



Background: Challenges of Policy Change

Before we begin the “how to” portion of the guide, let’s consider the context of making policy change in mental health and other human services, especially when the change is led by youth and young adult organizations. Several challenges may be important.

Skepticism about young people’s ability to change policy

Youth and young adults with mental health conditions may face a double whammy: “Young people,” AND “People with mental health challenges.” First, there may be doubt on the part of some service providers, families, legislators, and others about the ability of any young person to have important things to say about policy and to make good choices about their lives, simply because they are young. Second, family members, service providers and policy-makers may have concerns about the ability of people with mental health conditions to make appropriate decisions about how they want to plan and live their lives. So in addition to doing all the hard work involved in changing policy, you and your group must establish your credibility with partners and decision-makers and overcome the myths and stigma associated with having a serious mental health condition. Having young people involved in policy issues and policy change is relatively new in many states and communities, so gaining credibility and respect is often an ongoing challenge.

Other challenges related to the way that services are organized and funded

When one part of the service system does not communicate regularly or well with other parts of the system (for example, mental health and child welfare, or different sections of the same system (e.g., adults or children), services are often referred to as “siloesd,” meaning that each piece of the system operates in its own separate world.

Silos in services

Some (but not all) of the need for specialized transition services is created when the mental health systems and their funding streams are organized separately for children, youth, and adults. When these separate service systems and funding streams exist, the policies that authorize them are often not coordinated and may even have contradictory requirements. Also, although young adults are often involved with multiple systems such as mental health, physical health, child

welfare, juvenile or adult justice systems, education, employment, and many others – these systems often do not communicate easily with each other. The result is that youth, their families and their advocates end up trying to bridge gaps and coordinate resources. These silos also make it difficult to identify the source of troublesome policy-related issues.

Challenges to changing mental health and other policies in existing rules about privacy and information sharing

Sometimes rules and requirements about privacy *may have the side effect of making communication and cooperation more difficult, even though they were established for good reasons – to protect people who use services.* Many service systems have laws and standards about issues such as confidentiality that may complicate sharing of information and resources. Examples include confidentiality requirements, laws and rules related to consent, and issues related to technology and social media.



Confidentiality

Although rules about confidentiality exist to protect health and mental health care consumers from unwanted sharing of private information contained in their records, these rules may also slow down the exchange of information that could help coordinate services or prevent repeating the same information to each new service provider.

Consent

Questions include who may or must give consent for treatment (youth and/or parents) and whether parents can be or must be notified when a young person receives services. The rules and laws about who must give consent for sharing of information vary with location, and with the particular issue.

Issues related to technology

Compared to paper files, electronic health care records increase efficiency and access, but e-records carry their own risks (e.g., hackers or inadvertent electronic sharing).² In addition, many social media tools are available to health care professionals that can assist in the sharing of medical advances and procedures, but they also must be used wisely.³ Technology use in the fields of mental health and social services may also lag behind at times – for example, some service agencies still prohibit texting between service providers and the people they serve, despite the preference of many young people for texting vs. email or telephone.