

# The Context for Collaboration: Behavioral Healthcare 2006

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# Santa Fe Summit 2006

## What is the Context for Collaboration?

- Our concern and focus has shifted beyond the specialty mental health system
  - In 2004 we asked “Is the ‘mental health system’ relevant any more?”
  - In 2005 we examined “transformation”
- What has changed? What remains the same?

## A First Proposition:

# While the Specialty/Public System Remains Robust, The Substantial Challenges *Demand* Collaboration

- Criminal justice, corrections
  - **66% of juvenile offenders have a mental illness**
  - **Millions of jail detainees**
  - **Prisons: 16% of inmates have serious mental illness**
- Schools
  - **Behavioral, social-emotional development problems are the leading cause of school failure and the most serious health challenges for adolescents?**
  - **Kids with “SED” have worst outcomes in special ed.**
- Homelessness
  - **50%+ of “chronically homeless” people have SMI**
- Disability
  - **\$20B in SSI/SSDI payments; largest and fastest growing population in public and private disability programs**

## A First Proposition:

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The Substantial Challenges *Demand* Collaboration

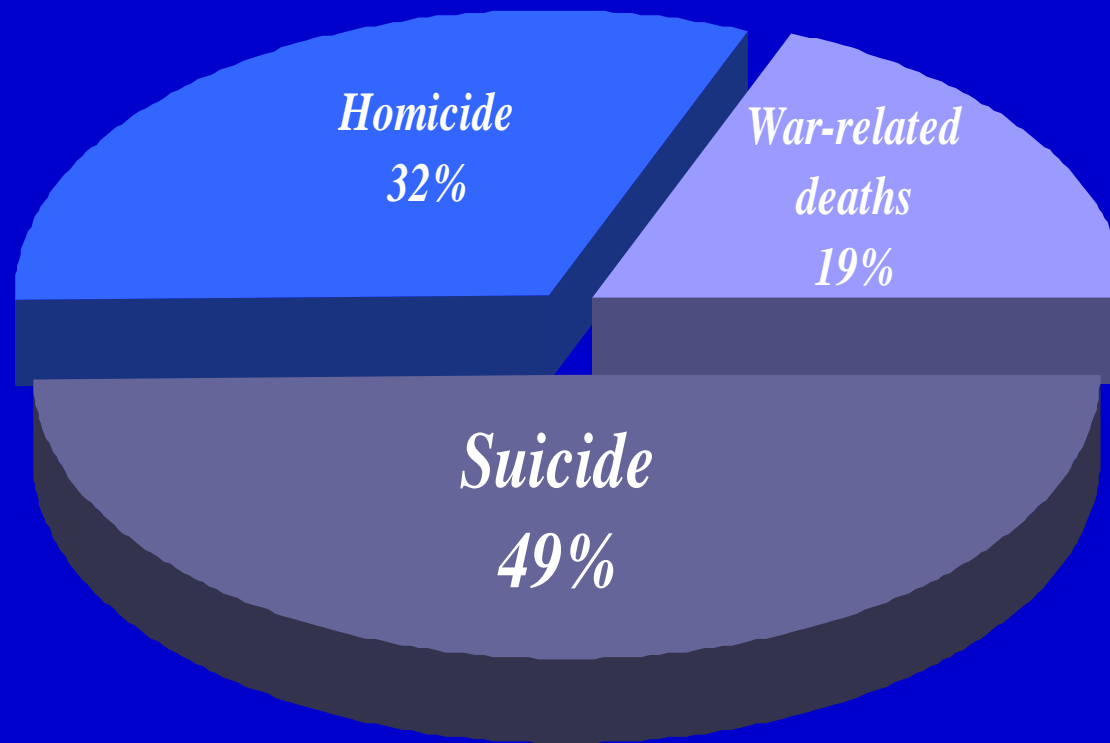
- **Welfare/TANF**

- 30-40% of population has depression + ; major contributor to un/underemployment, parenting problems

- **Health care**

- Mental illness a major “driver” of morbidity in heart disease, all chronic illnesses
- 30-50% of all inpatients have co-morbid mental disorder; most undetected and untreated; adds one inpatient day to every such hospital stay
- Shortages in competent acute care and community treatment, housing, lead to problems in ER's and LTC

**The Impact of Behavioral Disorders Illustrated:  
Suicide is the Leading Cause of Violent Deaths Worldwide  
(World Health Organization, 2002)**

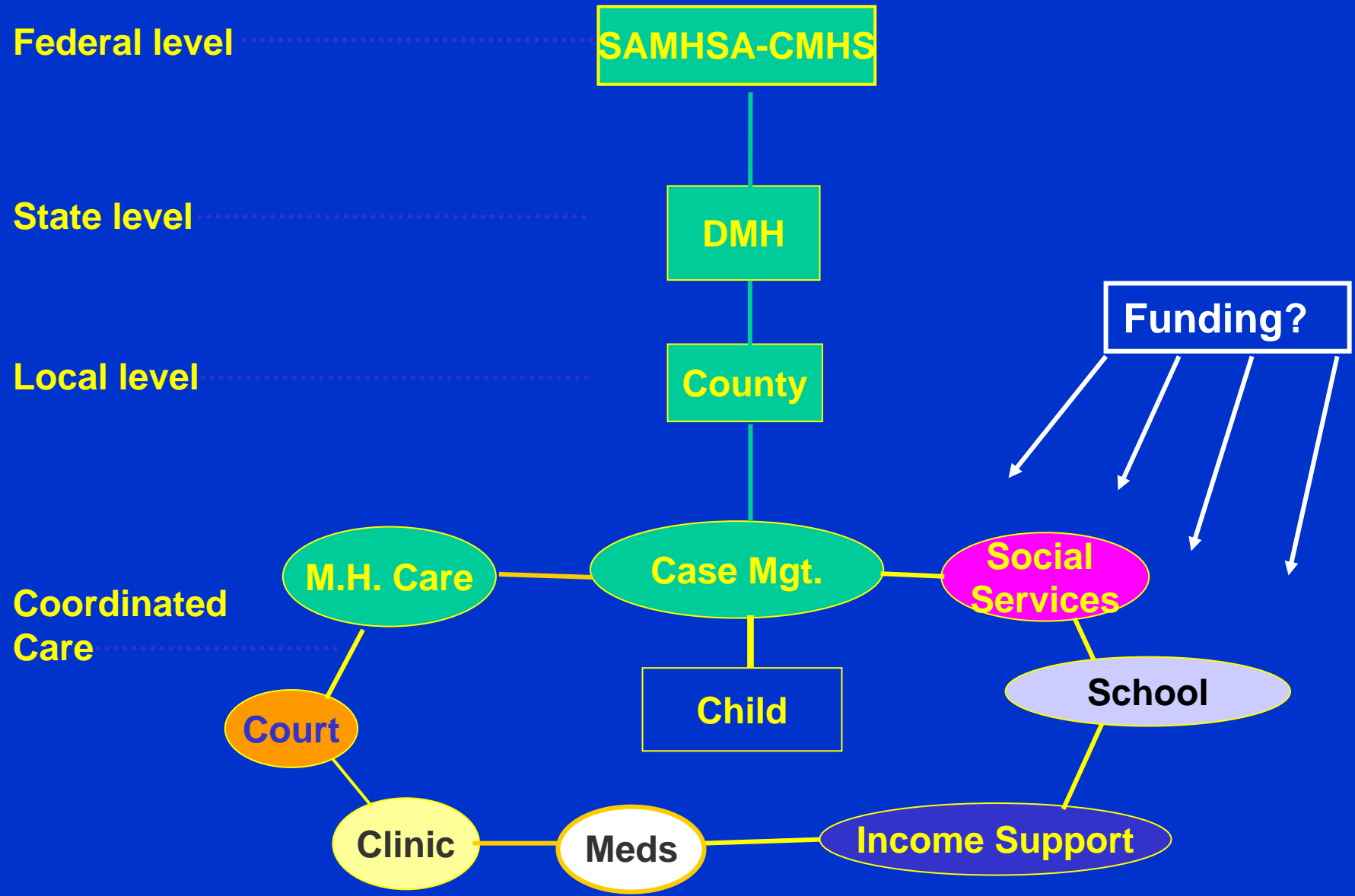


## A Second Proposition: The Context for Collaboration is Challenging

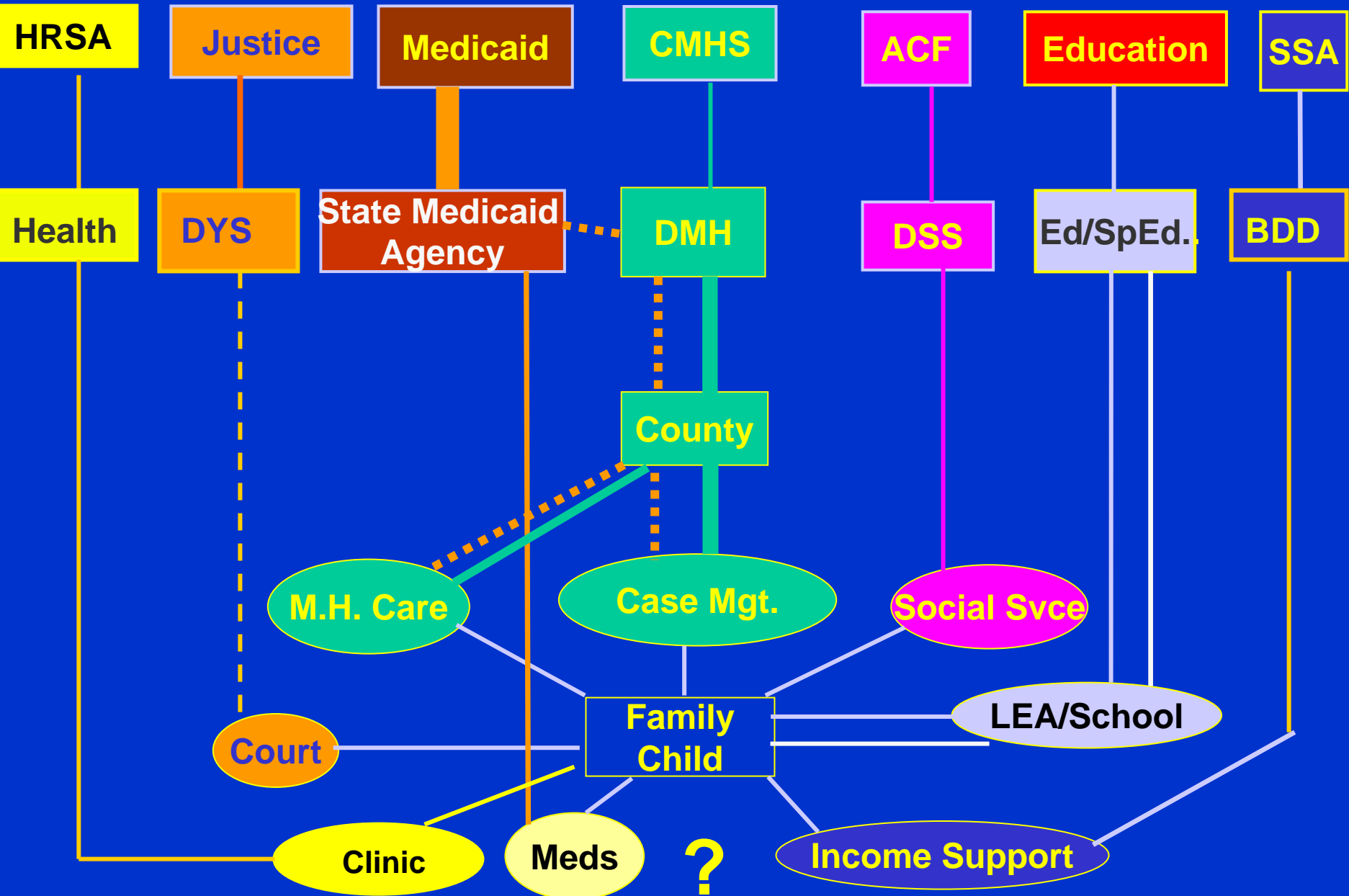
- The status of people with mental illness is “Better but not well” (Frank and Glied, forthcoming)
  - The lot of people with mental illness is somewhat better over the past 50 years
  - Improvements in life quality are due less to advances in mental health care...
  - And more to inclusion in the mainstream, and mainstream programs: SSA, Medicare, Medicaid
  - Reducing the leverage of mental health specialists?

# Things Used to Seem So Much Simpler...

## The '70's Model of Mental Health Care



# But They Got Complicated After Reform...





# A Second Proposition: The Context for Collaboration is Challenging II

- The national and global environment is challenging:
  - **National priorities**
    - Tax Policy
    - War
    - Budget
  - **A “Flat World” (Freedman)**
    - The globalization of commerce and communications
  - **Health care is still an expensive mess**

# A Third Proposition: We Can Co-Create Collaborative Competence

- We have great models of collaboration, no integrating solution/theory
  - What is the goal?
  - Which collaborations are necessary? Possible?
  - What tools will we use?
- Themes for collaborative change are emerging:
  - **Stephen Covey: Seek first to understand, then to be understood**
  - **Meg Wheatley: It is more about relationships than structures**
  - **Peter Senge: Uncover the systems dynamics, create shared vision; make mental models conscious**
  - **Adam Kahane: Go deep, and go inside, before proposing fixes**

A Final Proposition:  
THIS is the Best Time, Place to Advance our Aims

- Diverse expertise and experience
- Emergent, shared commitment
- No nomothetic agenda
- Mellow environment

Let's Go