Notes Template
Upper Valley Community Health Needs Assessment Summit: Disabilities Focus

Date	February 8, 2019
Note Taker Name	Barbara Farnsworth
Topic	Access to Mental Health

How many people participated in this round? 5 participants

<u>For people in our communities living with disabilities, what does this community concern look like?</u>

- Social, relaxing activities to get outside (Upper Valley Land Trust)
- Insurance does not cover any services for mental health
- Fewer clinics with sliding scale for mental health vs. physical health care
- Perception if you need mental health services, you are all of a sudden alone in the room
- People are greeted and treated like every other person, people are relaxed, they don't feel like they are being judged (Lebanon, Solid Waste, front line worker, scales)
- Person with mental illness, conducted criminal conduct, was arrested and put in jail. HCRS now works in the jails. Not a lot of access to care at a free or reduced rate. People with mental illness get swept up in the criminal justice system. You don't get better when you have a psychotic break.
- Why are there all these support meetings for Recovery but not for Mental Health concerns?
- EAP programs are offered, but not always promoted. Lack of information makes these programs difficult to access. Employers should inform employees regularly if these services are available.
- Shortage of therapists
- Getting people to appointments who cannot drive themselves
- You need to be connected to know who to ask about transportation (Senior Centers, Churches may offer, but how do people know about these?)

<u>If you had a magic wand, how would things look different three years from now?</u>
- More telemedicine options (for therapy) for people that do not drive (mental health services). These decrease many barriers.
- Access sometimes means patients just cannot get there – tremendous needs in our rural area
- Could you provide bridge transportation to Advance Transit stop
- *Good Neighbor Health Clinic* for mental health.
- One point of access for information, services available, rates, insurance
- More peer to peer support, similar to Recovery supports
- Town Wellness Director (Plainfield model) makes human connections and regular visits, resource coordinator.
- No wait lists for mental health services for children
- Lower the turnover rate for mental health providers
- Nursing homes do not take older adults with a history of mental health diagnosis, elder care facilities do not take these patients (co presenting with dementia and mental illness very difficult to find residential treatment)
- Student loan forgiveness, shorten the window (less than 10 years) for payment