



Neuroscience Experts and Cross-Sector Unconventional Stakeholders

NEXUS

NEXUS: Mission & Vision

Mission

NEXUS (Neuroscience Experts and Cross-Sector Unconventional Stakeholders) has identified a set of unmet mental health needs for women, youth, and individuals coming in contact with the justice system. To address these unmet needs, NEXUS is partnering with a broad, diverse range of mental health stakeholders to energize the traditional mental health conversation.

Vision

We're working with traditional and non-traditional mental health stakeholders – i.e., those who are not typically associated with mental health, but who have mental health experience and insights. This includes law enforcement officers, prison administrators, parents, community center volunteers, women's health professionals, and student-facing professionals, to name a few.



The Current Mental Health Landscape

THE PRESENT

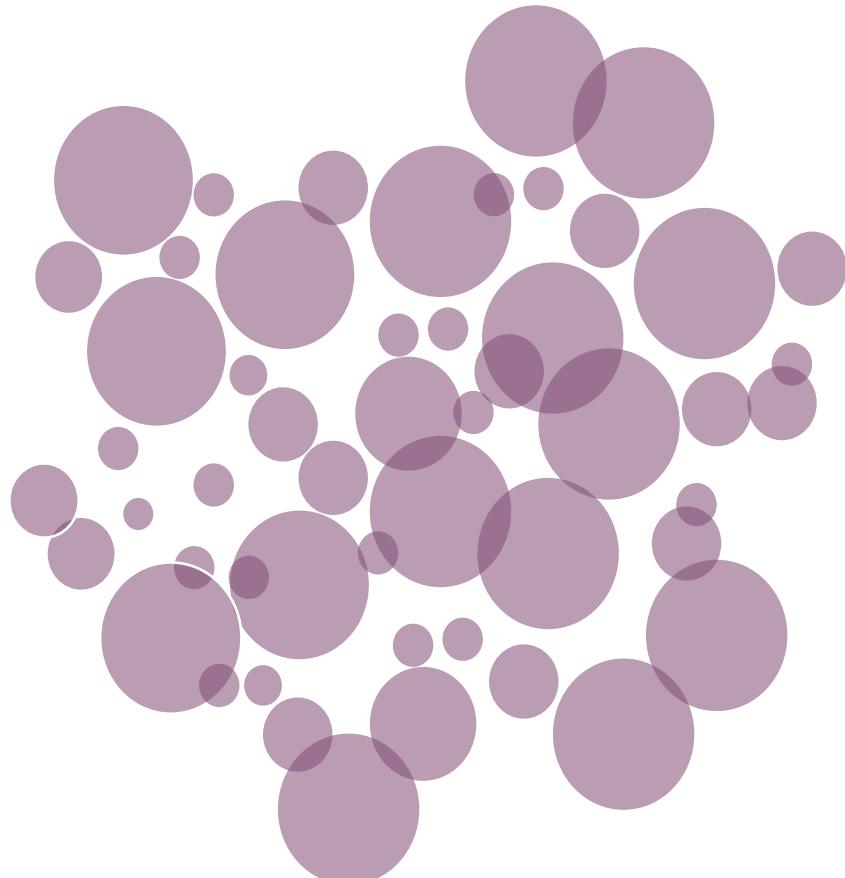
Too few mental health professionals

Fragmented ecosystem with lack of continuity of care

Key stakeholders **unengaged** and/or **ill-equipped**

Need for **greater awareness**

Diagnoses are **untimely or nonexistent**



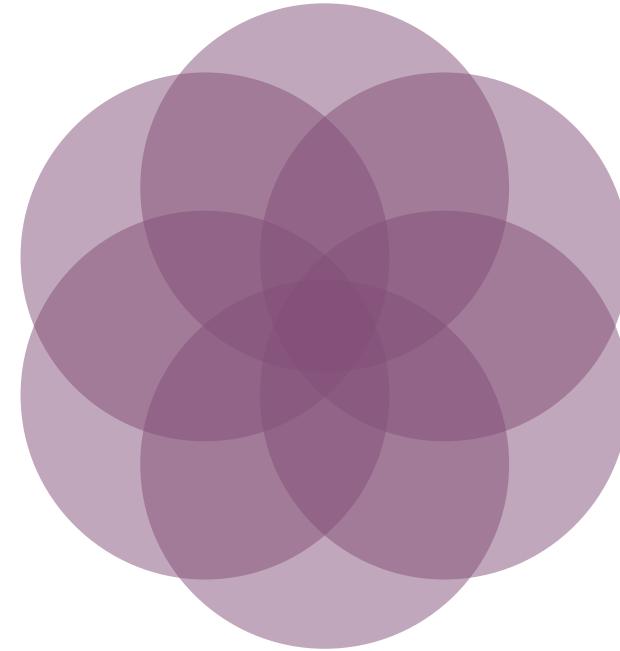
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We Need a Better Future for Mental Health

THE FUTURE

A broader, empowered, and highly connected **stakeholder ecosystem** that **embraces innovation** in care and treatment.



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The Trend Is Clear: Current Approaches Aren't Working

Comments from NEXUS Leaders

"If we invest time and energy on the front end, it will save time and energy on the back end. Early intervention prevents crises."

Saundra Jain, University of Texas, Austin
June 2019

"Parents and families need education to recognize warning signs and then work with schools."

Jennifer Rothman, NAMI
June 2019

"We need to think about solutions from the point of view of the individual."

Debbie Plotnick, DBSA
June 2019

"There needs to be a shared language across the community so that people can engage in mental health conversations...so that you can say 'Hey, I notice this in your child, and we need to discuss our plan of action.'"

Chris Seeley, APA Foundation
June 2019

Data Points Illustrating the Need for New Solutions

Suicide rates are up 25 percent since 1999.
Centers for Disease Control and Prevention
June 2018

Two million people with mental illness are newly incarcerated each year.

- National Alliance on Mental Illness (NAMI)
February 2020

Globally, 16-50% of women will experience a violent episode over the course of their lives.

- World Health Organization
February 2020

More people have died or been injured in mass shootings in the past 18 years than in the entire 20th century.

- Journal of Child and Family Studies
April 2018

Funding for mental health resources, care and treatment is meagre.

- World Health Organization
June 2018

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NEXUS: Part of the Solution

What sets NEXUS apart from other respected and effective mental health initiatives is our groundbreaking collaborations with both traditional and non-traditional stakeholders in mental health.



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NEXUS Principles

NEXUS aims to:

Expand the mental health community to work with traditional mental healthcare providers as well as those not typically associated with mental health support, but who possess invaluable insights.

Examine mental health best practices in individual communities and evaluating how best to use them for the greatest impact on the unmet needs of those facing mental health challenges.

Addressing challenges at critical junctures on the journey to mental health.

Build and implement a collaborative effort where all members of the NEXUS community contribute and work together to create and implement mental health solutions.

Unmet Needs in Mental Health

Through research and wide-ranging interviews with a diverse collection of experts, NEXUS is focused on the following unmet needs in mental health.

Women	Youth	Justice
<p>Girls' mental health issues can go unheard: According to NIMH, there is a “paucity” of research investigating sex difference in the brain, even though women have diagnosis rates twice that of men with MDD, anxiety, and panic disorder. Additionally, certain mental health conditions, particularly PTSD and ADHD, are under-recognized in women.</p> <p>Caregivers lacking support: Women who serve as primary caregivers will often dismiss their own needs, especially in mental health, to focus on loved ones.</p> <p>Financial constraints of care: Low income women, particularly women of color, may be hesitant or unable to seek out care from mental health professionals.</p> <p>Identifying trauma in women: Trauma in women may go unnoticed because symptoms are not shared, or the memory of a traumatic event has not been fully acknowledged or has been repressed.</p>	<p>Support for youth in transitions: Students experience dramatic transitions – from one school to another, from summer break to school, from high school to college, etc. – and these transitions interrupt their care and can lead to poor outcomes.</p> <p>Next-generation of front-line responders: Teachers, coaches, counselors, and other student-facing professionals act as the next-generation of front-line responders, but they are not adequately prepared to manage mental health crises. Equipping them properly creates an alternative to the police.</p> <p>Early intervention: Many students who have mental health challenges are seen by front-line responders as “problems” and the police are called to intervene.</p> <p>At moments of crises: When students have mental health crises, front-line responders either don’t know how to intervene, don’t want to intervene, or intervene to poor effect.</p>	<p>Criminalization of mental illness: Those with serious mental illness are over-represented in the criminal justice system; the Bureau of Justice Statistics estimates that 56% of state prisoners and 45% of federal prisoners have had a recent diagnosis, have been recently treated, or have symptoms of mental illness.</p> <p>Inadequate screening at intake: Inadequate screening is the foundation of the unmet mental health needs facing individuals coming into contact with or released from the justice system.</p> <p>Lack of continuity of care: For those who might be receiving care before they are incarcerated, this care gets cut off. CMHCs lose sight of people. Medications and other services get interrupted.</p> <p>Employment and recidivism: Employment is one of the best barriers to recidivism, but employers are not equipped to offer mental health services to people recently out of incarceration.</p> <p>Crisis stabilization units: These units offer a transitional place for people with mental illness as they reintegrate. Yet these units are underfunded, overwhelmed, and only sporadically available.</p>

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The Focus of the NEXUS Pillars

Women

1. Girls and young women who are misdiagnosed
2. Women lacking access to care
3. Women who are primary caregivers
4. Women who experience trauma

Youth

1. Youth that are starting or moving schools
2. Recent high school graduates
3. Those currently in a school system needing additional support and integration

Justice

1. People with mental illness who are incarcerated for the first time
2. Those lacking continuous care pre/post incarceration
3. Those individuals prone to recidivism

The NEXUS Steering Committee



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HealthyWomen,
Chief Executive Officer



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National Alliance on
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LCSW**
Mental Health America,
Vice President of Policy and
Programs



Joe Pyle
Scattergood Foundation,
President



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Depression and Bipolar Support
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National Alliance for Caregiving (NAC), President and Chief Executive Officer

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Insights from NEXUS Leadership

In Summer 2019, the NEXUS Steering Committee and the Advisory Councils convened to identify pressing issues aligned to each pillar. The output of these discussions include:



WARM HANDOFFS

- to ensure consistency, collaboration, and person-focused care through key transitions
- **In the justice system:** Organizations, including the clinic and the criminal justice system, can share mental health information when a person enters or transitions out of incarceration, ensuring continuity of information.
 - **For women:** After childbirth, community-based stakeholders and mental health professionals can ensure a woman's mental health is a priority.
 - **For youth:** Teachers can share insights and observations as students are referred to counselors, social workers, or school administrators.



PEER SUPPORT

- to leverage the power, relatability, and influence of peers and peer networks at key transitions
- **In the justice system:** Following incarceration, peers who have successfully transitioned into society can provide guidance, support, and access to resources.
 - **For women:** Women peers can be particularly valuable for survivors of trauma and for women who are becoming family caregivers.
 - **For youth:** In college, when students are on their own for the first time, they must take the initiative to seek resources; peers can provide guidance on that journey.



SUBSTANCE ABUSE

- and mental illness are often deeply entangled, and mental health solutions can align to the surge of campaigns against substance abuse
- **In the justice system:** Incarcerated individuals with mental illness often have substance abuse issues.
 - **For women:** Women who have experienced trauma may struggle with substance abuse issues.
 - **For youth:** High school and college students who struggle with mental illness may also have a substance abuse disorder.

Insights from NEXUS Leadership, continued...



GENDER & AGE DIFFERENCES

- **In the justice system:** Most solutions account for men, when women should have tailored mental health solutions.
- **For women:** Mental illness presents itself differently in men and women across the life course, but most solutions don't recognize age and gender differences. Women's unique mental health needs are poorly understood.
- **For youth:** We must distinguish between "internalizing" and "externalizing" symptoms of mental illness. Girls tend to internalize, and teachers, parents, and others may ignore these behaviors because they are not disruptive.



SCREENINGS

- **In the justice system:** Counties, jails, prisons, and detention facilities should screen comprehensively for mental health issues during intake and at re-entry, enabling people to receive the help they need rather than trapping them in a cycle.
- **For women:** Screenings should be standardized and implemented to detect mental health issues that affect women – from early childhood adversity to peri- and post-natal depression and psychosis.
- **For youth:** When screening youth, risk assessment tools are often not validated, or the screeners fail to look comprehensively at substance abuse, mental health, and child trauma. Using more comprehensive screeners, and developing systems for implementing treatment plans with the resulting data, would help manage mental health issues at this crucial stage.



EARLY INTERVENTION

can change the trajectory of mental illness.

- **In the justice system:** First response teams and mobile crisis teams equipped with health professionals and peer specialists can redirect people with mental illness to supportive services, instead of to the criminal justice system.
- **For women:** Early intervention is especially crucial for women because of the cascading effects: a girl who develops mental health difficulties due to environment, such as poverty and abuse, is vastly more likely to remain trapped in such an environment and pass it to her children.
- **For youth:** For children and teenagers, the trajectory and onset age of mental illness is more important than the psychopathology. It is crucial to address evidence of mental illness in youth as early as possible.

NEXUS Community Engagement

In order to engage both traditional and non-traditional stakeholders, NEXUS is creating content and sharing ideas about mental health. NEXUS is creating podcasts, writing white papers, sharing data analytics, and more.



NEXUS Perspectives

A monthly newsletter exploring issues and ideas related to three NEXUS pillars. *NEXUS Perspectives* will include links to notable readings, developments, and thought pieces, as well as snapshots of ongoing data analytics.



The Voices of NEXUS: Podcast & Blog

NEXUS leaders and advisors will be interviewed in a recurring podcast series. The goal is to shine a light on their work and explore their ideas for solutions in the mental health space. Each podcast guest will also write an accompanying blog to be posted on the NEXUS website.



NEXUS White Papers

NEXUS will release white papers exploring key topics in mental health. Areas of interest include lexicon and the language of mental health; the specific unmet needs in mental health for women, youth, and the justice system; and more.



NEXUS Website

The NEXUS website, launching in Q2 2020, is designed to not only share the foundational principles and insights of NEXUS, but it will house the content that NEXUS creates, such as the podcast, white papers, and more.

NEXUS: Where We've Been & Where We're Going

Q3 – Q4 2018

Insights Gathering

- Interviews with stakeholders
- Research
- Social Listening

Q3 2019

Inaugural Steering Committee Meeting

- Identified potential unmet needs for NEXUS to address
- Aligned on key goals of NEXUS

Q2-3 2020

Public Launch of NEXUS

- NEXUS website
- NEXUS Perspectives
- Voices of NEXUS podcast
- NEXUS white paper

Q2 2019

Advisory Councils – for Each Pillar

- Women
- Youth
- Justice System

Q4 2019

Steering Committee Strategy Roundtable

- Discussed NEXUS strategy and potential solutions for NEXUS to address

Q4 2020 - 2021

NEXUS Summit

- Open NEXUS to a broader ground of stakeholders
- Introduce NEXUS solutions and begin setting up working groups

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