

PEI Stakeholder Forums Q&A

Santa Barbara, Santa Maria and Lompoc

April 7, 2009

Introduction:

We are pleased to provide a list of the questions that were received during the recent PEI forums held recently in Santa Barbara, Santa Maria and Lompoc. We have prepared responses to these questions to the best of our ability.

1. What is the suicide rate among college students? If it is increasing, why is this?

A: According to the American Psychiatric Association, while the teen suicide rate has declined by over 25 percent since the early 1990s, suicide is the third leading cause of death among young people ages 15 to 24 and the second leading cause of death of college students. Each year, approximately 5,000 college students die by suicide according to the National Mental Health Association. And suicide.org finds that “the number one cause of suicide for college student suicides (and all suicides) is untreated depression. Going to college can be a difficult transition period in which students may feel lost, lonely, confused, anxious, inadequate, and stressed. And these problems may lead to depression. And again, untreated depression is the number one cause for suicide.”

2. Which age groups are most at risk for suicide? Please compare the suicide risks and rates among the four age groups.

A: The following data for suicide rates among age groups was compiled by the Centers for Disease Control and Prevention.

U.S. Suicide Rates 2003	
All ages, age adjusted	10.8
5–14 years	0.6
15–24 years	9.7
15–19 years	7.3
20–24 years	12.1
25–44 years	13.8
25–34 years	12.7
35–44 years	14.9
45–64 years	15.0
45–54 years	15.9
55–64 years	13.8
65 years and over	14.6
65–74 years	12.7
75–84 years	16.4
85 years and over	16.9
Male, all ages	18.0
Female, all ages	4.2

- 3. I'm glad you mention outreach to underserved communities, but what about the Hmong and hard of hearing populations? Will the deaf/hard of hearing community be included? Often these individuals aren't aware of processes due to access barriers, but they may have mental health issues.**

A: We are committed to meeting the needs of county residents with language and physical challenges. To the degree that we could, we sent meeting notices to representatives of the organizations that serve members of diverse communities. We would welcome your suggestions about effective approaches to mental health prevention and early intervention outreach to Hmong and hard-of-hearing communities. Please mail, fax, or e-mail specific ideas to Eric Baizer, MHSA, 300 N. San Antonio Road, Santa Barbara, CA 93110; ebaizer@co.santa-barbara.ca.us; fax 681-5262.

- 4. All students who are struggling in school truant, failing classes, targeted by the schools. a) Why won't you let people raise their hand to ask a question? Afraid to hear us? b) Why are you depending upon us to tell you what your responsibilities are? That's your JOB. c) Budget cuts have thrown consumers off "the cliff." How do you sleep at night? d) None of this information is new to us. Why is it NEW to you? Why are you way back in "prioritizing" and "thinking" about the problems? Our TAX DOLLARS are going to nothing but your EFFING STUDIES. RESIGN.**

A: Santa Barbara County ADMHS is required to conduct research and community planning necessary to lay the groundwork for planning and implementing successful PEI programs and services. Under the Mental Health Services Act (MHSA), counties seeking PEI funding must solicit input from a variety of community stakeholders. "Counties must conduct a planning process consistent with California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3300 and that specifically addresses PEI priorities and considerations." Among the information that counties are required to gather are key community mental health needs and priority populations for PEI programs and services. Research conducted by UCSB and the PEI stakeholder forums are two useful tools that help fulfill the county's PEI planning obligations under the MHSA. In addition, there are a number of initiatives occurring within the community designed to improve our local service system.

- 5. To Gevirtz School to Prison Pipeline = institutional RACISM. Did you posit the reality that some of the "stressors" were school district-induced?!? WHICH ADVOCATES DID YOU COLLABORATE WITH? Another Population UNSERVED: Victims of school and teacher ABUSE "Breaking the Silence" notes an epidemic of Post- Traumatic Stress Disorder. Where do we go?**

A: To prepare its presentation on Prevention and Early Intervention (PEI), a team of experienced UCSB researchers reviewed and analyzed the best available national, state and local data. A summary of UCSB's research, including a detailed list of its data sources, will appear at www.admhs.org shortly.

- 6. Gevirtz: Some of us KNOW this information – and have been vocal for 10 years – HOW MUCH WERE YOU PAID?? WHAT "OTHER" Therapeutic environment did you have in mind for "Crisis" Population?**

A: We recognize that research shows that persons with mental health conditions often experience other co-occurring symptoms. Thus, primary health care settings, schools, and other community locations could be considered non-traditional sites for meeting the needs of people with mental illness.

- 7. Why wasn't bipolar disorder on the list of priority incidence of SMI?**

A: The omission of bipolar disorder was simply an oversight.

- 8. I would like to identify the following groups and areas of need, based on my experience as a parent of adopted children with multiple and severe mental health needs and as a provider who works with minority/under-serve families and children 0-5: (1) the need for respite for children with attachment disorders and conduct /ODD. Currently many families choose to be outside of the mental health system due to the lack of understanding of the overall difficulties these families go through; (2) the need for funding for programs educational/boarding/camps vocational that these children (RAD, DDD, OCD, etc.) can attend; 3) the need for culturally and language appropriate programs to promote bonding and education for parents of young children who are showing early signs of mental illness.**

A: Thank you for highlighting these concerns.

- 9. Will there be outreach to the Oaxacan community?**

A: We have conducted “key informant interviews” with some members of the Oaxacan community. If you have any additional insight into the needs of this high risk community, we encourage you to mail, fax, or e-mail specific ideas about effective PEI outreach to the Oaxacan community to Eric Baizer, MHSA, Eric Baizer, MHSA, 300 N. San Antonio Road, Santa Barbara, CA 93110; ebaizer@co.santa-barbara.ca.us; fax 681-5262. We will be happy to give your suggestions serious consideration.

- 10. You mentioned that someone with a mental illness would fall under PEI if they are not already in the system. Isn't PEI only for first break psychoses, not severe mental illness?**

A: Prevention programs and services are designed to serve persons prior to the diagnosis of a mental illness. Early interventions aim to improve a mental health problem or concern early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. PEI funds may be used for unique brief crisis services regardless of the diagnosis.

- 11. Doesn't the State break the age range by 0-25 and 25+? Are the four age ranges broken down by our county, and can we provide feedback on how those age groups are broken down?**

A: California DMH divides the population eligible for MHSA services into four age groups: children (0-15), transition-age youth (16-25), adults (26-59) and older adults (60+). This age breakdown does not prevent MHSA programs and services from targeting and serving subsets within any of these age groups. Should you have an opinion on the decision by Santa Barbara County to utilize the State's age ranges, you may provide feedback to Eric Baizer, MHSA, Eric Baizer, MHSA, 300 N. San Antonio Road, Santa Barbara, CA 93110; ebaizer@co.santa-barbara.ca.us; fax 681-5262. We will be happy to give your suggestions serious consideration.

- 12. Extended mental health beyond one year treatment plan for expansion/support to meet current needs that are currently unmet?**

A: PEI is intended to serve people for whom short-term services are deemed effective. As a result, PEI guidelines limit services to no more than one year. However, exceptions to extended care or services include individuals experiencing ARMS (at risk mental state) or first onset (diagnosis with in previous 12 months) or serious psychiatric illness with psychotic features.

13. Brief treatment is now currently defined as six months; can you change that to one year?

A: PEI guidelines characterize the duration of early interventions as typically under one year, but not fixed at six months. (*Proposed Guidelines, Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan*, DMH, August 7, 2008, p. 8).

14. What's the definition of "serious mental illness"? Is it any different 0-25 than "across all ages?"

A: Typically, those under the age of 18 are diagnosed with *severe emotional disturbance* and *serious mental illness (SMI)* is a diagnosable mental disorder found in individuals aged 18 years and older. The disorder significantly interferes with a person's ability to take part in major life activities. *Serious Emotional Disturbance (SED)* refers to a diagnosable mental disorder found in individuals from birth to 18 years of age. The disorder interferes with functioning in family, school, community or other major life activities. Research conducted by the National Institute of Mental Health found that half of all lifetime cases of mental illness begin by age 14; three quarters have begun by age 24.

15. In the "results" section, does "one or more disorders" apply to any type of disorder, or just those involving psychosis?

A: Yes, it is not uncommon for an individual to have one or more disorders; the "results" section is not limited to those disorders involving psychosis.