Early Intervention Subcommittee:

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Subcommittee Focus Areas:

PK: Enumerated areas in email are issues important to their clients from a legal perspective. Results from an annual assessment of client priorities and issues

Not graduating school is a long term issue for MHLAC clients.

Connected to social determinants of mental illness, no graduation -> homelessness -> exacerbated effects of mental illness

Not enough variety in services to clients, no better options available but there should be

Clients are disproportionately found to be in prisons, not enough mental health facilities

MF: Implementing usage of the YRBS, prevention specialists should be working in the community -> professionals should be assessing the needs of those in the community (early intervention professionals)

Using the recovery community to build awareness of the signs and resources for addiction.

This all requires a network between school counselors and health professionals connected to families to support the children and keep them in school.

YL: View this through a life course perspective: Pick certain policy recommendations and apply them to specific age groups that would benefit from them most

Seems as if each individual within the group is focused on early intervention but at different stages in life.

Working on prevention in different pockets of the population.

What are some policies we can produce that target specific age groups

AG: Services to children who have not yet been diagnosed but showing signs of needed support in the classroom. Preschool mental health consultations: teaches preschool professionals how to identify and address those needs.

Clinicians who work in 4 groups across the state: daycare/kindergarten/preschool.

Teacher requests consultation and the clinician comes to classroom to work with student and teacher to combat problematic behavior. Clinician can then leave or recommend a more intensive mental health care plan for the student. Program grew out of high preschool expulsion rate in MA

Programs that involve life skills that promote resiliency and self-awareness. Concerns that kids aren’t tagged for mental illness that are caused by social determinants of health.

PK: The way kids are treated in schools produces mental health issues in kids. Schools in many cases want to drive these kids out. Don’t want to jettison kids out of the mainstream. Provide curriculum to schools that looks out for these mental health issues

YM: Do we want to focus mostly on schools or the entire “life course”. We can be specific on areas within that. Maybe connect the two because while school is important, children still have to go back out into the world.

9/25 meeting seemed very connected to the issues WG is trying to solve.

MF: Make an examination of the social determinants and how they play into children’s mental health. How integration of care, due to implicit stigma, does not always improve the overall care of the child. Sometimes tagging a child with a mental health issue can prevent diagnosis of other issues. Look at what services are being offered rather than assume integration of care solves everything.

YM: Make recommendations based on the life course framework

“flip early intervention on its head”

What policy recommendations could come under this?

PK: What’s already going on in these areas that we can enhance with either funding or support? Focus on moving the work along in the Brockton project (?), crisis intervention training for police.

AG: Look at existing bills and legislation that relate to the recommendations we’re proposing.

YM: Map this out in person before next commission meeting, see who the group can align with and which bills they can refer back to.

Next meeting: October 12th @ 12:15pm in the MHLAC conference room.