DOI: 10.32481/djph.2016.12.004

An Interview with Jim Lafferty

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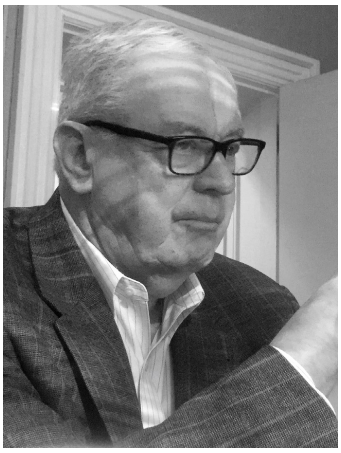
Mr. Gibbs is the Executive Director of the Delaware Academy of Medicine / Delaware Public Health Association. Dr. Gallucci is the Medical Director of the Office of the Secretary, Delaware Department of Health and Social Services.

Figure 1. Jim Lafferty



JG: So Jim, tell us about the Mental Health Association in Delaware, and how it's evolved during your tenure as Executive Director?

JL (Figure 1): Well, you know our mission hasn't changed very much since the time that I joined; the mission is education, support, and advocacy. When I first started at MHA, as I can remember, there was only a depression education program that existed. Over the years, we worked extensively in the community on suicide prevention efforts and education through several suicide prevention programs, as well as mental health first aid, and all of these programs are now being provided statewide.

When I started at MHA there was very little advocacy being done regarding mental health. I learned that if health was being discussed in a meeting, whether it be with the Healthcare Commission or anywhere else, if you weren't there carrying the flag for mental health, nobody discussed it. If you did bring up mental health, nobody wanted to talk about it. It was pretty tough to go to meetings and introduce yourself and ask if the health planning discussion taking place would include mental health. The response was usually no, but over time, people began to realize the importance of mental health.

We have also grown the support groups at MHA. When I started I think there were three, and now there are many more that are statewide. The staff has grown too, and I've tried to put an emphasis on education in the community. We've grown the education part of our agency from one person to four people. All four focus on a variety of topics, such as mental health first aid, and suicide prevention, for example. It seemed to me people didn't realize suicide was a major public health problem in Delaware…I kind of felt like we'd talk about suicide but nothing would happen. MHA founded the suicide Prevention coalition so that there would be a focus on Suicide Prevention. The first suicide prevention plan for the State of Delaware was developed about

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eight years ago, and that plan was updated about two years ago. The work that's being done is only made possible by a really wonderful and caring staff that have their hearts in their work. They're dedicated and they travel statewide to provide the educational programs.

JG: What were some of the challenges facing the field of behavioral health before you first became Executive Director of MHA? Do you see new or different challenges currently?

JL: I think the challenge when I started was it was extremely hard to advocate for mental health services. Folks didn't really understand the importance of good mental health to overall health, and weren't prone to take the time to listen. I went to Lieutenant Governor John Carney, who was at that time the Chair of the Health Commission, and I talked to him about the problems we were having with access to mental health services. I said the Healthcare Commission's responsibility was access, cost, and quality of care. We had a terrible problem with access to mental health services and I will always be grateful to John. To his credit, he made this a topic for a Healthcare commission retreat, and that started to really elevate the importance of mental health to the top of the list. Today, through the work of the Healthcare Commission and the Delaware Center for Health Innovation, and with the work of the Innovation Grant, mental health remains at the top of the list.

The current emphasis still needs to be on integration. We know that Christiana Care, Nemours Alfred I. DuPont Hospital for children as well as others, have integrated mental health care with primary care, both for adults and children. The Delaware Center for Health Innovation has a subcommittee that is working very hard on integration. They published a white paper on it, and they're now working with insurance companies regarding reimbursement for these services.

It's important to note that integration can take place in many forms. One way Christiana Care and A.I. DuPont both achieved this was by having a mental heath professional right in the primary care office. If the doctor suspects a patient has, for ex-ample, depression, they can just walk them down the hall to the mental health specialist who can do a more detailed evaluation and make a recommendation to the doctor regarding treatment.

Stigma still exists and there's a lot more work that needs to be done. The most important thing I think people can do regarding stigma is to stand up and explain to people how something like depression has affected them. Try to put depression in the context of just another illness. I've always tried to emphasize that these are medically treatable illnesses; you don't need to suffer, seek treatment and get help… people have this perception of mental illness that somehow you're different, but people with mental illnesses are no different from the rest of the community… that's the thing that I keep hoping everyone will come to realize, everybody's equal, everybody's the same, everybody has something…everybody has a story.

I also think placing emphasis on insurance and payment for treatment and access to services in the community is still problematic. Our psychiatrists in the state of Delaware are getting to the point where they're approaching retirement, I don't see a sufficient number of mental health professionals coming to Delaware…there's a need for psychiatrists in the community, in both group and private practices, be-cause it's so hard to get an appointment. If you have major depression and you try to get an appointment but you're told it'll be six weeks from now, that really is not acceptable. Especially with illnesses like depression, since the symptoms can be so severe, like thoughts of death of dying, it's critical to get people into treatment early. This

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becomes part of the work force issue in Delaware, including a lack of psychiatrists, therapists, psychologists, and other mental health professionals; there is a shortage of mental health professionals in Delaware and that emphasizes the importance of telemedicine in filling the gap.

JG: You've always been a loud, and consistent voice for more and better mental health care in Delaware. Tell us about some of the ways you've worked to make your voice heard.

JL: Probably 20 years ago, I started attending Healthcare Commission meetings. At almost every meeting there would be some sort of a health plan being discussed for the State of Delaware and I would always raise my hand as a member of the public and ask if the planning included mental health, and the answer was always no. so it took quite a few years before the Healthcare Commission began to really think about mental health conditions as a major public health problem. So, I've advocated before them, spoken publicly and privately with legislators, and at the Joint finance committee hearings, which was a real opportunity to support the Departments of Health and Social Services and services for children, youth and their families. This provided some level of information to the legislators so that they themselves began to understand the importance of good mental health to overall health.

TG: On a scale of one to ten, where are mental health services in Delaware now and where were they 20 years ago?

JL: I'd say an eight for now. There's still a lot of work that needs to be done and we need to do work on improving the quality of services in the community. One of the most difficult things in implementing these changes was an insufficient number of people who were trained in mental health to help provide these services. That is something we need to continue to work on. It'd be nice to get to ten but nothing is perfect. Twenty years ago, I'd say we were at maybe a one or two.

JG: You've participated in many task force committees, government sponsored projects, and community and advocacy events. How did you manage to fit all of these activities in, and were there any activities in particular that you felt were most significant to advancing the cause of Behavioral Health in Delaware?

JL: I fit them in because they were a priority, and from an advocacy standpoint I was able to speak more and more about the importance of mental health, and again try to make it a priority with various committees and meetings I attended. I've been heavily involved in committees in the Markell Administration, with Secretary Landgraf and various division directors and administrators who have been responsible for providing services. I've been asked to join some committees, and I've asked to join some myself. Years ago, I asked to join the Pharmacy and Therapeutics Committee so that I could advocate for the importance of various psychoactive medications in treating people with mental health conditions. Beyond that, and really as a member of the committee, I worked to get various and sundry medications moved to the preferred list of drugs. At the time when I was on the committee, the question was "why do you need so many antipsychotic medications, and antidepressants?" It was difficult to explain that all these medications are not the same and all the individuals who receive them don't react to the drugs in the same way. There needs to be a variety of options available.

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Other areas of priority included the Innovation Grant, and the initial work that was done to develop the grant. The center for Healthcare Innovation actually got behavioral health to the top of the list, it wasn't just me, it was members of the Healthcare Commission and others who saw the importance of integrated care.

The Healthcare Commission in these past eight years has been really helpful in promoting the importance of good mental healthcare and integration with all other healthcare.

JG: You seem to have an exceptional ability to hear all sides of an issue before moving forward with a position. With this approach in solving problems and reaching goals something you developed in the industry and on the job, so to speak, or developed prior to coming to MHA?

JL: I worked at DuPont for 27 years, and I took early retirement. I did a number of things there but my last position was as a consultant in Information systems. You might wonder how I ended up at the Mental Health Association, but it was because I had a real interest and had several major bouts with depression myself.

I under-stood how that illness affected me. Although I worked with DuPont Information systems, which I always enjoyed, I really just wanted to work more with people. A former Director of the division we now know as Substance Abuse and Mental Health encouraged me and helped me get a job with a very small contractor in the state of Delaware. From there I began working with groups in the community. I always listened to people who were living every day with a mental health condition and I learned from them and from experts in the community and researchers, like those at NIMH. I listened because I didn't have the answers myself and I wanted to learn more about the problems that existed, and to see if it was possible to reach some sort of consensus on a way to solve these problems. I really enjoyed listening to all perspectives and learning.

JG: I know working with different client and family advocacy groups can be rewarding but also very challenging. Often different groups have competing interests and discussions can be emotionally charged. How do you counter and balance being supportive with the different interests and different points of view, while still trying to move your own agenda and position on each issue?

JL: It can be very difficult as you said. Parents are genuinely concerned about the needs of their children, many of whom have very serious mental illnesses. Their intent is good but sometimes their loved ones don't understand that. Parents don't want anything to happen to their son or daughter; they want them to be safe. I'd always listen to them and respect their opinions. I must say as a Dad, I would be in the same place. On the other hand, when I listen to individuals, most of them really want to be as independent as they can. They want to be able to live in the community, work in the community, and they want to get better. So on one side, we have very caring parents and family members, and on the other side, we have individuals who want to be pretty independent. I've tried to listen to understand both viewpoints. I think by listening to both sides, it's possible to advocate for the individual, or for the family members, and to try to reach some sort of common ground.

I think the biggest thing is respect for the opinions of both sides, and for me, trying to be honest and sharing what I think about services. So, I try to uphold both sides if you will, but it gets difficult.

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JG: During the past five years, you saw the State of Delaware work towards meeting new requirements with the Department of Justice settlement, which has allowed more individuals with serious and persistent mental illness in institutions to reside in the community with supports from an improved system of behavioral health treatment. Could you give us a perspective on the settlement agreement and its impact in Delaware? In particular, could you describe the gaps in the mental health system prior to the agreement and how some of those gaps were closed? What are some of the main areas in need of more focus before we have a behavioral health system that achieves health equity for all individuals with behavioral health conditions?

JL: When the settlement agreement occurred, I was called by the News Journal to answer some questions. They asked what I thought of the settlement, and I said I didn't know of anyone that was upset about this agreement because it was freeing up money to improve services in the State of Delaware. I think the administration worked very closely with the USDOJ to meet the requirements of the settlement, and I think five years was a really short period of time to implement all of the agreement. I think this agreement was very helpful to the state. The big thing was money was beginning to flow for mental health services. I think the Governor and Secretary Landgraf deserve our appreciation for going ahead and implementing this agreement. As a result of the agreement, there are now services in the State of Delaware which I feel are very important. For example, peers are now out in the community with the Assertive community Treatment teams and they are working at Delaware Psychiatric center. I think that was a gap that was filled, but we continuously need more peer services in the community.

Also, as the agreement went into effect, one of the major thrusts was to move people from the Delaware Psychiatric Center into the community. As that happened, more community services were needed and that brought about a major expansion of these community treatment teams. Intensive case management services were developed in the community. So for instance, if I had major depression, and I needed care management services, or I needed help with housing, or my finances, the newly developed Promise Program was available to help.

I met a woman who was in Delaware Psychiatric Center for 13 years and I asked her why she was in the hospital and why she had been there such a long time. She just shrugged her shoulders and said she didn't know. Here was a person that was a prime example of a person who could and should live in the community and receive care in the community. The bad part about long-term hospitalization is people become very dependent on others for their daily needs. When they go into the community they begin to become independent and learn the skills needed to be self-sufficient.

Housing also needed to increase in the community, and there was a lot of hard work put in to provide more vouchers for folks with serious mental illness who needed housing.

Housing stock is still limited in Delaware and continued efforts are still needed. Also, individuals in the community now ask their ACT team representatives for certain services and a quality improvement team from the Division of Substance Abuse and Mental Health meets with the individuals themselves to determine whether or not they are receiving the services they requested. There was also the development of a help line for individuals receiving services. If they were concerned or had questions about their services they were able to call an 800 number and re-port their concerns to the division.

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JG: Can you describe some of the projects that you think have had a significant impact on behavioral health conditions and projects you're the most proud of?

JL: Development of crisis services, particularly the development of recovery response centers in Sussex County and New Castle County, which are walk-in centers. If someone is in crisis, they can go to one of these centers and receive an evaluation, and they also have the ability to stay overnight. I think the value of this is that it has reduced quite a number of unnecessary hospitalizations, because people are being evaluated and referred to community services when appropriate. Law enforcement can assist in the transport of individuals to the RRC and the response center will then take custody of the individual. That's been a huge help for both the police and for the individuals.

JG: What are some of the projects you think have been significant for the Mental Health Association and have been significant in impacting the lives of individuals with mental illnesses and behavioral health conditions?

JL: I think peer support groups that were developed by MHA have always been recovery oriented, and recovery oriented services have always been important to individuals so they can do more in the community than perhaps they were able to because of their illnesses. So peer support groups by people who have lived experiences are very helpful. For example, we have depression support groups and the group facilitators have experienced depression themselves. The groups were designed in such a way that they really were people helping people, and they weren't medically oriented. No discussions about medication were permitted. People were also able to see individuals in the group who were very ill get better and that provided hope to new people who were coming into the group. Over the years, I would see a new person come into the group, and in some cases, be very reluctant to be in the group.

However, what I found was the majority of new people who came in felt they were now with a group of people who understood what they were going through. They might say their wife doesn't understand, or their husband doesn't understand, but they knew the people in the group understood.

The other comment I heard was "my doctor told me millions of people have depression every year. I would always ask myself, where were these people? I felt like I was the only one. Now I am with others who experience the same illness that I do."

The other thing about these groups is that they emphasized the importance of getting the proper treatment for their illness and emphasized the fact that people do get better.

I think the agency does a really good job representing the voices of folks by advocating for all those who were asking for improved services and I am proud of the agency for that.

And finally, the Suicide Prevention Coalition and the educational programs regarding preventing suicide that are offered to the community statewide.

JG: I know you assembled an excellent team who are going to continue the work you've done while you were Executive Director at MHA. Could you tell us about

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your expectations for the future of the Mental Health Association and the work that is going on?

JL: Well I want to underline that MHA does have an excellent team of people who have their heart in their work. They do an excellent job of providing services to the community. I've been succeeded by a really wonderful person, Emily Vera, who is now the Executive Director. I'm the one who asked her to be the Executive Director and the Board agreed and I am very proud of the work she is doing. I expect MHA to be responsive to community needs in the future. MHA will continue to be responsive and flexible in responding to those needs. With Emily leading the agency, I have no concerns about the future.

JG: Tell us how you plan to stay involved in the activities in the state that will promote the health and wellness of Delawareans and those who have been working to overcome mental health and substance use disorders?

JL: I want to stay involved and I want to continue to advocate as I've advocated in the past. I'm also very concerned about violence in general especially violence in the City of Wilmington. We really need to do more with our kids. We've got to get kids started off in a better way. I will continue to try to get programs into all the school districts that can help give children a good start as they enter school.