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1. What would you propose to reduce stigma associated with mental health and substance use disorders?

Short term solution is outreach education to the general public with Public Service Announcements which are very effective tools in television, newspaper and social media.

Bringing real diversity in people of all races, genders, religions, education levels, etc, will help start the conversation and teach that this is a widespread problem. Current PSAs that have been produced this year by government officials, have not shown the diversity of the people.

Prevention education about mental health needs to be a large focus in the state budget.

2. On August 23, this year, my brother committed suicide. The need for more and comprehensive services, importantly mental health services for our community, is so important. I found services 40 days before his unfortunate decision to take his life and enrolled him in a long standing and good public program in the neighboring county of Calvert. It appeared to me they had more services available and did not discriminate from what county the patient came from. After 30 days doing excellently in the Carol Porto Center, he needed continued services and oversight. His good decision making had been compromised and one bad decision led to him deciding to take his life after a day out of the center. There are no easy answers other than services do work. Drug use, alcohol, and crime are part of our community, and we need to focus our talent and resources addressing these issues and by doing so will help our citizens in need and benefit our community. Mental health is the largest component to getting a handle on this multi-faceted problem. Because I have been touched so closely by this issue, I am sensitive to supporting solutions and resources going forward. It will take State, County, and local community working together to make progress to reduce overdose deaths. I can be counted on to support bills directing state resources to our communities.

3. What specific initiatives would you propose to better address the prevention, early intervention and treatment needs of children and youth living with mental illness and/or substance use disorders?

We need to assure that funding in all school systems allows teachers to have smaller class sizes, and educate the teachers to identify children who are exhibiting mental health problems, or substance abuse behaviors. These children need more mental health staff and will not be helped by calling the police or resource officers if they are having a psychological crisis not a criminal crisis.

Mandate funding for all schools to have additional guidance counselors and mental health professionals to assist the teachers in identifying and dealing with the children who are needing extra support. Schools are not designed for mental health, but in our current society we need to turn our schools into Prevention Tanks!

Another extremely important task of our legislative branch will be to look at the evidence-based science that shows links between pesticides, radiation and other environmental factors that are linked to behavioral problems and mental health issues in children and adults.

4. Maryland's older adults are the fastest growing demographic with unmet mental health and substance use disorder needs. How would you address the behavioral health needs of this population?

Bringing mental health programs into the local communities with payment for visits based on ability to pay is absolutely needed in Maryland.

Preventing these issues in the older population is assuring all communities in the state have reduced or free transportation for those with need.

An example of a new public transportation system is in Southern AA county, spearheaded by a group of women who saw a need to help the underserved in the community. In the case of this program, this group was also concerned about the lack of transportation for those who need mental health services and clinics which are located in the central and northern areas of the county.

Addiction to pain medication is a growing problem among this population according to nurses I have interviewed. Another issue among the elderly is the use of anti-depressants, and anti-anxiety drugs associated with the mental health aspect of pain control.

Legislating that all medical plans include alternative therapies such as massage therapy, acupuncture and chiropractic care will reduce and in many cases eliminate the need for narcotic or other pain medications and also help with the mental health aspect of pain management.

5. What would you do to increase the availability of mental health and addiction providers in the state?

Maryland needs to be a leader in Prevention of mental health and addiction. We need to make this a top priority as a Public Health Crisis.

“Given the current limitations in effectiveness of treatment modalities for decreasing disability due to mental and behavioral disorders, the only sustainable method for reducing the burden caused by these disorders is prevention.” World Health Organization 2004

Funding needs to focus on immediate and long-term solutions. We need to work closely with the Maryland Health Care Commission to assure that inpatient hospital beds are available to address the burden of Emergency Room temporary psychiatric units.

6. How would you ensure mental health insurance plans are in compliance with existing behavioral health parity laws and educate consumers about their rights to equitable mental health and addiction coverage?

As small group plans and self-insured are exempt from this law, I would like to see that amended to include all current plans in place.

Regulate that insurers are required to educate in a way that helps people not confuses them. As part of the substance of public education as in question #1, I would like to see PSAs to include this information within our own Public Health Departments role of prevention and education.

7. What would you do to ensure that low income individuals with mental health and substance use disorders have access to safe, stable and affordable housing?

After my brother was released from the Carol Porto Center after 30 days, I had found him a Sober House in the community of Mayo. It is a very successful group home with great supervision, with a structured program, that fits into the community with no repercussions. It is a licensed, affordable and rare facility. We need more of these community resources.

8. What strategies would you employ to address the overrepresentation of individuals with behavioral health needs in Maryland jails and prisons?

Just as school systems need to have enough mental health professionals, the police departments need funding for additional training to prevent mentally ill or substance abuse issues to become criminal rather than mental health issues. Police departments statewide need additional support and training on how to recognize behavioral and mental health behaviors.

Our justice system need to focus on education and treatment programs to have any chance of helping our communities. The mentally ill, substance abuse inmates and those addicted deserve the dignity to be housed separately and given intensive treatment and programs to deal with the illness. They are not criminals and should not be medicated to keep them calm and sent in with the general population.

9. Given the continuing rise in demand for mental health and substance use disorder services, what steps would you take to move Maryland toward a system with true on-demand access and comprehensive behavioral health crisis response services?

Prevention, prevention, prevention.

First responders supported as well as our schools with budgets to provide mental health professionals and advocates working on the streets with police and fire and rescue departments.

Speaking to first responders in Maryland, I've been made aware of the following urgent need. We need to provide Paid Critical Incident Stress Management (CISM) teams for our first responders and victim/family/witnesses of a disaster, shooting or community trauma. Some of our areas do have Crisis Intervention teams, but all do not. Our first responders are facing increased crisis situations and need mental health support for themselves and the community. Prevention of burnout, PTSD, and other behavioral problems including addiction can be thwarted with CISM. Currently this is unpaid as our first responders' volunteer time to provide this service.