

CHAPTER 25

MENTAL HEALTH

BOARD OF HEALTH ROLE AT A GLANCE

- Assist mentally ill persons in the community who are in need of services in locating programs which may assist them.
- Advise the local site director of the Department of Mental Health if the town or city under the Board of Health's jurisdiction is in need of services for the mentally ill.

OVERVIEW

For most of the twentieth century, people with mental illness have been cared for in large, usually state-operated institutions. However, since the early 1960's, there has been an increasing trend toward treating the mentally ill in community-based settings. The rationale behind this "de-institutionalization" is that community settings provide environments in which people are more likely to lead productive and enjoyable lives. For many residents of institutions, the treatment provided there may be inadequate for their individual needs. Often, the effects on patients of being separated from their homes and families, along with the lack of self-reliance institutions can foster may be more destructive than the mental illness for which the patients were originally institutionalized. It has also been found that more cost-effective care can often be provided in the community rather than in institutions. Finally, there appears to be a trend in courts to challenge the process of involuntary commitment; thus, more and more patients may be discharged from institutions in the future, and appropriate facilities for follow-up, treatment, and care will be necessary.

Massachusetts has gone through a transition in mental health care over the past four years. Since 1991, the Department of Mental Health (DMH) has been engaged in a major restructuring of the state's mental health care delivery system into a coordinated program of public managed care based on local planning and support systems that are client driven and client sensitive. Community support services are critical to both adults' and children's rehabilitation, so that they may be able to return to their families, attend school, and participate in other community activities. Mentally ill people benefit from services that help them to build self-confidence and to learn or relearn social, vocational, and daily living skills. For anyone living with a mental illness, a stable, meaningful life is a goal.

Facility consolidation marked the initial stage of the DMH endeavors. Four outdated and under-utilized state hospitals were closed. In their place are 179 acute inpatient beds in seven fully-accredited general hospitals, and 335 long-term inpatient beds in three public health hospitals. In addition, four accredited, certified state hospitals remain open with 731 beds, mostly for long-term care.

An interagency partnership has been formed between the DMH and the Division of Medical Assistance/Medicaid. Medicaid has been providing all acute mental health services, including inpatient and emergency programs, since July 1, 1996, and DMH maintains its responsibility for continuing care in both community and inpatient settings. Medicaid is purchasing all acute mental health care through a contract with a proprietary managed care company - the Massachusetts Behavioral Health Partnership.

Money formerly spent on acute inpatient programs has been reinvested in DMH's continuous community care system across the state. This includes services such as increased case management, housing, medication monitoring, and additional programs for people with serious mental illness and a co-existing diagnosis of substance abuse.

Massachusetts has gone to great lengths to keep the needs of people with mental illness in the forefront and DMH will continue to provide a service delivery system that responds to their needs.

In recent years, DMH and the Department of Public Health (DPH) have collaborated increasingly on a problem that is finally getting its appropriate share of attention: self-injury, which includes suicide. There are two basic types of intentional injury against oneself: self-injury and injuries with suicidal intent. Self-injury (also called self-mutilation) includes behaviors that are deliberate and cause immediate physical harm to the subject but are not meant to end life. For example: cutting, burning, interfering with wound healing, hair-pulling, scratching and self-hitting are all examples of self-injuries that are considered pathological and warrant intervention.

Risk of suicide and other self-harm is higher among people with mental illness diagnoses. Since 2000, an increase in state and federal funding has enabled Massachusetts to enhance its activity in the field of suicide and self-injury prevention through statewide conferences, training programs and public-private collaborations.

BOARD OF HEALTH RESPONSIBILITIES

Problems may arise in the community because of the de-institutionalization of systems of care for the mentally ill. These problems may develop because of community rejection of the former patients, which is often due to a wide range of fears, misunderstandings, and myths about the mentally ill. Local boards of health should be aware of the problems de-institutionalized patients may face in the community. They should also be aware of and participate in developing programs and services that may be available to help patients.

If the board of health determines that services for the mentally ill or retarded are needed in its town or city, it is advised to contact the Area or Site director of the DMH. The DMH has six Areas that encompass natural geographic sites across the Commonwealth:

Western Massachusetts:

James Duffy, Area Director
P.O. Box 389
Northampton, MA 01061-0389
(413) 584-644

Central Massachusetts:

Constance Doto, Area Director
Worcester State Hospital
305 Belmont Street
Worcester, MA 01604

(508) 752-4681 ext. 263

Northeastern Massachusetts:

Dave Cox, Interim Area Director
P.O. Box 387
Tewksbury, MA 01876-0387
(508) 851-7321 ext. 2956 or
(617)727-610 ext. 2961

Metro-Suburban Area:

Theodore Kirousis, Area Director
Medfield State Hospital
45 Hospital Road
Medfield, MA 02052-1099
(508) 359-7312 or
(617) 727-9830 ext. 4600

Southeastern Massachusetts:

John Sullivan, Area Director
Brockton Multi-Service Center
165 Quincy Street
Brockton, MA 02402
(617) 727-7905 or(508) 580-0800 ext. 201

Metro-Boston Area:

Clifford Robinson, Area Director
20 Vining Street
Boston, MA 02115
(617) 727-4923 ext. 301

What can the Board of Health do to help prevent suicide? You can:

1. Make suicide risk information and prevention resources available to city and town residents.
2. Work to destigmatize depression and suicide in order to assist people in getting the help that they need.
3. Call for a copy of the Massachusetts Suicide Prevention Resource Guide: 617-624-5476
4. Encourage your school administration to schedule a suicide awareness training for your school by calling the Massachusetts Suicide Prevention Program at DPH: 617-624-5476
5. Visit one of the National suicide prevention resources online, such as the American Association of Suicidology (www.suicidology.org), the Suicide Prevention Resource Center (www.sprc.org) or the Massachusetts Coalition for Suicide Prevention (www.MassPreventsSuicide.org).

STATE RESPONSIBILITIES

The Area Boards of DMH are mandated under M.G.L. c. 19, 123, 123A and 151, Title VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 to do the following:

- act as the representative of the citizens of the area;
- determine local needs and resources for the development of mental health services;
- advise in the recruitment and selection of the Area Director to be appointed by the Commissioner;
- review and make recommendations concerning the annual budget for the comprehensive mental health services of the area;
- review programs and services which operate in the area but which are not conducted within Commonwealth-operated facilities;

- consult with the Commissioner in personnel recruitment and appointment policies, in the establishment of program priorities for the area, in admission policies for all facilities and services, and in policies regarding relationships with other agencies and organizations;
- communicate with the Mental Health Advisory Council to discuss any matters concerning the area program;
- elect from their members annually a president and other necessary officers.

The DPH Injury Prevention and Control Program houses the Suicide Prevention Program, which has federal and state funds to carry out a number of prevention initiatives. One important focus has been training mental health and medical care providers to identify depression and suicide intention in their patients and clients. Another priority has been to strengthen suicide prevention efforts in programs serving youth as well as adults across the life spectrum. Middle age males are at particular risk, as are young people, particularly gay, lesbian, bisexual and transgender youth. In 2003, suicide was the third leading cause of death for 10 – 19 year-olds in Massachusetts. Only traffic-related injuries and homicides caused more deaths in this age group.

OTHER RESOURCES

- **THE SAMARITANS OF CAPE COD & ISLAND, INC.**
Academy Lane, P.O. Box 65
Falmouth, MA 02541
☎ (508) 548-7999
Hotline: (800) 893-9900
Website: <http://www.capesamaritans.org/>
Contact: Barbara Currie, Executive Director
- **THE SAMARITANS OF FALL RIVER/NEW BEDFORD, INC.**
386 Stanley St., P.O. Box 9642
Fall River, MA 02720
☎ (508) 673-3777 (Fall River)
(508) 999-7267 (New Bedford)
Hotline: (508) 673-3777
Website: www.samaritans-fallriver.org
Email: samsfrnb@aol.com
Contact: Del Ferus, Executive Director
- **THE SAMARITANS OF GREATER BOSTON, INC.**
Boston office: 14 Tremont St., Boston, MA 02111
☎ (617) 536-2460
(877) 870-HOPE
24-hour Helpline: (617) 247-0220
Teen Hotline: 1-800-252-TEEN
Website: www.samaritansofboston.org
Email: info@samaritansofboston.org

Contact: Roberta Hurtig, Executive Director

Framingham office: 235 Walnut St, Framingham, MA 01702

☎ (508) 875-4500

Contact: Eileen Davis, Executive Director

▪ **THE SAMARITANS OF MERRIMACK VALLEY, INC.**

A Program of Family Service, Inc.

430 North Canal St, Lawrence, MA 01840

☎ (978) 688-0030

Crisis Lines: 1-866-912-4673 (toll free)

(978) 688-6607

Website: www.samaritans-mass.org

www.familyserviceinc.com

Contact: Debbie Helms, Program Coordinator

E-Mail: samaritans@familyserviceinc.com

Samaritans is a suicide prevention agency. Services include a 24-hour hotline (508) 548-8900 or (800) 893-9900, community education on suicide awareness and intervention, and Safeplace, a bi-monthly support group for loved ones of those who have committed suicide.

▪ **SUICIDE PREVENTION RESOURCE CENTER (SPRC)**

Education Development Center

55 Chapel St, Newton, MA 02458

☎ (877)-GET-SPRC (438-7772)

TTY: 617-964-5448

Website: www.sprc.org

Email: info@sprc.org

SPRC assists states nationwide in furthering their efforts in suicide prevention; staff provide resources, including a website, library, evidence-based practices, and training. The Center supports suicide prevention with the best science, skills, and practice to advance the National Strategy for Suicide Prevention.