

## **NAMI Maryland Position Paper on Treatment**

**Issue:** *The purpose of this paper is to describe the importance, safety and types of treatments that NAM MD supports in an effort to help individuals with mental illness (and their families) manage the symptoms of mental illness and move toward recovery.*

**Background:** *Mental Illness can best be treated by array of services that includes medication, education, psychosocial supports, family supports, cognitive remediation, development of coping skills, supportive employment, environmental supports, and relationships with mental health professionals. No one aspect of the treatment is effective in isolation but must include many components in order to be effective.*

*Recovery from mental illness is not just about a lessening of symptoms but occurs when individuals become active, productive members of society. Continuous Quality Improvement is essential within every treatment environment to assure that treatment is safe and effective.*

*Some individuals with mental illness are not aware that they are ill and in need of help and services. Incentive based behavioral treatment plans have been found to be effective in motivating consumers to learn more adaptive behaviors and social skills. They have also been found to be empowering to consumers, giving them decision making in their own treatment.*

### **NAMI Maryland supports the following positions and recommendations:**

- **Medication** can be effective treatment, especially combined with additional support and/or therapy. Medication is the subject of a separate position paper.
- **Evidence based treatments** – should be financed and used as they have been developed, researched and found to be effective.
- **Cultural competency** should guide the work of all professionals and staff who work with individuals with mental illness.
- The necessity of an **integrated, individualized, continuum of care** is needed for individuals with mental illness, providing flexibility in services that respond to an individuals need for more or less care, in-patient or community based services, during the course of their illness.
  - Treatment should occur in hospitals, day hospitalization, group homes and residential programs; and within all community support systems
  - Assertive Community Treatment (ACT) Teams should be trained and available throughout the state to provide ongoing support 24 hours a day for individuals with mental illness living in the community.
  - Treatment should be guided by an individualized, consumer and/or family driven treatment plan
  - Provision of case management, provided by well trained and supervised case managers, that follows the consumer and implements an individualized treatment plan wherever the consumer is located, coordinating services and supporting consumers through all transitions within the mental health system.
    - The development of a Clinical home – to follow the consumer and make sure that the goals of the Individualized Treatment plan are followed.

- **Treatment should be consumer and/or family driven** whenever appropriate based on the level of competence of the consumer and appropriateness of involvement of the family.
  - NAMI supports the use of cognitive and behavioral treatment to encourage ongoing involvement in treatment.
  - Family psycho-education and supports are necessary parts of treatment.
- The **safety** of the consumer and others should be protected if the consumer is seen as a danger to self (by suicidal intent or an inability to maintain their own safety because of psychotic or confused thinking) or others (by being aggressive or violent or by being unaware of their level of dangerousness.) Treatment and services should be in place to keep them and others safe.
  - Outreach to consumers in order to engage them in treatment is an essential part of treatment.
  - Crisis intervention services should be a part of the continuum of care.
- **Access to treatment** is imperative; individuals with serious emotional disturbance or serious mental illness should be able to access the most effective, least restrictive treatment necessary to help them reach the full extent of their recovery, without hardship, without prejudice and without dependence on their own ability to pay.

Approved by the NAMI Maryland Board of Directors on January 12, 2008.