

Where we CHOOSE to spend

Prevention

Trauma

“At-risk”

Suicide campaigns

Stigma

Mental Health First Aid (MHFA)

Public Health Approach/Education

Inefficient Outreach

Antipsychiatry “Peer” Support

Ineffective, wasteful, diverts from what works

Serious Mental Illness (SMI) like schizophrenia and bipolar cannot be prevented.

Trauma is not a mental illness. Everyone experiences something misfortunate. PTSD is a mental illness, and even that runs from mild to severe.

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 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 is far behind not believing you are ill (“anosognosia”), cost, lack of services, lack of doctors housing and transportation in why people don’t get care.

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.

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.

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.

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

On Seriously Mentally Ill

Hospitals

Housing

Assisted Outpatient Treatment

Clubhouses

ACT/ICM Case Management

Psychiatrists

Rehabilitation

Electroconvulsive Therapy

Clozapine and long-acting injectables

Gap Navigators

Reduces homelessness, arrest, incarceration, hospitalization, cost

SMI (4% of pop.) are more likely than higher functioning to become crisis without treatment.

As inpatient capacity goes down, incarceration goes up.

Virtually impossible to help homeless SMI if they don’t have place to live.

The only program proven nationwide to reduce homelessness, arrest, incarceration, hospitalization in 70% range each in the most seriously mentally ill.

Provides structured activity, hope, sense of purpose.

Keeps Seriously Mentally Ill (SMI, schizophrenia, bipolar, etc.) connected with doctors, benefits, housing, services that can prevent hospitalization incarceration homelessness.

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

SMI need help regaining lost skills

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 reduces suicide. Long-lasting injectables increase compliance.*

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

Mental Health Courts

Jails and Prisons

Forensic Hospitals

Courts, lawyers, DAs,

Police step in after one condition is met: mental health system failed.

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 are overwhelmed with mentally ill. Incarcerated have all rights removed and are most likely to commit suicide. They create problems for prisoners and guards.

We are setting up psychiatric hospitals inside jails to deal with the lack of them outside.

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. 1/2019) Read “Insane Consequences: How the Mental Health Industry Fails the Mentally Ill”