Position Statement 63: Participation in Mental Health Planning, Advisory and Governance Boards

Policy

The Mental Health America (MHA) believes that people affected by mental and substance use conditions, referred to as stakeholders in this policy statement, should play a central role in shaping the programs and policies that serve them. The participation of stakeholders in all aspects of mental health and substance use planning, advisory and governance boards is essential to the effective planning, delivery and evaluation of such services.

The rallying cry of "nothing about us without us" has heralded extensive involvement of consumers of mental health services, families affected by mental illness, and families of young children with serious emotional disorders, together with other advocates, in the improvement of the public mental health system in the United States. It is the duty of government agencies, mental health and substance use providers, and advocates to accommodate and strengthen such stakeholder participation at every level of the public mental health and substance use systems and, in this era of privatization, by private sector providers of mental health and substance use services as well. Any system using public funds must be publicly accountable for assuring effective stakeholder participation.

Background

There are many different types of boards involved in mental health and substance use issues: advocacy and professional group boards, interagency coordination boards, governing boards of community and private providers, and state and regional planning and advisory boards.

Examples of effective stakeholder participation include: Mental health planning and advisory councils which are mandated by federal law. These councils are good example of the type of stakeholder participation advocated by MHA, although improvement is needed to meet the goals of meaningful stakeholder participation on these councils. Governing boards of local community mental health centers and clinics and county mental health and substance use agencies are another example, where again, improvement is needed to achieve this goal. Specifically, councils and boards need training and resources to increase stakeholder participation, especially participation of consumers of mental health and substance use services and their families. MHA urges professional associations as well as private providers of mental health and substance use services to embrace this goal as well and to provide ample opportunities for informal as well as formal stakeholder participation in their educational programs and professional meetings, and in the planning, delivery and evaluation of the mental health and substance use services. Increased stakeholder participation is the most realistic antidote to the perennial problems of absorption in
parochial concerns and disconnection from the consumers, families and communities that councils, boards and professionals serve.

The essential components of effective stakeholder participation are:

1. Broad representation of stakeholders: consumers, families, families of young children, advocacy groups, and the non-provider public;
2. Cultural and linguistic competency;
3. A fair and open selection process;
4. On-going training;
5. On-going logistical support and needed respite care;
6. Adequate and timely information and staff support to allow for in-depth consideration of complex issues;
7. Open meetings, on a regular schedule, and in a location and setting convenient and welcoming to stakeholders who desire to attend;
8. Open meetings fostering meaningful and respectful dialogue among stakeholders and decision makers;
9. Broad dissemination of minutes and reports to affected stakeholders, and staff follow-up to assure that stakeholders are informed of the results of meetings and that the results are effectively disseminated for maximum impact.
10. As more outcome data and consumer report card results become available, this information needs to be disseminated in a timely manner to all affected planning, advisory and governance boards, and used as an important tool to provide an evidence base for all of the decisions and recommendations that they make.
11. The Internet presents an additional opportunity for broader stakeholder participation and should be used whenever possible.
12. Organizational development activities, strategic planning and goal retreats need to be given priority to increase board effectiveness.

Call to Action

While MHA has always been in the forefront in the demonstrating the effectiveness of stakeholder participation and the use of boards, the growth in the number of mental health and substance use organizations and the increasing responsibility of local and state governments and private managed behavioral health care providers in providing services increases the opportunities and the need for expanded stakeholder participation.

Because MHA is concerned with all aspects of substance use, mental health and wellness, its role should be to take every opportunity to insure that broadly representative boards are used effectively in every possible mental health and substance use setting. MHA affiliates are urged to disseminate information regarding the importance of stakeholder participation and the role of mental health and substance use planning, advisory and governance boards, to offer assistance and recommendations and to monitor the effectiveness of all mental health and substance use boards.
Effective Period:

The Mental Health America Board of Directors adopted this policy on June 13, 2009. It is reviewed as required by the Mental Health America Public Policy Committee.

Expiration: December 31, 2014