

## Focus Group Findings

Findings	Recommendations
1. Resource information and support available in hospital emergency rooms is inadequate.	1. Improve the availability of written information available in psychiatric hospital emergency rooms (i.e., brochures, NAMI Maine’s Resource Guide, NAMI Maine’s posters and brochures) as well as at least annual training for emergency room personnel in assisting families and consumers who are coping with mental illness.
2. More support groups are needed statewide.	2. NAMI Maine and other agencies and organizations should establish more support groups for consumers and family members.
3. Southern York County lacks an ACT Team and an inpatient psychiatric treatment unit.	3. Fund an ACT Team in Southern York County; Develop an inpatient psychiatric unit in Biddeford or Kittery.
4. Gaps in crisis service, including a lack of preventative services, an insufficient number of crisis beds, and areas of the state being less well served. Southern York County and other regions lack 24-hour crisis response services.	4. Increase spending on crisis services, including preventative services like warm lines, peer support, in-home supports, and the development of additional crisis beds. Expand the number of staff persons available per shift to insure speedier response time. Develop specific licensing and contract requirements relative to the mobility of crisis workers. Expand the availability of crisis services in Southern York County.
5. The number of psychiatrists in Maine is insufficient to adequately monitor those requiring treatment, and there is a lack of continuity of care from many of those associated with community mental health centers.	5. Explore ways to attract, hire and retain more psychiatrists statewide.
6. Transportation services for therapeutic and social/recreational needs are inadequate.	6. Increase funding for transportation services statewide and work with the Department of Transportation and other agencies and organizations to develop creative partnerships to provide such services in under-served regions statewide. Work with Medicaid to expand the definition of “therapeutic” so that additional transportation services will be covered.
7. Community support services are inadequate	7. Increase spending for community support services, including, case managers, in-home support workers and respite providers. The purpose of such spending would be to reduce caseloads and increase the availability of in-home support. Increase the understanding of community support staff about personal representatives and other advocate services that are available to assist people with their advocacy needs.
8. Transition planning and services for adolescents “aging-out” to the adult service system are inadequate, and lengthy waiting lists exist for adult services.	8. Evaluate the current transition planning and service delivery system, improve its effectiveness, and increase funding for the most needed adult services. Consider the use of mathematical projections of future need – based on the incidence of the illnesses – to plan for service system growth.
9. The number of day treatment programs is inadequate statewide. Many individuals coping with mental illness could benefit from life skills training.	9. Develop life skills training programs for individuals coping with mental illness. Develop day treatment programs in under-served regions of the state. Consider offering training from experts about successful day treatment programs that are integrated into the community as an incentive and

	encouragement to offer state-of-the-art day treatment.
10. Hospital and community systems coordination is inadequate.	10. Review and improve the discharge planning and follow-up procedures, developing coordinated and comprehensive policies for discharge planning. Develop incentives for improved discharge planning and coordination.
11. Housing options are inadequate and the process to obtain what is available takes too long.	11. Explore and develop creative ways to establish and fund more housing options. Foster partnerships with the state housing authority and other agencies and organizations.
12. Inadequate numbers of in-state residential treatment facilities/group homes.	12. Fund and develop in-state residential treatment facilities and group homes.
13. There are inadequate in-home supports for children. Those that exist reportedly do not facilitate community interaction.	13. Develop more in-home supports for children, modeled after the adult system. Develop additional requirements for facilitation of community interaction and community interaction skill development.
14. The mental health services system itself is frustrating and confusing.	14. Continue to develop an integrated system of care, reduce bureaucratic “buck passing,” educate family members about and involve them in the treatment process. Review program policies and regulations to eliminate barriers resulting from conflicting regulations.
15. Many of the deficiencies, problems and issues remain unresolved despite repeated studies, task forces, commissions, and publicforums. The system is unresponsive to the concerns of families coping with mental illness.	15. The Department should provide regular feedback and updates concerning progress towards or delays in addressing the deficiencies, problems and issues identified in the various studies. An annual “report card” of successes and responses to focus groups and public forums would be helpful. Continue to require that providers offer in-house training for all new staff about family support services and family perspectives. Foster a family-friendly approach from the top down.
16. There is little or no oversight and accountability of mental health providers and professionals.	16. Recognize and respond to the current shortage of licensing and review personnel and the backlog of licensing reviews of provider agencies. Involve a panel of consumers and family members in departmental development of quality assurance measures, contract performance measures, and the development of licensing regulations.
17. Stigma still pervades all levels of society.	17. Continue to develop and present educational programs regarding mental illness to the public, family members, mental health professionals, law enforcement officers, the media, students, and others. NAMI-ME should play a key role and expand its public outreach and education efforts. Air Public Service Announcements on a regular basis.
18. Treatment plans and options are reportedly often driven not by the needs of the individual but rather by other considerations, including the needs of facility administrators and insurance coverage.	18. Continue to strive towards client/patient centered care. Also, the Department, NAMI-ME and other mental health agencies must take more active roles in supporting the development and passage of comprehensive mental health insurance parity legislation and Medicaid reform.
19. Families report that the practice of “abandoning children” to the custody of the Department of Human Services in order to obtain services continues.	19. The Department, the Department of Human Services (DHS) and other mental health providers should adopt guidelines that explicitly prevent this approach. DHS and the Department should identify funding and insurance related barriers that lead to this, and make plans to address them legislatively and via

	regulations.
20. Mental health workers are not always sufficiently credentialed or trained for their positions.	20. The Department should assist in the promotion of current training opportunities in Maine. The Department should require continuing education credits for the certifications it requires, i.e., MHRT I, II, and III, and the new certification for child workers. The Department should also encourage and support collaboration and cross-training strategies internally and among service providers and create incentives for a well trained work force.
21. Geographic barriers continue to limit access and availability of services and information.	21. Regional designations and limitations on service providers can cause hardship. Sometimes a person has to receive services from a provider agency a great distance away, only because they are on a regional dividing line. The Department should more flexibly configure service provision – based on real geography rather than an artificial regional system.
22. Communication problems exist throughout the service delivery system.	22. Encourage and support cooperation and collaboration among all parties, including consumer and family members, involved in the treatment process. Require all mental health service providers to receive annual in-service training concerning the impact of mental illness on the family and consumer, how to work effectively with families, and the positive impact of collaborative treatment. Mental illness is an illness, which affects the family, and studies show that the involvement of family/surrogate family/natural supports greatly improves the success of treatment. Such training should address how to involve family members without violating confidentiality.
23. The system itself fosters adversarial interactions between all those involved.	23. Continue to encourage and support cooperation and collaboration among all parties involved in the treatment process and to utilize stakeholder groups to review policies and procedures. Continue to use stakeholder groups to eliminate or reduce the impact of those policies and procedures that tend to promote adversarial interactions. NAMI-ME has identified communication barriers between all levels of the system and studies show that collaborative systems are produced when the message to collaborate starts at the top. Therefore, we recommend that the Department consider establishing continuing education requirements relative to collaboration and family and consumer involvement for top-level management of provider agencies as well as continuing education requirements for Department staff – from intensive case managers all the way up to and including top-level management.
24. Additional educational programs are needed.	24. The Department, as well as NAMI-ME and other mental health agencies should continue to support and participate in the development of additional educational workshops for family members, mental health professionals, school personnel, law enforcement officers, and the public concerning various subjects related to mental illness and its effects on the family. The Department should also encourage and support collaboration and cross-training strategies internally and among service providers.
25. Comprehensive mental health courses aimed at school students are needed	25. The Department and the Department of Education should foster/fund the development of school courses, modeled after

<p>statewide to reduce stigma. Current programs vary, depending upon the school.</p>	<p>the DARE Program, to be implemented in school districts statewide. Additionally, NAMI-ME and other similar organizations should expand their outreach to schools and continue to develop presentations aimed at students.</p>
<p>26. High school guidance counselors are often unaware of post high school options for students with special needs.</p>	<p>26. Schools should develop educational programs for their guidance counselors concerning the special issues/concerns faced by students with special needs in applying to college or for scholarships. The Department should work with the Department of Education to require such education.</p>

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