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Small changes can have big impacts for people with mental illness

California is grappling with a mental health crisis, and the COVID-19 pandemic is only making it worse.

A recent survey from the California Health Care Foundation reported, “Nine in 10 providers (90%) have seen an increase in consumers experiencing anxiety, depression, suicidal ideation, stress-related disorders, and other mental health impacts during the COVID-19 pandemic.” Additionally, 50% of health care providers said mental health impacts are having an “extremely or very negative impact” on consumers’ physical health.

Of course, these statistics are focused on people who are actually able to use the health care system as it currently exists. These health care providers are probably talking about the most stable and most capable consumers, those who are able to navigate a complex system. They are unlikely to be speaking about the most marginalized consumers – those who are experiencing homelessness, or have lower income levels, or have inconsistent access to insurance - those are the people we serve.

What is it like for these marginalized consumers to navigate the current barrier-filled system? It isn’t easy. Some may say nearly impossible. From my perspective both as a person with lived experience of serious mental illness and as the Executive Director of the Project Return Peer Support Network, I know what a big difference it makes to remove barriers to care, especially for people who are already on their way to recovery because they are working with a health care provider to manage their medications, therapy or other treatment. I know even small changes can have big impacts for people with mental health needs.

A bill recently introduced by Assemblymember Jacqui Irwin would make a small change that would have a big impact on consumers in the Medi-Cal system, by making it easier for consumers who are already being prescribed a medication for their serious mental illness to stay on that medication. Research shows of consumers with a psychiatric diagnosis in Medicaid programs, including Medi-Cal, nearly 60% experienced a medication access problem leading to a negative outcome. My personal experience in serving this population at Project Return is that medication access problems, even for those with Medi-Cal, are even higher.

Increasing access to mental health supports isn’t just about more programs. It is also about making existing services and supports easier to use, especially for people who may already struggle to navigate a complex system that is designed for those most capable of advocating for themselves. The Irwin bill is a small step that could have a big impact. Does the bill fix everything that needs to change in California’s mental health system? No. But it does make existing services easier to access.

Let’s do everything we can to improve care for those with mental health issues. The Irwin bill is a good start. Please feel free to contact me at your convenience by phone: 323-346-0960 or guytonc@prpsn.org.

Guyton Colantuono is the Executive Director of the Project Return Peer Support Network, started in 1979 as California’s first staff-facilitated peer support program for people with mental illness.