

America's Mental Health: More than a State of Mind

By Mary Moore-Suever

March 22, 2006 – Picture this: Your son or daughter runs home from grade school and proudly tells you that they are rated in the Top Ten in their school. Now, there's a parent's dream!

But, what if the quality of the education was so circumspect, that a C-plus average could get your child into the Top Ten? Parents would be clamoring and saying, "What kind of school are we paying for? Top Ten material is only C-plus? It's time to meet with the school board!"

Yet when it comes to America's mental health care, this is exactly where a new national report card graded the State of Oregon – C-plus – in the Top Ten. With only five states achieving a higher grade – and 'B' was the highest grade – being in the Top Ten is nothing to write home about.

Our neighbors in Washington state spent almost twice as much as Oregonians on a per capita basis and went home with a 'D'. California earned a 'C'. It's essentially the same story across the continent – and worse. Missouri got a 'C-minus'; North Carolina received a 'D-plus', as did Pennsylvania. While New Jersey got a 'C', Idaho and Montana are headed home trying to figure out how they will ever explain their respective 'F' grades.

Kudos should go to the National Alliance on Mental Illness (NAMI), for conducting the comprehensive state-by-state analysis of mental health care systems. Every state of the union (and Washington, D.C.) was scored on 39 specific criteria resulting in an overall grade and four sub-category grades for each state. I recommend that everyone take a close look at the findings, which are available online at www.NAMI.org.

So, how can America improve our grades in mental health? What are the elements essential to achieving a high quality mental health system? The NAMI report has identified ten major characteristics, and I am an advocate for promoting those same goals and objectives. Here's another take on it:

At Pendleton Academies, we highlight three major principles when it comes to the children who walk through our doors. These principles, when taking into account the broader spectrum of mental health care across our state or country, are what I am calling the Pendleton Picks:

1. **Education** of our public must be broad and far-reaching because mental illness – when it comes to gender, race, ethnicity, religion, sexual orientation or socio-economic background – has no barriers.

If mental health received just a small amount of the attention that society places on physical health, we'd have far less of a stigma related to mental

illness. A sense of isolation, shame and misinformation - keeps many people from seeking help for mental illness. Yet, mental illness touches almost every single family at one time or another. We must lose the stigma – and this can only happen with greater education and understanding. The sooner people (especially children) get into treatment, or are referred for treatment, the better.

2. **Treatment** must be multi-pronged. At Pendleton Academies, we work with children and adolescents to build strengths and behaviors that relate to personal, academic, familial, and interpersonal issues. We do this through an experienced, expert staff and more than 30 Trained Treatment Families where many of our kids live, as well as through classroom education, art, cultural and animal therapy programs, and counseling. We also find success with aggressive attention to medical science – an area of mental health care that is meeting with greater treatment success than ever before. Finally, mental health treatment should include culturally responsive services and character education promoting personal insight, a heightened degree of self-worth and responsibility, as well as healthy family relationships, moral stability, and social competence.

3. **Success** is important for every child ... it needs to be measured – and graded – from program-to-program, facility-to-facility and state-to-state. These measurements – based on real evidence and patient results – must continue and must be embraced by mental health practitioners across the country. Just as “evidence-based medicine” is gaining traction when it comes to physical illness and disease treatment, we must do the same in the mental health field while continuing to explore creative methods when the standard treatments just aren’t working.

Success is more than a state of mind. Dealing with mental illness takes strong policies, programs and people. The burden for further education is on those of us who are providers of mental health services. Opinion leaders, key legislators and other government leaders can fill a significant role in supporting mental health treatment, especially for our children, ALL of our children. Working together, and with organizations like Children First of Oregon www.cffo.org and the Oregon chapter of the National Alliance for Mental Illness, www.nami.org/sites/NAMIoregon, will mean success for every child, adolescent and adult.

Mary Moore-Suever is the executive director of Pendleton Academies (Pendleton, OR), a residential and day treatment facility in eastern Oregon for children and adolescents dealing with mental illness. For more information, check out www.PendletonAcademies.org.