give consumers and families a choice, which will lead to greater participation and higher consumer satisfaction with services.

What can be done to increase consumer and family driven mental health care?

- Partner with consumers and family members at all levels of planning, evaluation, and policymaking.
- Consumers and family members, along with service providers, can actively participate in designing and developing the systems of care in which they are involved.
- Integrate service plans by ensuring that a single plan of care addresses all needed services regardless of funding streams and providers.
- Policy makers, consumers, and families lead the mental health system to a recovery approach.



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