

American College of Mental Health Administration



ACMHA Arm Chair Reflections ACMHA: A Solace From Policy

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The question arose in 2006 of whether the American College of Mental Health Administration (ACMHA) should take positions on public policy issues confronting our field. I will suggest that the College can best help its members address the many policy issues that they confront daily by providing a “policy-free zone,” an oasis for reflection rather than a charge to the barricades.

Leadership is difficult. Sometimes it’s risky. Some have suggested that an informal membership qualification for ACMHA is that successful applicants must have been fired from a professional position or scooted out of town just before the ax comes down. Leadership in the mental health and substance use field sometimes requires that we get out in front on issues that are controversial and assume responsibility for shaking up established and comfortable ways. Stress seems to come with the turf.

For me, ACMHA is an organization where I can share my pains and hopes with other leaders in this contentious field. Members of the College devote their careers to relieving the pain experienced by individuals and families affected by these illnesses. Personally, each of us feels strongly about behavioral health. Professionally, we grapple with serious issues of financing, workforce, quality, service coordination, and disparities. ACMHA has been a unique space, a “neutral nation” like Switzerland. When we come together on conference calls, e-mails, or Summits, we can wrestle with tough issues in a safe space where we can temporarily suspend our professional positions, academic disciplines, industry sectors.

Over the past ten years, the College has taken up some of the most difficult and controversial issues facing the field that we care about and the work that we believe in. As we debate, sharing perspectives that are sometimes painful to hear, we try to find points of consensus. Since we come from many different sectors, professional disciplines, and life experiences, the results of our discussions are enriched by the breadth of reasoned opinion from voices across the field. But, doesn’t it make sense that, after considering contentious issues, the College develops public policy positions?

Some public policies seem so undeniably good that it may seem inconceivable to many that the College has not already endorsed them. Who could be against equitable insurance coverage for treatment for mental and substance use conditions or consumer involvement in every step of treatment? Who could not be against policies that seem so undeniably bad, such as discriminatory laws penalizing people with mental illnesses or substance use conditions or withholding or under-funding needed services?

Yet, it is a poor idea that ACMHA formally take public policy positions.

One of the benefits of checking our professional and organizational “hats” at the ACMHA door is that we can interact freely, sometimes with brutal frankness. We come into ACMHA discussions as individuals; certainly as individuals with strong passions, knowledge, beliefs, and experiences, but still we interact as individuals. Within the College, members are not representatives of professions or industry sectors. Our experiences as consumers, family members, care providers, and administrators enrich our understandings of difficult issues. There is no other association that I know that changes course in the middle of its conference to reflect the concerns of its participants as we did at the 2006 Summit. Our conversations can be more open and deep because we are working toward understanding and consensus among those who are there, at that spot.

We can use our insights from rubbing against one another, the frank conversations, the personal connections, to advocate for policies when we put our professional hats back on. Each of us has networks of organizational affiliations that advocate for public policies. What is unique and special about ACMHA is that we have an organization that facilitates full exploration and understanding of diverse perspectives on controversial and important problems. There are many organizations where we can work to affect public policy. There is only one where I can interact with colleagues to change the way that I think about public policy.

**In 2006 the ACMHA Board of Directors determined that the College would not take official positions on matters of public policy relating to behavioral health, choosing to retain the strong emphasis on being a neutral convener as noted above by Dr. Goplerud.*