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A Sociopolitical View of Mental Health: An Exploration of the Lived Experiences of
Policymakers Regarding their Perspectives Surrounding Mental Health Policy Construction

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Counselor Education

by

Katie C. Fetzer

B.S. Louisiana State University, December 2007
M.A. Louisiana State University, June 2010

December, 2018

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Dedication

Working on the front lines in mental health offers a glimpse into the darkest parts of this world, but also to the transforming of the broken into the beautiful. My career experiences working with clients is why I ultimately made the decision to pursue a PhD. I dedicate this dissertation to each and every single one of my clients with whom I have had the pleasure of working. For all the system breakdowns and failures that have impacted you and made your life way harder than it should be, this is for you.

Equivalently, this dedication would not be whole without recognition to the person who inspired me to go into the field of counseling. Growing up witness to my uncle Tommy's battle with schizophrenia ignited my passion for helping people. This dissertation is also dedicated to the memory of my uncle, Tommy Collins, who indeed had a beautiful mind.

*"I've been walking down those tracks. I don't want to ever have to turn back. The earth cannot spin on its own. People like me they need a home. I need a home. We need a home"—
lyric from a song written by my uncle during his battle with schizophrenia (Collins, 1996).*

Acknowledgements

Writing a dissertation is a toilsome and emotional task. A task which would not have been possible without several individuals whom I would like to acknowledge.

The art of counseling requires the discernment and skill to look past the imperfections and faults of a person in order to connect to the true self—the heart and soul. Perception that is absent of judgment allows counselors to be effective agents of change, and to obtain greater understanding and direction for growth. Nothing could have prepared me greater for this political research than my vocational experiences and training. For that, I give special acknowledgement and gratitude to each of my professors and mentors who have shared their wisdoms with me. I am blessed and fortunate to have been mentored and taught by each of you.

To each of my committee members: Your time, compassion, honest challenging, and unwavering support does not go unappreciated. In no particular order—

Dr. Zarus Watson: You helped me connect with and find my inner Ira, which only you might know what that means. You awakened my fervor for political advocacy, by helping me see the “big picture” and by giving me the greater insights and understanding of macrolevel issues. You gave me a way to accept the dark parts of this world; and because of you, I will never retire from my role as an agent of change.

Dr. Matthew Lyons: You challenged every idea I had neatly arranged in my brain and then made it better and achievable. Because of you, I got out of my own way. I am a better teacher, counselor, and spiritual being because of you. You helped me connect with my “why” after being stuck in the “what” and “how”. You are an instrumental part of my journey in becoming intrinsically and spiritually guided and no longer hostage to the external. And somehow, through all that seriousness you allowed for laughs and fun.

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To the late Dr. Heron Sherwood Collins, my grandfather: you are the reason I believed a PhD was possible for me to even consider. Your mathematical genius and wit, your selflessness and your sacrificial love and care for your son, my uncle, all taught me that a healthy mind is a gift and that none of us are ever immune or exempt from struggles of the mind. I often envision you in heaven crinkling candy in your pocket and still working with John Nash to send us back to the moon. Tommy is playing background music and John Nash understands him.

The true history of humankind has less to do than we tend to think with the kind of information that gets into most histories, biographies, and autobiographies. True history has to do with the saving and losing of souls, and both of these are apt to take place when most people—including the one whose soul is at stake—are looking the other way. The real turning point in our lives is less likely to be the day we win the election or get married than the morning we decide not to mail a letter or the afternoon we watch the woods fill up with snow (Buechner, 1973, p. 45).

To my husband, Peyton: thank you for always reminding me to cling to the more important things in life, to not take myself, or this dissertation too seriously, and to not miss moments I'll never get back once they're gone. Thank you for focusing on saving my soul while I might have at times been looking the other way in distraction of this arduous task.

To my wild and crazy one-and-a-half-year-old, Campbell: You are too young to understand the impact you have made on my life and on this process. Thank you for being a daily motivator to finish this dissertation and for pointing out to me how many buses there are in town. You have opened my eyes in ways I never knew possible. I love you.

To my family: There are too many of you to name. You know who you are. You all know me well enough to know my gracious heart. In case you forget, thank you and I love you.

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Abstract

A substantial gap exists between those who are considered experts on mental health (e.g., academics, mental health professionals) and those in charge of constructing mental health policies (e.g., legislators, Senators). This gap is in areas of both knowledge and professional relations. Mental health professionals are not adequately trained to engage in policy advocacy and reform efforts and have little to no policy advocacy training (Smith, Reynolds, & Rovnak, 2009). Policymakers lack necessary knowledge related to mental health for effective mental health policy construction (Corrigan, Druss, & Perlick, 2014; Lee, Smith, & Henry, 2013). As a result of this gap, mental health policies are ineffective, and many mental health professionals lack understanding and experience in the area of policy advocacy (Smith et al., 2009; Tanenbaum, 2005). This qualitative study aimed to contribute to filling this gap by exploring the perspectives of policymakers with the purpose of gaining a better understanding of the mental health policy construction and reform process.

The purpose of this qualitative study was to explore the perspectives and lived experiences of state-level, practicing policymakers regarding their decision-making processes related to mental health policy construction in efforts to reveal a clearer understanding of how to participate in effective policy reform. A phenomenological qualitative research design and Interpretative Phenomenological Analysis (IPA) approach was used to explore the lived experiences and perspectives of a total of eight state-level practicing policymakers surrounding the mental health policy construction process. After securing IRB approval, all eight participants participated in face-to-face individual, semi-structured interviews. The interviews were audio recorded and ranged from 45 to 90 minutes. Data was then analyzed using IPA data analysis methods. The final data analysis product included three super ordinate themes and related themes and subthemes.

Keywords: mental health, mental health policy, qualitative research, counseling, social justice, phenomenology

**A SOCIOPOLITICAL VIEW OF MENTAL HEALTH: AN EXPLORATION OF THE
LIVED EXPERIENCES OF POLICYMAKERS REGARDING THEIR PERSPECTIVES
SURROUNDING MENTAL HEALTH POLICY CONSTRUCTION**

CHAPTER ONE

INTRODUCTION

In this chapter, an overview is provided of the research topic of mental health policy construction. The conceptual framework that was used as the lens throughout the study is outlined and illustrated. This chapter also includes the problem statement and describes the purpose and significance of this study. Furthermore, an overview of the methodology, research questions, limitations, delimitations, and assumptions of the study is provided. Lastly, definitions of relevant terms are provided.

Background

Mental health problems have significant impact across populations in areas of both health and economy. Mental and behavioral health disorders have been identified as the third leading cause of disability worldwide and the number one leading cause of disability in the U.S., which has a ripple impact on the economy and quality of life of individuals (National Institute of Mental Health [NIMH], 2010; Office of Disease Prevention and Health Promotion, 2017). According to the National Alliance on Mental Illness (NAMI, 2015), approximately one in five adults in the United States (U.S.) will experience mental illness in a given year, costing America \$193.2 billion in lost earnings annually. Mental illness also leads to financial costs for the U.S. including lost productivity and additional burdens on society's resources and is associated with additional issues such as crime and substance abuse (NIMH, 2011; Garic, 1996).

According to NIMH (2011), mental health costs are the largest single source driver of the global economic burden, even larger than cardiovascular disease. A recent research study sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) on the epidemiology of mental health in the U.S. revealed that only half of those affected with mental illness receive treatment (Park-Lee, Lipari, Hedden, Copello, & Kroutil, 2016). Untreated mental illness can lead to consequences such as suicide, violence, homelessness, and addiction (Corrigan et al., 2014). At minimum, untreated mental illness can also lead to significant impairments in functioning and reduction of quality of life (Corrigan et al., 2014). Those afflicted with mental health disorders are known to face discrimination and other associated problems such as low self-esteem, limited social opportunities, and inequality—making accessible treatment resources essential to life functioning (Ando, Yamaguchi, Aoki, & Thornicroft, 2013). Various explanations have offered as to why people do not receive treatment; however, the most widely cited reasons in the mental health literature pinpoint mental health stigma and ineffective mental health policies as barriers to receiving adequate and/or preventative treatments (Corrigan et al., 2014; Tanenbaum, 2005). According to the Association for Psychological Science (APS, 2014),

The desire to avoid public stigma causes individuals to drop out of treatment or avoid it entirely for fear of being associated with negative stereotypes. Public stigma may also influence the beliefs and behaviors of those closest to individuals with mental illness, including friends, family, and care providers (para 7).

Understanding the relationship between stigma and policies is necessary for policy reform efforts to be both effective and realistic.

Mental Health Stigma and Policies

Mental health stigma and policies have a mutually influential relationship. Public stigma related to mental health is echoed throughout the American and international literature as occurring at individual, societal, and structural levels where policies are created (Ando et al., 2013; Corrigan et al., 2014; World Health Organization, 2005). Policies play a vital role in addressing stigma, yet stigma has also been shown to exist in mental health policies themselves (Corrigan et al., 2014). According to Corrigan et al. (2014), existing social and institutional policies in the U.S. are encapsulated with mental health stigma. Evidence of inaccurate perspectives surrounding mental health, such as stigma, exist in environments where policies are developed and are believed to result in ineffective policies (APS, 2014). According to Corrigan et al. (2014), “stereotypes are embodied in laws and other structural institutions” (p. 42). Additionally, the World Health Organization (WHO, 2007) has conducted both quantitative and qualitative research on the monitoring and evaluation of mental health policies, which has revealed negative outcomes such as homelessness and increased stigma associated with mental health. Understanding the impacts of mental health stigma and the role that policies play in these impacts is vital to understanding the research topic of mental health policy construction.

More than 100 peer-reviewed, empirical research articles have been published revealing the negative impacts of mental health stigma (Corrigan et al., 2014). Additionally, existing mental health policies both in the U.S. and worldwide are believed to be inadequate and ineffective (Tanenbaum, 2005; WHO, 2017).

A closer look at mental health policies. According to WHO (2017), “mental health policies and laws are absent or inadequate in most countries of the world and yet they are critical to improving conditions for people with mental disabilities” (para 8). Although the issue of ineffective mental health policies is multifaceted, the literature points to mental health stigma and a knowledge and relational gap between political and mental health communities as primary contributing factors (Corrigan et al., 2014; Head, 2008). According to Head (2008), policy decisions are not determined in an objective manner from empirical evidence but rather are deduced from politics, judgment, and debate, thus bringing into question how mental health policies can be effective without evidentiary support. Head (2008) described the process of policymakers’ use of research evidence in policymaking:

Most simply, a selection of convenient ‘facts’ may be harnessed to an argument; and large areas of other information are then either ignored, dismissed as tainted, or otherwise deemed irrelevant. This partisan usage of evidence is often regarded as ‘typical’ political behavior and part of the ‘game’ of political argument. In the political game, it is widely understood that special pleading and deception are normalized (p. 5).

This description of policymaking reveals more than just a gap in knowledge and relationship as being of concern, but also demonstrates conflicting values between the mental health and political communities. According to Head (2008), filling the gaps is not the only solution needed to move towards good policy solutions, because there also needs to be a reconciliation of different value perspectives between the social sciences and policymakers.

Low rates of receipt of mental health treatment, the consequences of mental illness, and the current state of mental health policies in the U.S. and worldwide have spurred an advocacy

movement among the mental health community for a change in both policy and in the practice of policymaking.

Need for Mental Health Policy Reform

Both mental health stigma and ineffective policies result in inadequate treatment resources, suggesting a need for policy reform (Corrigan et al., 2014; Tanenbaum, 2005; WHO, 2013). Thus, the needs to promote mental health literacy and reform policy are widely recognized by mental health professionals and scholars (Corrigan et al., 2014; WHO, 2007). Although mental health professionals such as professional counselors are uniquely suited for advocacy efforts, their training in political advocacy is lacking (Smith et al., 2009).

Counselors as Policy Advocates: Uncharted Waters

Although professional counselors are encouraged to engage in advocacy efforts for policy reform, the majority of counselors and counselor educators lack policy training and familiarity with political processes, making policy reform an unstudied and ad hoc effort (Lee, 2013; Smith et al., 2009). The political advocacy efforts made by the mental health community have been largely unsuccessful due to inadequate training (Garic, 1996). According to Garic (1996), “mental health counseling and the other behavioral sciences have been largely ineffective in lobbying their messages” (p. 275). Mental health professionals such as counselors are encouraged to participate in policy reform efforts despite their lack of knowledge and training in political advocacy (Lee, 2013). Conversely, most policymakers lack evidentiary knowledge regarding mental health, yet they have a governance role in passing and creating mental health laws and bills (Corrigan et al., 2014). Additionally, Head (2008) argued that the social sciences and policymakers have not always had close or cordial relations and that there has been a history of mutual distrust between these two groups for the last two centuries.

The Gap Between Mental Health and Policy

The gap between policymakers and mental health professionals in both knowledge and relationship creates far-reaching challenges for policy reform and effective policymaking. Oliver, Lorenc, and Innvaer (2014) emphasized the importance of personal relationships and contacts between policymakers and researchers, and the need for research to be clearly and accessibly presented to policymakers. However, Head (2008) stated that social science researchers have struggled with reform efforts, specifically with how to communicate their research most effectively to government officials. Oliver et al. (2014) argued that the analysis and empirical description of how research and policy actually interact *in vivo* has been ignored in the research and has resulted in faulty assumptions about policy processes. For example, it is argued that policymakers' definitions of evidence differ from academics' and researchers' constructions of evidence, and that policymakers' attitudes about research evidence remain unclear (Oliver et al., 2014). Oliver et al. (2014) suggested implications for research in stating, "rather than asking how research evidence can be made more influential, academics should aim to understand what influences and constitutes policy and produce more critically and theoretically informed studies of decision-making" (p. 1). Thus, using qualitative research methods to explore the perspectives of policymakers might reveal the significant influences surrounding policy and result in a better understanding of policymakers' attitudes related to mental health policy construction.

Statement of the Problem

Untreated mental illness can result in devastating health and economic consequences such as suicide, violence, and addiction (Corrigan et al., 2014). Despite the existence of evidence-based treatments in the U.S., an alarming number of people with mental illness do not

receive treatment due to stigma and ineffective policies that result in limited resources (APS, 2014; Corrigan et al., 2014; Tanenbaum, 2005). Thus, mental health policy reform and the promotion of mental health literacy are needs that are widely recognized by mental health professionals and scholars (Corrigan et al., 2014; Tanenbaum, 2005; WHO, 2013). As a result, counseling professionals are being encouraged to engage in advocacy efforts such as policy advocacy. However, the majority of counselors do not have training or experience in policy advocacy efforts (Smith et al., 2009).

Mental health advocates, professionals, researchers, and educators must have an extensive, in-depth understanding of the key factors surrounding policymaking in order to engage in policy reform efforts and adequately address the problem of inadequate mental health policies. Exploring the perspectives of policymakers surrounding the development of mental health policies could give advocates, educators, and professional counselors more formalized training on how to participate in effective policy reform.

Purpose

The purpose of this qualitative study was to explore the perspectives and lived experiences of state-level, practicing policymakers regarding their decision-making processes related to mental health policy construction. This study aimed to understand the complexities surrounding mental health policy construction from the perspective of the policymaker. The findings of this research study can be used to improve mental health policy reform efforts through the revealed perspectives and attitudes of those directly in charge of policy construction. A result of this study included the identification of suggestions for effective, best practice policy advocacy (i.e., legislative lobbying) and policy reform efforts (i.e., building relations with policymakers and engaging in policymaking). Findings of this study inform mental health

professionals, educators, researchers, political officials, mental health advocates, and other mental health stakeholders about the challenges, complexities, and implications related to mental health policy reform and political advocacy. Because counselors have little to no policy training or familiarity with political arenas (Smith et al., 2009), findings from this study can be used to inform counselor educators and assist in developing formalized training for counselors to become effective policy reform advocates.

Significance

Political advocacy efforts, such as legislative lobbying, are important as they assist in maintaining financial and legal supports for the mental health profession (Lee et al., 2013). Furthermore, “mental health legislation can be a powerful tool to protect the rights of people with a mental disorder” (WHO, 2005, p. 4). Insights from policymakers related to mental health policy construction are needed to assist in fostering collaboration between the mental health and political communities. Although mental health policymakers are criticized for not being informed of evidenced based knowledge related to mental health, mental health professionals also lack knowledge related to policymaking (Lee et al., 2013). Thus, specific sociopolitical implications related to mental health policy construction are needed for mental health professionals interested in engaging in policy reform efforts, and for counselor educators to train counselors to be effective policy reform advocates.

The policy construction process is complex, multi-directional, and fragmented (Oliver et al., 2014; The World Bank, 2008). It involves policymakers’ decision-making processes and is influenced by the political systems in which policymakers operate. In addition, the issue of mental health stigma is relevant in holistically conceptualizing the multifaceted problem of inadequate mental health policies. A conceptual framework assisted in illuminating a holistic,

objective understanding of the research topic by providing a theoretical lens from which to conceptualize the practice of mental health policy construction.

Conceptual Framework

A conceptual framework was used to achieve a better understanding of the perspectives and decision-making processes of state level policymakers. The conceptual framework that guided this study included Bronfenbrenner's ecological systems theory, Easton's systems theory of political science, and the cognitive psychological concept of decision-making (Bronfenbrenner, 1979; Easton, 1965; Neisser, 1967; Wang & Ruhe, 2007).

Ecological Systems Theory

Ecological systems theory, constructed by Bronfenbrenner (1979), asserts that five socially organized subsystems (microsystem, mesosystem, exosystem, macrosystem, chronosystem) impact individual human growth and inform our understanding of human behavior (Bronfenbrenner, 1994; Stanton & Welsh, 2012). This theory was used as a part of the overall conceptual framework of this study to enhance understanding of the systems surrounding the policymaker, the policymaking process and resultant mental health policies. Because this study focused on policymaker's perceptions and decision-making processes surrounding mental health policy construction, ecological systems theory provided understanding of the system and environment in which the policymaker operates, as well as the impact that policies have on the U.S. populace and other ecological systems. Systemic thinking was used to recognize the connection between the policymakers and their political systems. Systemic thinking involved shifting focus from parts to the whole and considering the influential relationship between the policymaker and the systems in which the policymaker operates.

Systems Theory of Political Science

Systems theory of political science is a suitable framework for understanding the complexities related to policymaking. Easton (1965) created the systems theory of political science in 1953 to examine how political systems interact with society. This theory was also created to better understand the complexities of policymaking. Easton believed that political science could borrow from other disciplines, such as psychology and behaviorism, to analyze and understand political systems (Heywood, 2004). This theory provided a lens for objectively understanding the decision-making processes of state-level policymakers surrounding mental health policy. Exploring the perspectives of policymakers through this theory allowed for greater understanding of the various influences surrounding mental health policy construction and the decision-making processes of policymakers.

Decision Making: A Cognitive Psychology Concept

Decision-making is a basic cognitive process of human behavior (Wang & Ruhe, 2007). The cognitive psychological process of decision-making involves choosing a preferred course of action among a set of alternatives on the basis of given or known criteria or strategies (Wang, Wang, Patel, & Patel, 2004; Wilson & Keil, 2001). The psychology of cognitive decision-making assisted in objectively understanding the decision-making processes of policymakers by focusing on the various factors and influences revealed in the participant experiences as they shared their decision-making processes surrounding mental health policy construction.

The psychological concept of decision-making is rooted in cognitive psychology. Cognitive psychology focuses on mental processes such as thinking and asserts the notion that in order to understand people's actions, the internal processes of their mind must be examined (McLeod, 2007). Cognition is the process of mentally acquiring knowledge, perception and

understanding through experiences, senses, and information (Sternberg & Sternberg, 2012). The policymaker's internal processes of decision-making related to mental health policymaking were examined using a cognitive psychological perspective. Exploring the perspectives of policymakers revealed a more intimate understanding of the external factors and influences impacting the policymaker's decision-making process related to mental health policy construction.

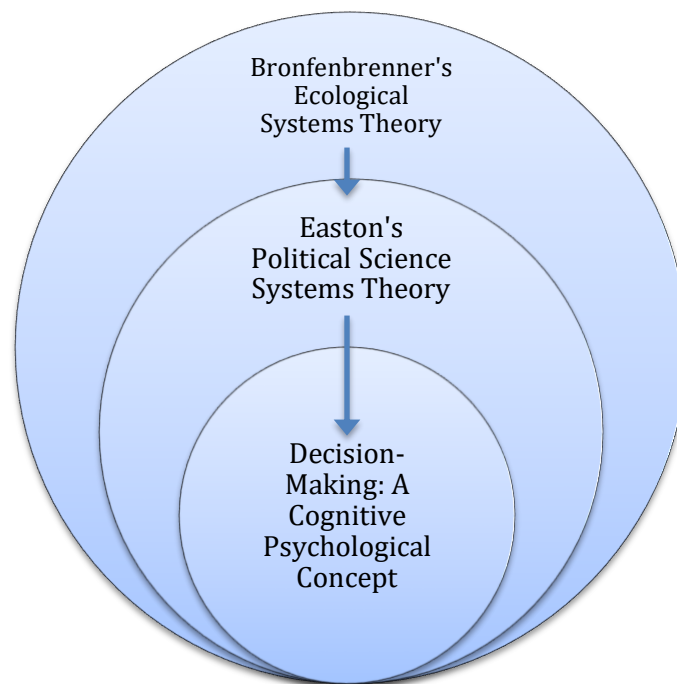


Figure 1. Stacked Venn diagram demonstrating the conceptual framework for exploring policymakers' experiences.

Overview of Methods

A phenomenological qualitative research design was used to explore the lived experiences of state-level practicing policymakers surrounding the mental health policy construction process. A phenomenological approach allowed the researcher to gain an understanding of the lived experiences of participants and the meaning attributed to their

experiences, and using an Interpretative Phenomenological Analysis (IPA) revealed the researcher's interpretation of the details (Smith, Flowers, & Larkin, 2009).

Qualitative research is known to be uniquely suited for studying issues related to policy and policymaking (Gibton, 2016). According to Gibton (2016), qualitative research methods are useful for studying situations that involve uncovering political processes and disclosing the views of the main players in the field.

Phenomenology as a qualitative research method is a suitable method for policy related research topics (Gibton, 2016). More specifically, IPA has been described as a suitable approach for studying research questions which explore how individuals perceive particular situations they are facing and how they make sense of their personal and social worlds (Smith & Osborn, 2008).

Research Questions

This study explored the following research questions using phenomenological qualitative research methods:

1. *What are the lived experiences of practicing policymakers surrounding the mental health policy construction process?*
2. *What influences the decision-making processes and perspectives of policymakers in developing mental health policies?*

By focusing on the lived experiences of policymakers, the true essence of meaning of the mental health policy construction process from the perspective of the policymaker is revealed (Lichtman, 2013; Van Manen, 2011).

Limitations and Delimitations

Limitations

Limitations of this study included the limitations characteristic to all qualitative research, as well as limitations due to the design of this study. A qualitative research limitation included

the risk of potential researcher bias. My researcher positionality, role in the study, and assumptions are all explicitly stated. Potential bias of participants is also a limitation of this study. Some of the participants were running for re-election, creating a risk for potential campaign distraction and influenced responses.

Additionally, there is a long history of mistrust between the mental health and political communities (Head, 2008). According to Head (2008), “the social sciences and public decision-makers have not always had close and cordial relations; indeed, there has been a history of mutual distrust between these sectors during the last two centuries” (p.1). This was evident for one of the participants, as he shared his perspective that he often questions if the authors of research studies are pushing their own political agenda instead of being honest researchers. Furthermore, it has been argued that qualitative research and its association with critical theories is seen as antagonistic to government and policymakers, “thus posing qualitative research in an adversarial posture to policy” (Gibton, 2016, p. 16). For these reasons, it was initially a concern that building trust between the researcher and participants would be a challenge and thus pose a limitation to the study. Although this remains a potential limitation, the participants presented as being comfortable and trusting of the researcher throughout the process.

Additionally, because policies and political procedures vary across state boundaries, the findings may not be generalizable to other states. Lastly, the small sample size of eight participants is a limitation. Although it is suggested that when conducting IPA research at least 10 participants are needed to achieve saturation of data, this study included only eight (Smith et al., 2009). More than eight participants could have been included however the researcher believed that saturation was reached. Additionally, access to additional policymakers became a challenge.

Delimitations

This study was bound within one state in the southern region of the U.S.; it was delimited to state-level policymakers. Additionally, focus groups could have provided additional valuable data but were not used as a method of data collection due to issues related to access of population and to protect confidentiality of participants. Lastly, the perspectives of mental health policy advocates were not explored; the participants were delimited to policymakers only.

Assumptions of the Study

Assumptions in research have been described as the bedrock upon which a research study rests (Leedy & Ormrod, 2013). Assumptions are self-evident truths accepted with reason by most, and which underlie the research problem being addressed (Leedy & Ormrod, 2013). Researchers must disclose their assumptions related to the research study to avoid misunderstandings and misinterpretations, so that others are better prepared to evaluate the conclusions that result from the assumptions of the study (Leedy & Ormrod, 2013).

It is assumed that the participants were able to effectively and honestly engage in the research study through active participation in the interview process. I assumed that the participants were comfortable and willing to ask clarifying questions when needed to avoid miscommunications, which they did. I assumed that the data collection method of individual interviews would allow for the most in-depth revealing of data, and I assumed that the research topic and protocol questions would be relevant to the participants.

Definition of Terms

Explicitly outlining the definition of terms for a research study allows for accurate evaluation of the research (Leedy & Ormrod, 2013). Not to be confused with dictionary

definitions, these definitions provided are defined as they pertain to and as they will be used for this research study (Leedy & Ormrod, 2013). Definitions are as follows:

Advocacy: Advocacy is the act of supporting a cause or proposal (Merriam-Webster, 2017).

Smith et al., (2009) defined advocacy as, “a basic disposition of being an advocate is to possess an altruistic motivation for the well-being of others” (p. 487).

Mental Health: As defined by WHO (2014), mental health is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (para 1). Mental health is the condition of being mentally and emotionally well adjusted (American Psychiatric Association, 2015).

Mental Illness: According to the APA (2015), “Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities” (para 1). Mental illness refers to diagnosable mental diseases of the brain (APA, 2015). This term is used interchangeably in this study with the term *mental health disorder*.

Mental Health Stigma: The term stigma as it relates to mental health is psychological in nature and includes problems related to knowledge (e.g., ignorance, misinformation), attitudes (e.g., prejudice), and behavior (e.g., discrimination) (Ando, et al., 2013). Mental health stigma is prejudicial attitudes and/or discriminatory behavior directed towards those who face mental illness (Davey, 2013).

Mental Health Policy: A mental health policy is “an official statement by a government or health authority that provides the overall direction for mental health by defining a vision, values, principles, and objectives, and by establishing a broad model for action to achieve that vision”

(WHO, 2007, para 1). The term mental health policy used in this study refers to any policy related to a mental health subject matter.

Mental Health Stakeholders: Individuals and organizations with interest in improving the mental health of a population. Mental health stakeholders may include individuals with a mental disorder, family members, professionals, policymakers, and other interest parties (WHO, 2007).

Policymaking: The activity of formulating policies, especially by government or political parties (Cambridge Dictionary, 2017). Policymaking is “a complex, multi-directional, fragmented and unpredictable process” (The World Bank, 2008, p. i). This term is used interchangeably in this study with the term *policy construction*.

Policy Reform: The Organisation for Economic Co-operation and Development (OECD, 2007) defined policy reform as a process of making changes to laws, policies, regulations, and institutions in order to address a problem or achieve a goal, such as poverty alleviation. Policy reform requires technical solutions accompanied by consensus building, communication, participation, conflict resolution, compromise, and adaptation (The World Bank, 2008).

Policy Advocacy: Influencing or changing policy to promote fairness (Toporek, Lewis & Crethar, 2009).

Political Advocacy: Advocacy focused on political issues and within the political sphere (Toporek et al., 2009).

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

In this chapter, a review of the literature relevant to the research topic of mental health policy construction and mental health policy reform is provided, along with studies related to the topic. Mental health policy construction is a multifaceted and multilayered process. The scholarly literature surrounding mental health policy construction and related sociopolitical issues highlights several factors that provide a structure for this literature review, including: a global, historical, cross-cultural overview of mental health as a concept and profession; mental health stigma and the effectiveness of mental health policies; mental health advocacy and policy reform; the relationship among mental health, counseling, and policy, and; the knowledge gap between mental health practice and policy construction (Borchard, 2015; Corrigan, Druss, & Perlick, 2014; Lee, Smith, & Henry, 2013; Mechanic, McAlpine, & Rochefort, 2014; Mehraby, 2009). Understanding these factors is essential to understanding the research problem of inadequate mental health policies and the need for policy reform. Lastly, these topics are discussed in relation to the purpose of this study: to reveal implications for both policy advocacy efforts and effective, best practice policy reform by exploring the perspectives and lived experiences of practicing, state-level policymakers regarding their decision-making processes related to mental health policy construction.

Understanding Mental Health: A Global, Historical, and Cross-Cultural Perspective

A global and historical snapshot of mental health as a concept and profession is necessary to best understand how the meaning of mental health across cultures has evolved over time.

According to Mechanic et al. (2014), planning for the future of mental health policy construction requires obtaining insights from the past by evaluating the historical path of both mental health and policymaking. Providing this context will allow for a greater understanding of mental health as it relates to mental health policy construction and policy reform.

Although the terms mental health and mental illness are often used interchangeably even in scholarly literature, they carry different meanings often unknown to the general public. Mental health is the condition of being mentally and emotionally well adjusted, and mental illness refers to diagnosable mental disorders of the brain (American Psychiatric Association, 2015). Mental health is conceptualized by most mental health experts to be a primary component of one's overall health and is defined as a state of psychological and emotional well-being in which an individual can cope with the normal stresses of life (American Psychiatric Association, 2015; World Health Organization, 2014). Despite these definitions, misunderstandings and myths related to mental health continue to exist across cultures, creating challenges for policymaking (Borchard, 2015; Mechanic et al., 2014). Additionally, various fields of study (e.g., psychiatry, psychology, neurology, counseling) study human behavior and experience, but each from its particular perspective without integrating information from other areas of study (Thompson, 2010). The result of this fragmentation within mental health is comparable to the old story of several blind men feeling different parts of an elephant and describing the entire animal from the perspective of the one part of the animal they are touching (Thompson, 2010). Historically and disjointedly, these various fields of study began to try to understand human behavior and problems with human behavior and the mind.

A cross-cultural view reveals diverse understandings of mental health and the treatment of mental illness across cultures and geographical regions (Amundson, Hohenshil, & Niles,

2013). Thus, cultural competence and mental health literacy have been identified in the literature as necessary inclusions in policy reform solutions aimed to dispel inaccurate views of mental health (Corrigan et al., 2014). Perpetuating mental health stigma met with reform efforts to provide mental health education worldwide is diagnostic of the current state of mental health in our world: a battle of myths versus facts.

Mental Health: The Development of Myths and Stigma

Mental health remains a misunderstood and under-recognized problem in the United States and worldwide (Corrigan et al., 2014; Grohol, 2015; WHO, 2005). The public perception of mental health perpetuates myths and misunderstandings, impacting the mental health policymaking process (Mechanic et al., 2014). In an effort to dispel such myths, Hopenwasser (2010) stated “that the mind lives in the brain, the brain lives in the body and the body lives in a community is the key to understanding mental health in all cultural contexts” (para 1). This statement clarifies that mental health exists to varying degrees in all human beings and can be simply understood as brain health. Although mental health is known to be a natural part of human existence, using a cross-cultural lens while examining the literature revealed that mental health is conceptualized differently across cultures, and myths remain (APA, 2015; WHO, 2014).

For example, in some parts of India mental illness is solely believed to be a curse caused by evil or demonic spirits, and in many Asian cultures, mental illness is seen as a sign of weakness or incompetence (Amundson et al., 2013; Borchard, 2015). Recent literature indicates misunderstandings about mental health in the U.S. are upheld by stigma and strongly rooted cultural and spiritual beliefs (Borchard, 2015). According to Borchard (2015),

America is a melting pot of immigrants whose perceptions about mental illness is shaped by their cultural legacies. And, each culture has its misperceptions of mental illness

which can deter people from seeking lifesaving treatment and support (para 6).

Several reasons have been suggested to explain myths and diverse understandings of mental health varying across cultures. According to Borchard (2015), “Inherent in every culture are a multitude of pathways to health and healing” (para 6). For example, spiritual healers are often the first line of treatment for mental illness in Japan, whereas psychiatrists are first-line mental health treatment providers in the United States (Grabosky, Ishii, & Mase, 2012). Additionally, because cultural beliefs are not static (Vontress, 2003), and the mental health profession is far from being globally united (Lee & Na, 2013), cultures have historically developed their own meanings of mental health and mental illness. Limited mental health education exists throughout various parts of the world; thus, cultures are left to discern their own understanding of mental illness, and without access to resources, some are left to find their own methods of healing. Lack of education and understanding related to health concerns can lead to negative or less than optimal outcomes (Corrigan et al., 2014; WHO, 2014).

This lack of understanding of mental health across cultures has been shown to result in mental illness stigma (Corrigan et al., 2014). In turn, one of the reasons mental health continues to be viewed differently across cultures is the maintained worldwide public stigma related to mental illness (Mehrabian, 2009). Ghaemi (2011) described this deep cultural stigma accompanying mental illness as, “Prejudice against mental illness crosses all societies and all historical epochs. Profound intuitive responses and beliefs have grown out of this stigma over millennia, and they will not change easily or soon” (p. 257). The absence of mental health literacy and mental health educational resources—both of which are governed and supported by policy—are synonymous to lacking treatment in the battle to dispel myths of mental health across cultures (WHO, 2007). Furthermore, “the persistence of stigma” (Mechanic et al., 2014, p.

320) was identified as a primary characteristic in describing the mental health policy domain and environment that surrounds mental health policy construction. According to Mechanic et al. (2014), “Stigmatization of mental illnesses has decided significance in a political system where public opinion and other cultural currents are central ingredients of the policy process” (p. 321). Thus, understanding mental health stigma and its impact on individuals, societies, and larger systems is necessary in order to capture a complete examination of the research topic of mental health policymaking and the influence of myths and stigma.

Mental Health Stigma

Although there are various factors that have contributed to the misunderstandings related to mental health, the most cited factor is the perpetuating stigma associated with mental illness (Vogel, Wade, & Hackler, 2007). A large portion of the U.S. and world populace mistakenly equate mental illness with words such as “crazy,” “dangerous,” or “unpredictable,” resulting in the association of stigma with mental health (Corrigan et al., 2014, p. 42; Grohol, 2015, para 10, WHO, 2005). Ghaemi (2011) stated, “I suspect that it [mental health stigma] may be among our species’ deepest biases, more so than even racism or sexism. Even those who realize the problem of psychiatric stigma, like doctors, cannot escape their inherent stigma” (p. 256). This widespread stigma associated with mental health occur at individual, societal, and structural levels such as political arenas, and across cultures and geographical regions worldwide (Ando, Yamaguchi, Aoki, & Thornicroft, 2013; Corrigan et al., 2014; WHO, 2005). A look at the trends of mental health stigma in the U.S. over time reveals little indication of improvement in attitudes towards mental illness at the individual level. According to Schomerus and Angermeyer (2016), “There is little indication that individual attitudes towards persons with mental illness among the general population improve.” (p.157). This stigma has been shown to have an impact on

individuals and societies, including ineffective policies resulting in limited resources and individuals' reluctance to seeking mental health treatment (Corrigan et al., 2014).

A Look at Mental Health Stigma at the State Level

Examining the status of mental health stigma for the state of the participants has significant relevance for this study. Although the state health department had a public database of publications pertaining to public mental health issues (i.e., bullying), a thorough search for scholarly articles pertaining to stigma specifically in this state revealed none. However, many news and state agency articles shed light on the status of stigma in the state of this study. Recent local news articles described stigma surrounding mental health to be present in their society and provided examples of the sometimes fatal consequences to the stigma of mental illness and lack of resources in their state (Bullington, 2018; The Times-Picayune, 2018). According to Bullington (2018),

That's how mental illness grabs hold of families like Jyne's and tens of thousands of other families who live in one of [state's] 35 rural [areas]. It disguises itself as a father's private side or a mother's sudden tears. And it spreads, unabated, through countless small towns where churches vastly outnumber clinics and where lawmakers' decisions to slash health care spending only serve to muffle the suffering of so many (para 6).

Local journalists examined the rural areas of their state and recognized the ongoing stigma surrounding mental health to be present among their communities (The Times-Picayune, 2018). Additional news sources recognized the level of stigma surrounding mental health in their state to serve as a barrier for people receiving help. Gillis (2015) stated, "Between the

stigma of mental illness, the general difficulty of treating it, and severe budget cuts, treating the mentally ill in [state] is a problem. Sadly, many of those who need help don't get it” (para 1). Examining the impacts of stigma both at individual and systemic levels will shed light on the potential influences that mental health stigma can have on the sociopolitical elements surrounding the mental health policy construction process.

The Bearings of Mental Health Stigma

The impact of stigma on individuals. At an individual level, the stigma related to mental health result in those afflicted with mental illness facing harmful discrimination and associated problems such as low self-esteem, limited social opportunities, and inequality (Ando et al., 2013). Mental illness can lead to impaired functioning and reduction of quality of life, especially if it goes untreated (Corrigan et al., 2014). Despite evidence-based treatments and well known devastating consequences of untreated mental illness (e.g., suicide), an alarming number of people with mental illness do not seek and/or receive treatment due to stigma and ineffective policies resulting in limited resources (Corrigan et al., 2014). Although additional factors influence why people don't receive mental health treatment, the most cited reason is the stigma associated with mental illness (Vogel et al., 2007). According to Corrigan et al., (2014), more than 100 peer-reviewed, empirical articles have been published supporting how stigma serves as a barrier to treatment. Additionally, according to Ando et al. (2013), mental health stigma results in disadvantages for individuals afflicted with mental illness, because mental illnesses are generally more stigmatized than other conditions. These impacts also extend beyond individual levels into societies and the larger systems in which societies are embedded, such as political structures (Corrigan et al., 2014).

The impact of stigma on societies and systems. Stigma have also been shown to have an impact at the societal and structural level (APS, 2014). At the societal level, public stigma emerges as a result of pervasive stereotypes, such as the perception held by others that an individual who suffers with mental illness is unacceptable (APS, 2014; Vogel et al., 2007). This public mental health stigma is then perpetuated when the general population endorses stereotypes and discriminates against those with mental illness (Corrigan et al., 2014). According to the APS (2014), mental health stigma not only lead to stereotypes and individual problems such as low self-esteem, but they also result in structural forms of discrimination, such as widespread inaccurate media depictions that link mental illness with stereotypical issues such as violence. Mental health stigma has also been evidenced to impact larger systemic levels such as institutions and political arenas.

Stigma has been shown to have an effect on larger structural issues in the U.S. such as research funding and health insurance (APS, 2014). In example, APS (2014) suggested that stigma becomes a structural issue when it pervades societal institutions and systems, and results in disparities such as mental health care not being covered by insurance to the same extent as medical care, and mental health research not being funded to the same levels as medical research. Social policy, as defined as “guidelines and interventions for the changing, maintenance or creation of living conditions that are conducive to human welfare,” (Vargas-Hernandez, Noruzi, & Irani, 2011, p. 287) plays an obligatory role in addressing these issues. According to Mechanic et al. (2014), it is the responsibility of policymakers to understand the consequences of mental illness and configure programs and policies that may alleviate distress and neglect. However, stigma also has influence on social policies and the policymaking process. According to Corrigan et al. (2014), “stereotypes are embodied in laws and other structural

institutions” (p. 42). Corrigan et al. (2014) identified this as yet another example of structural stigma, in which stigma is encapsulated in social and institutional policies and practices that undermine opportunities for people with mental illness. Thus, it is not surprising that mental health policies have been deemed by mental health experts as ineffective and/or inadequate (Tanenbaum, 2005).

The effectiveness of mental health policies. At a global level, mental health policies and laws are either nonexistent or inadequate in most countries, and within the U.S., mental health policies have reportedly resulted in failure (Tanenbaum, 2005; WHO, 2017). Tanenbaum (2005) asserted, “the poignant failures of mental health policy may call more loudly for change” (p. 171). U.S. policymakers and policy experts have also acknowledged shortcomings with mental health policies (Mechanic et al., 2014). According to Mechanic et al. (2014), today’s mental health care system has been described as a patchwork relic with disjointed reforms and policies. However, to criticize all mental health policies as being complete failures would paint an illusionary, narrowed, and pessimistic view as opposed to an objective and realistic picture.

Some successful outcomes have resulted from mental health policies. In 1946, the National Mental Health Act was passed by U.S. Congress, which resulted in significant advances in mental health research (Mechanic et al., 2014). In 1996, America’s first federal parity bill on mental health insurance coverage was passed, which was celebrated among the mental health community (Mechanic et al., 2014). These policies would not have succeeded without the efforts of both policymakers and mental health advocates and activists. Although there have been improvements in mental health systems and policies over the last several years, a closer examination of the literature regarding mental health policies reveals that they are still ineffective and inadequate.

Both policymakers and mental health professionals have acknowledged a large need still exists for improving mental health policies (Mechanic et al., 2014). Mechanic et al. (2014) asserted that “By identifying the dominant misconceptions and defining key issues carefully, we can analyze what has gone wrong, what has worked well, and what should come next in the formulation of mental health policy” (p. 46). Continued evidence of ineffective and inadequate mental health policies both in the U.S. and worldwide has triggered a collective demand by health professionals and advocates for mental health policy reform (WHO, 2017; WHO, 2007).

A look at mental health policy at the state level. Examining mental health policies for the state of the participants has significant relevance for this study. The state of this study’s mental health system is described by local journalists to be broken and fragile due to state leaders’ decisions to cut mental health funding and programs. According to Sayre (2018),

The state’s mental health system has been gradually broken under the weight of financial cuts and psychiatric hospital closures. State leaders took what critics call a short-term view, gutting mental health to fix budget gaps, leaving emergency rooms, jails and nursing homes filled with the seriously mentally ill – at often - ignored taxpayer and human expense (para 1).

As a result of these budget cuts to mental health in this state, the U.S. Department of Justice found citizens struggling with mental health issues in this state to be housed in nursing homes without appropriate mental health care (Sayre, 2018). Local journalists investigated the state of mental healthcare in their state and pointed to budget cuts and loss of federal money. According to the Times-Picayune (2018), “The state has cut other mental health care services and lost federal money, which has left people who are dealing with mental illness in an even more

precarious situation” (para 10). The same news source also spoke to the need for state policymakers to make mental health a priority among policy issues.

After years of mid-year deficits, the state budget is finally stable. That doesn't mean that money can be easily found. But [state] residents must demand that the governor and the Legislature make mental health a top priority. The suffering of these families diminishes us all (The Times-Picayune Editorial Board, 2018, para 18).

The state's budgetary restrictions based on constitutional or statutory protection from budget cuts also plays a role. Advocacy for policy reform of mental health is in demand at not only state but national and international levels.

Mental Health Advocacy: A Call for Policy Reform

The need for mental health policy reform is widely recognized by mental health professionals and scholars (Corrigan et al., 2014; Tanenbaum, 2005; WHO, 2013). APS (2014) argued that instituting public policy solutions that enhance actual systems of care is necessary in order to effectively reform such structural issues. With the progression of healthcare reform initiatives, mental health advocacy and calls for reform targeted at political domains have grown worldwide, with political reform needed and demanded at state, national, and international levels (WHO, 2013). Lee (2013) argued that where laws and policies are restrictive, outdated, or nonexistent, advocacy for change is needed.

Calls for advocacy specifically surrounding mental health policy reform have also been proclaimed by public figures on television and have been widely discussed in presidential political debates and briefings. In example, at a national mental health conference President Barack Obama (2013) commended existing mental health advocacy efforts and proclaimed a need to bring together advocates and educators. According to Head (2008), political leaders have

moved to address the unresolved problems related to social issues such as mental health. The World Health Organization's (WHO) mental health advocacy action plan clearly states that its focus is bringing international attention on mental health as a long-neglected issue that is firmly rooted in the principles of human rights (WHO, 2013). With specific focus on stigma reduction, WHO (2013) further described their mental health advocacy agenda:

This action plan calls for changes. It calls for a change in the attitudes that perpetuate stigma and discrimination that have isolated people since ancient times, and it calls for an expansion of services in order to promote greater efficiency in the use of resources (para 1).

This call to action addresses policies, legislation, plans, and strategies that emerged from the voices of health professionals and mental health advocates (WHO, 2013). APS (2014) also argued that instituting policy solutions that enhance systems of care is necessary to effectively reform the existing structural issues surrounding mental health treatment. Corrigan et al. (2014) echoed this assertion in stating that, "policy change is essential to overcome the structural stigma that undermines government agendas meant to promote mental health care" (p. 37). However, policy change has been a challenge for the mental health profession.

Mental health professions are also lacking support at the political level. For example, according to Ingersol (2013), the pharmaceutical industry has approximately 1,200 lobbyists at the federal level, whereas the American Counseling Association has approximately five (Ingersol, 2013), thus highlighting a need for the policy advocacy of mental health professions. Counseling, because of its underlying activist philosophies and historical roots in advocacy, is a profession known to be uniquely suited for advocacy action initiatives such as policy reform (Smith et al., 2009).

Advocacy and counseling have long been closely connected. Historically, advocacy has greatly influenced and expanded within mental health professions such as counseling. Advocacy is defined in the counseling literature as “a basic disposition of being an advocate is to possess an altruistic motivation for the well-being of others” (Smith et al., 2009, p. 487). According to Smith et al. (2009), “It has been suggested that advocacy is a historical trademark for the birth of the counseling profession, with roots established in the early 20th century” (p. 484). According to Lee, Smith, and Henry (2013), “acknowledgement of advocacy as central to competent practice culminated in the development and adoption of advocacy competencies by the American Counseling Association Governing Council in 2003” (p. 71). As the adoption of general advocacy as an official competency occurred within the past 15 years, the political advocacy movement is in its infancy, and political advocacy training is not included in counseling curriculums (Council for Accreditation of Counseling and Related Educational Programs, 2014).

Counseling Meets Policy

Social policy advocacy involves “influencing and/or changing public policy within a large public arena to promote fairness and consistency” (Lee et al., 2013, p.73; Toporek, Lewis & Crethar, 2009). Social and political advocacy pertaining to mental health issues “focuses on recognizing when a client or client community's problem must be addressed at a policy or legislative level and on advocating for change within those areas” (Toporek et al., 2009, p. 263). The counseling profession has a reciprocally influential relationship with public and social policy, and advocacy for policy reform is reiterated throughout the counseling literature. Policy influences how mental health treatment (e.g., counseling) does or does not meet the needs of those afflicted with mental health conditions across their lifespans (Lee, 2013). In turn, counseling professionals can influence policy reform through advocacy efforts targeted at the

macro level where policies are constructed (Lee, 2013). Counselors can engage in political advocacy efforts such as policy reform in various ways (Lee, 2013).

Counselors as Policy Reform Advocates

Within counseling and other mental health professions, advocacy surrounding policy reform has been described as a “called-for mandate,” (Smith et al., 2009, p. 483) and counseling professionals are being encouraged to take political positions on current social issues. Counselors can influence policy reform working with policymakers and legislators by contributing to discussions regarding mental health services and conditions that affect life and opportunity for individuals (Lee, 2013). According to Lee (2013), “working with policymakers and legislators must be a priority” (p. 159). Routh (2005) asserted that advocacy requires immersion in the processes of public policy. Lee (2013) also stated that counselors can contribute to the policymaking process, but only if they make themselves part of the decision-making process. Counselors are also being encouraged to focus advocacy efforts on sociopolitical initiatives to foster systemic change and to address structural issues impacting clients, by examining laws and policies, identifying areas of reform, and working with policymakers (Lee, 2013). Even policy experts have also pointed out the need for and importance of collaborative efforts among expert disciplines in mental health and policy to expand the range of knowledge and increase effectiveness of mental health policies (Mechanic, et al., 2014).

This call to action encourages counselors to engage in political advocacy efforts, yet counselors can effectively work with policymakers only if they learn and understand the political language and system. Furthermore, counselors can effectively make themselves part of the policy decision-making process only if they understand the nuances of the policymaking process. Thus, an in-depth examination of the policymaking process is needed in order to allow change agents

to better navigate through and around political territories and create realistic advocacy action plans.

An examination of both the mental health and political science literature revealed a knowledge gap between mental health professionals and policymakers as evidenced by either inaccurate or lacking information related to policy reform and counseling.

Mental Health and Policymaking: The Knowledge Gap

Although it has been argued that asserting the existence of a gap between policymakers and health researchers may further perpetuate the gap between the professions (Oliver et al., 2014), the intention of acknowledging this gap is to emphasize the need to build relations between policymakers and mental health professionals and shift focus on ways of bridging the gap. Oliver et al. (2014) suggested framing the relationship between research and policy as a mutual negotiation in which both partners learn from each other. Because of its underlying activist philosophies, historical roots in advocacy, and training in interpersonal relations, counseling is a profession known to be uniquely suited for advocacy action initiatives such as policy reform and building relations (Smith et al., 2009).

The literature illuminates a lack of shared knowledge between the fields of mental health and political science. Garic (1996) asserted that mental health is largely misunderstood by the government and those responsible for policy. An examination of political science literature related to mental health policy revealed limited and even inaccurate information surrounding mental health. In the opening of a recent edition of a mental health social policy textbook, Mechanic et al. (2014) stated, “If we do not know what mental illness is, how do we develop social policies that are appropriate and effective?” (p. 1). These authors also argued that debates on what constitutes mental illness would never fully be resolved (Mechanic et al., 2014). In this

same text, optimal mental health was described as a “utopian ideal” (Mechanic et al., 2014, p. 39), mental health was described as lacking in empirical investigations, and it was subsequently asserted that policymaking often must proceed despite uncertain knowledge surrounding mental health. In rebuttal of this, an academic psychiatrist from Harvard University, Ghaemi (2011), argued that “[psychology] is scientific, not hypothetical; empirical, not theoretical” (p. 266). The Centers for Disease Control (2013) regularly updates statistical reports on the percentage of Americans who are considered to be in a state of what the CDC describes as optimal mental health. WHO (2017) described optimal health as being absent of disease and having complete balance in the areas of physical, mental, and social well-being. Although mental health professions do exist to treat mental illness, the counseling profession also exists to assist people in achieving a state of optimal mental health and wellness, thus operating from the conviction that optimal mental health can be achieved (American Mental Health Counselors Association, 1978; Hinkle, 1999). Head (2008) asserted, “policy decisions emerge from politics, judgment and debate, rather than being deduced from empirical analysis” (p. 1). Thus, many of the assertions found in the mental health policy literature are unfounded and contradictory to the mental health literature and mental health experts. Without a unified, factual understanding of mental health among those who create mental health policies, mental health policies have little evidentiary backing. Policies that are lacking an evidentiary foundation serve as a challenge to the advancement of the mental health industry and effective policy reform. Conversely, the majority of mental health professionals also lack knowledge regarding policy, policy reform, and other political processes.

Training related to political advocacy is lacking in most mental health professions. According to Smith, Reynolds, and Rovnak (2009), mental health professionals often are not

trained or prepared to enter and work in political arenas. Additionally, Head (2008) asserted that researchers are naïve about how to communicate and package their research outcomes most effectively for government officials. Although the ACA advocacy competencies provide a framework for interventions at the macro level and provide a list of abilities required for competent advocacy, these competencies lack in-depth explanation of political processes, which may only be achieved through experiential training (Lee et al., 2013). Lee et al. (2013) asserted, “experience in the practice of practical politics is a key component of effective advocacy requiring specialized training and/or mentoring” (p. 78). Furthermore, “even though the need for social justice advocacy in the social/political domain is warranted, counselors are not always prepared or politically adept to enter into this arena where power politics is played” (Lee et al., 2013, p. 78). Just as there has been an emphasized need to train counselors to be social change agents (Smith et al., 2009), a need also exists to train counselors to understand the policymaking process so that they can engage in policy reform and advocacy in political arenas and contexts.

Demystifying the policy construction process through training and education could make counseling professionals more consciously aware of and comfortable with understanding policymaking and how it impacts clients as well as the profession as a whole. According to Lee et al. (2013), “understanding the strategic components of power politics is necessary to be effective in all areas of advocacy to achieve goals for tuning, incremental and/or structural change” (p. 72). In-depth examination of the policy process could reveal strategies for counselors and advocates to better navigate through and around political territories and create realistic advocacy action plans. Lee et al. (2013) emphasized that to be an effective policy advocate, “an understanding of the mindset of elected politicians and non-elected civil servants, political appointees, interest group coalitions and voter constituency groups is needed” (p. 78). This study

explored the perspectives of policymakers to uncover a realistic understanding of the policymaking process, and to also allow for a better understanding of policy's impact on counseling and other mental health professions.

With advocacy being a fundamental part of counselor identity and woven into the foundation and origin of the counseling profession, its growth and advancement is paramount because societal and individual issues would otherwise outgrow reform and advocacy efforts. Focusing on the larger structural forces surrounding counseling, such as politics, is a necessity for the formalized advocacy movement to continue to advance. Exploring and examining the perspectives of policymakers related to mental health policy construction revealed a more realistic understanding of the state level policymaking process and landscape of a political arena and can serve as one way to fill the knowledge gap between mental health and policy.

Relevant Studies Related to Mental Health Policy Construction

Research studies related to mental health policy and policymaking have revealed important implications for mental health and social sciences in the area of policy reform. Orton, Lloyd-Williams, Taylor-Robinson, O'Flaherty, and Capewell (2011) conducted a literature review of 18 policy research studies that utilized both interview and survey data collection methods to explore policymaker's perceptions about the use of empirical evidence in policymaking. These studies revealed implications for training and research in addressing barriers to use of research in policymaking (Orton et al., 2011). Innvaer, Vist, Trommald, and Oxman (2002) conducted a systematic literature review of 24 policy research studies that explored policymaker's perceptions related to evidence-based policy, which revealed barriers to evidence-based policymaking including: the absence of personal contact between researchers and policymakers, mutual mistrust between scientists and policymakers, and power and budget

struggles. Valentine, DeAngelo, Alegria, and Cook (2014) conducted a qualitative study of state-based policymakers perceptions related to mental health disparities. They found a disconnect between goals and language of policymakers and researchers and offered targeted suggestions from policymakers regarding how to make mental health information more accessible to policymakers (Valentine et al., 2014). A gap remains in the research focused on mental health care policy data (Oliver et al., 2014; Sturm, 1999). According to Oliver et al. (2014), policymakers' attitudes toward the use of research evidence in policymaking remain unclear. Thus, this study that explored policymakers' perceptions related to mental health policy construction aimed to contribute to filling this gap.

Literature Related to Conceptual Framework

A conceptual framework embodies a system of concepts, assumptions, beliefs, and theories that support, guide, and inform research (Maxwell, 2005). The conceptual framework that guided this study included Bronfenbrenner's ecological systems theory, David Easton's systems theory of political science, and the cognitive psychological concept of decision-making (Bronfenbrenner, 1979; Easton, 1965; Neisser, 1967; Wang & Ruhe, 2007). This conceptual framework was foundational to understanding the key factors surrounding inadequate mental health policies and their ripple impact on individuals and societies and was used to achieve a better understanding of the perspectives and decision-making processes of state-level policymakers. Additionally, the components that make up this conceptual framework provided context for and understanding of the research problem and framed the process (data collection and data analysis).

Ecological Systems Theory

The development of ecological systems theory and the identification of structural systems emerged from the seminal works of Bronfenbrenner (Bronfenbrenner, 1979; Stanton & Welsh, 2012). Ecological systems theory was constructed by Bronfenbrenner as an extension of general systems theory, which was developed by several scholars in the 1950s (Stanton & Welsh, 2012). Ecological systems theory provided a theoretical lens for understanding the key factors surrounding the multifaceted problem of inadequate mental health policies. The theory asserts five socially organized subsystems (microsystem, mesosystem, exosystem, macrosystem, chronosystem) that impact individual human growth and inform our understanding of human behavior (Bronfenbrenner, 1994; Stanton & Welsh, 2012).

Individuals exist at the concentric layers of influence, which range from their immediate environments such as home and school (microsystem) to their outer environments such as political structures and social institutions (macrosystem) (Phillips, Howes, & Whitebook, 1992). According to Bronfenbrenner (1979), individuals are affected by the immediate settings and systems in which they live, by relations between these systems, and also by the larger ecological layers in which these systems are embedded. Reciprocally, individuals also impact their systems: an individual influences her or his family system just as the family system influences the individual. Phillips et al. (1992) asserted that the least studied of Bronfenbrenner's ecological layers in psychological research is the outermost, macrosystem of influence, which they deemed to be a troubling oversight. Political influences, such as policies, reside in the macrosystem (Phillips et al., 1992). Thus, ecological systems theory was used as a part of the overall conceptual framework of this study to enhance the understanding of the systems surrounding the policymaker, the policymaking process and resultant mental health policies.

Like other systems theories, ecological systems theory utilizes systemic thinking to conceptualize complex problems (Stanton & Welsh, 2012). According to Stanton and Welsh (2012), “systemic thinking actively recognizes the connections between persons inherent in systems” (p. 18). Systemic thinking involves shifting ones focus from parts to the whole, to avoid the error of linear thinking in analyzing complex problems (Stanton & Welsh, 2012). Systemic thinking assisted the researcher in recognizing the reciprocally influential relationship between the policymaker and the systems in which the policymaker operates.

Ecological systems theory provided an understanding of the system and environment in which the policymaker operates, as well as the impact that existing policies have on the U.S. population and other ecological systems. Policymakers operate at the macrosystem level which has a cascading influence on all other subsystems (Bronfenbrenner, 1979). Thus, as mental health policies are developed, they will influence the other ecological systems, including the policymaker themselves. Additionally, the political system will have an impact on the policymaker’s construction of mental health policies.

Systemic thinking, as derived from ecological systems theory, also suggests that a variety of perspectives can contribute to understanding complex systems (Stanton & Welsh, 2012). Shifting one’s perspective is considered a systemic thinking skill that recognizes and examines systems at different levels (Stanton & Welsh, 2012). Systemic thinking is used in research by objectively adopting the perspectives of others to see a circumstance or event from their vantage point (Stanton & Welsh, 2012). Systems theory provided a lens for collecting and analyzing the data, specifically the perceptions of policymakers surrounding mental health and their reported experiences with the mental health policy construction process. Lastly, ecological systems theory

provided a framework for understanding mental health policies' impact on human development across systems.

Mental health stigma has been shown to have an effect on larger structural issues in the U.S. such as research funding and health insurance, thus demonstrating the negative impacts that stigma has across ecological systems (APS, 2014). Ecological systems theory provided a broader lens for understanding the macrosystem in relation to other systems (i.e., the impact of mental health policies across all ecological subsystems).

Ecological systems theory is still widely accepted by scholars; however, it is too simplistic for such a complicated process and does not thoroughly discuss how the relationships within the subsystems are impacted by the governmental structure (Cardenas, 2006). Systems theory of political science allowed for specific analysis and sharper focus on the political system and the role it plays in the problem of inadequate mental health policies.

Systems Theory of Political Science

Understanding the decision-making of policymakers and the policy construction process is essential to understanding why existing mental health policies are insufficient. Systems theory of political science, created by Easton, was a suitable framework for understanding the complexities related to policymaking. Easton (1965) created the systems theory of political science in 1953 to provide a systemic analysis of the patterns and processes of political life and systems. The primary purpose of Easton's theory is to examine how political systems interact with society and to better understand the complexities related to policymaking. The theory seeks to answer the question of how political systems remain firm in a world that is full of instability and change (Mataka, 2015). Easton believed that political science could borrow from other

disciplines, such as psychology and behaviorism, to analyze and understand political systems (Heywood, 2004).

Easton's systems theory of political science is an abstract model grounded in psychology and behaviorism that focuses on the processes that shape the making of binding political decisions (Easton, 1965; Heywood, 2004). Thus, this theory provided a lens for objectively understanding the decision-making processes of state level policymakers surrounding mental health policy.

Easton defined politics as “the authoritative allocation of values” (Heywood, 2004, p. 72) and asserted that the political system consists of a linkage of inputs, including *demands* and *supports*, such as demands from society for better welfare benefits and supports from society in the form of tax payments, and *outputs* which are decisions and actions of government, and policies. Easton's theory suggests that a political system is a continuous, fluid, and cyclic process that follows specific steps in political decision-making (Easton, 1965). The steps are:

1. Demands and supports from society are placed on the political system,
2. These demands and supports create competition within the political system, which leads to decisions related to outputs (e.g., policies),
3. A decision related to outputs is made (e.g., a policy is created), and interacts with its environment, thus, leading to outcomes,
4. Outcomes and changes that emerge as the new policy interacts with environment will generate new demands and supports from society, and
5. Feedback is generated, which leads back to step one.

According to this theory, “if policy outputs do not satisfy popular demands these [outputs] will progressively increase until the point when systemic breakdown will occur” (Heywood, 2004, p.

72). Easton also asserted that the political system is stable if it consistently follows the cycle of decision-making steps yet is seen as being dysfunctional if the cycle breaks down (Easton, 1965). Exploring the perspectives of policymakers through this theory allowed for greater understanding of the various influences surrounding mental health policy construction and the decision-making processes of policymakers.

The political system is seen from this theory as being a whole, as opposed to a collection of different parts (Easton, 1957). According to Easton (1957),

each part of the larger political canvas does not stand alone, but is related to each other part; or, to put it positively, that the operation of no one part can be fully understood without reference to the way in which the whole itself operates (p. 383).

Thus, exploring policymakers' perspectives related to mental health policy construction while also conceptualizing the entire political system in which policymakers operate allowed for broader understanding of the many factors surrounding policymakers' decision-making processes. This theory also allowed for greater understanding of the potential contributing factors related to existing mental health policies being seen as inadequate and ineffective (Tanenbaum, 2005; WHO, 2017). Systems theory of political science provides a lens for understanding political science and systems, but it does not clearly demonstrate how the conversations inside the political system operate (Mataka, 2015).

The Cognitive Psychological Concept of Decision-Making

Although systems theory of political science provided a lens for understanding political science and systems, the cognitive psychological concept of decision-making conveyed a deeper understanding of the origins, development, and influence of policymakers' thought and decision-making processes related to policy construction. Using the cognitive psychological concept of

decision-making served as a lens to objectively analyze the perspectives and decision-making processes of policymakers. This psychological concept also provided understanding of the potential influence of mental health stigma on the policymaking process.

Although ecological systems theory focuses on the impact of ecological systems on individual human development, cognitive psychology is focused on the thought processes of individuals as they occur and are impacted within these systems. Thus, the decision-making processes of individuals are shaped by the interactions occurring within and from the ecological systems.

Decision-making is a basic cognitive process of human behavior (Wang & Ruhe, 2007). Decision psychology theories are widely applied across disciplines, including political science (Wang & Ruhe, 2007). The cognitive psychological process of decision-making involves choosing a preferred course of action among a set of alternatives on the basis of given or known criteria or strategies (Wang, Wang, Patel, & Patel, 2004; Wilson & Keil, 2001). Depending on one's level of awareness and experience with the subject matter, cognitive processes such as decision-making can be an automatic process or can occur more slowly and consciously (Sternberg & Sternberg, 2012).

The psychology of cognitive decision-making assisted in objectively understanding the decision-making processes of policymakers, especially during the data collection and analysis process of this study. Specifically, the psychology of cognitive decision-making provided insight into the various factors and influences on the policymakers' decision-making surrounding mental health policy construction.

Decision-making as a psychological concept is rooted in cognitive psychology, which was pioneered by Neisser (Neisser, 1967). Differing from social psychology, cognitive

psychology specifically focuses on mental processes such as thinking and learning. Cognitive psychology asserts the notion that in order to understand people's actions, the internal processes of their mind must be examined (McLeod, 2007). Cognitive psychologists believe that the input of one's environment has an impact on one's mental process and behavior (McLeod, 2007). Thus, the political system environment has an impact on the policymaker's mental processes related to mental health policy construction. Furthermore, from a cognitive psychological perspective, the policymaker's internal processes and decision-making related to mental health policy construction were examined through interview methods.

Cognition is the process of mentally acquiring knowledge, perception and understanding through experiences, senses, and information (Sternberg & Sternberg, 2012). Social cognition includes the way in which knowledge acquisition can be influenced by social interactions, experiences, or external factors such as media (Sternberg & Sternberg, 2012). Thus, policymakers' decision-making is impacted by their social cognitive processes. For example, the external factors surrounding the policymaker have an impact on the policymaker's conditioned understanding pertaining to mental health policy construction. Exploring the perspectives of policymakers revealed a deeper understanding of the external factors and influences impacting the policymaker's decision-making process related to mental health policy construction.

Decision-making cognition can occur at both a conscious and unconscious level. Thus, individuals can be aware or lack awareness of their thoughts and thought processes (Sternberg & Sternberg, 2012). For example, a policymaker may or may not be aware of the impact that mental health stigmas play in their understanding of mental health, creating the possibility of bias and conditioned inaccurate perceptions and feelings associated with mental health.

From a psychological perspective, stigma can be conscious or subconscious, and it will have influence on the thought processes and decision-making of policymakers as they construct policies (McLeod, 2007). The psychological concept of decision-making provided a lens to collect and analyze the cognition (i.e., perspectives, decision-making) of policymakers surrounding mental health policy construction and the potential origins of their decision-making process.

Conclusion

Just as mental health stigma continues to exist as an under-recognized barrier to mental health treatment and the advancement of the mental health industry (Corrigan et al., 2014), mental health literacy that is necessary to combat this stigma also seemingly remains obscured. The idealistic hope for mental health stigma to one day be close to nonexistent is faced with the realistic view of the power that is politics, which reveals the significance for effective policy reform. Thus, an approach that is absent of *blind idealism* (Lee et al., 2013, p. 85) provides a balanced and realistic foundation for ambitious social policy advocates to work from when engaging in mental health reform efforts. However, formalized training and education for counselors is needed so that they can engage in best practice policy reform efforts.

Summary

In this chapter the literature related to the research topic of mental health policy construction and policy reform was discussed. Although there are arguably an infinite number of issues pertaining to mental health needing political advocacy, pervasive mental health stigma exist at a global scale and pervade mental health policies, which creates a substantial problem for effective policymaking and reveals the importance of targeting stigma reduction at structural levels (Borchard, 2015; Corrigan et al., 2014). Counselors could engage in effective and targeted

mental health policy reform to address issues such as mental health stigma by assisting in creating policies that include mental health literacy and education efforts in schools.

Additionally, counselors could engage in policy reform by educating policymakers. Most mental health professionals lack knowledge and understanding of the policymaking process yet are being encouraged to participate in policymaking and reform efforts (Lee, 2013). In turn, most policymakers lack evidentiary knowledge and even general understanding of mental health yet have a governance role in passing and creating mental health laws and bills (Corrigan et al., 2014). As a result of this knowledge gap, mental health policies are ineffective (Tanenbaum, 2005).

This study aimed to contribute to filling this knowledge gap by exploring the perspectives of policymakers to gain a clearer and realistic understanding of the mental health policy construction process. Examining the perspectives of policymakers as well as their decision-making processes related to mental health policy construction is one effort to address the larger problem of ineffective mental health policies by revealing implications for policy reform.

CHAPTER THREE

METHODOLOGY

Introduction

In this chapter, the details of the methodological design for this study are discussed. This chapter also includes a reiteration of the purpose of the study and the rationale for using a qualitative methodological research design. The research questions, participant demographics and profiles, data collection methods and procedures, interview protocol, ethical considerations, role of the researcher, and data analysis process are highlighted. Lastly, an in-depth explanation of validation procedures and of how trustworthiness was secured is presented.

Restatement of Purpose

The purpose of this qualitative study was to explore the perspectives and lived experiences of practicing, state-level policymakers regarding their decision-making processes related to mental health policy construction. The researcher aimed to disentangle the complexities surrounding mental health policy construction from the perspective of the policymaker, to reveal implications for policy advocacy efforts (i.e., legislative lobbying) and effective, best practice policy reform. Results of this study revealed important insights from policymakers related to fostering collaboration between the mental health and political communities.

Research Questions

The following research questions were explored using phenomenological qualitative research methods:

- 1. What are the lived experiences of practicing policymakers surrounding the mental health policy construction process?*

2. *What influences the decision-making processes and perspectives of policymakers in developing mental health policies?*

Rationale for Phenomenological Research Design

To discover the perspectives of state-level policymakers regarding mental health policy construction, these research questions were explored using a phenomenological qualitative research design to examine the lived experiences of practicing policymakers. Participants included state-level policymakers who were members of committees pertaining to health and welfare, and who have had lived experiences with mental health policies and policymaking. It was hoped that exploring the perspectives and lived experiences of policymakers using phenomenological methods would provide the true essence of meaning of the mental health policy construction process (Lichtman, 2013; Van Manen, 2011). A phenomenological qualitative research design and an Interpretative Phenomenological Analysis (IPA) approach were used to explore the lived experiences of practicing policymakers in one state surrounding the mental health policy construction process. An IPA approach allowed the researcher to gain an understanding of the lived experiences of participants and the meaning attributed to those experiences, while also reflecting the researcher's interpretation of the details (Smith, Flowers, & Larkin, 2009). Phenomenology was chosen as the research design of this study both due to its connection to the field of psychology and literature support for being uniquely suited for policy research (Gibton, 2016). With psychology woven into its foundation, phenomenology as a research approach is focused on meaning and human experience, and thus is an appropriate methodological approach to explore the lived experiences of policymakers related to mental health policy construction.

According to Rubin and Rubin (2012), all qualitative research is suitable for research topics related to policy. Palinkas (2014) asserted that, “Rigorously applied qualitative methods offer great potential in contributing to the scientific foundation of mental health services research” (p. 1). Although all qualitative research is suitable for policy and mental health research topics, phenomenology is the only qualitative research approach uniquely developed with methods to uncover the essence of meaning from the lived experiences of participants, which has many advantages for policy research (Creswell, 2014; Gibton, 2016; Husserl, 1913). Rubin and Rubin (2012) asserted that public policies are the subject of much contention, but further stated, “Such topics virtually beg to be studied in order to gain concrete information on which to make decisions” (p. 48). Rubin and Rubin (2012) added that using qualitative research methods to explore policy related issues could give voice to the voiceless and address social problems and reform. Moreover, Rubin and Rubin (2012) argued that, “sometimes talking to those involved in a process or program can challenge long-held assumptions and help recast ineffective public policies” (p. 3). Qualitative research, and specifically phenomenological qualitative research, is uniquely suited for studying issues related to policy and policymaking (Gibton, 2016). Furthermore, IPA has been described as a suitable approach for studying research questions which explore how individuals perceive particular situations they are facing and how they make sense of their personal and social worlds (Smith & Osborn, 2008).

Specific reasons that qualitative research is uniquely suited for policy research include that qualitative research can help in understanding historical aspects of policy, and can reveal ideologies, perceptions, and feelings towards particular policies (Gibton, 2016). Additionally, Gibton (2016) highlighted IPA as a common method for studying policymakers, and asserted, “Qualitative and interpretive methods are useful for studying such ‘messy’ situations that involve

uncovering the politics of supposedly linear processes and disclosing the views of the main players in the field” (p. 9).

Because phenomenology is focused on gaining meaning of the lived experiences of participants, psychological and mental health phenomena are commonly studied using phenomenological approaches (Wertz, 2005). According to Wertz (2005), many distinctive features make phenomenology relevant for research in the field of social sciences, including but not limited to: concepts and methods specifically designed for the discipline of psychology; development across basic disciplinary areas (e.g., learning, perception, language, cognition, personality); and its enduring and diverse contributions in specific areas of both mental health and counseling. With an interest in meaning, consciousness, and lived experiences, phenomenology in the philosophical sense is closely tied to psychological theories (Lichtman, 2013; Smith, 2013). Thus, phenomenology was a well-suited method for exploring the lived experiences of policymakers related to their policymaking experiences surrounding mental health.

Research Design: Phenomenology

Several approaches to phenomenology (e.g., transcendental, existential, hermeneutic) exist, and they vary in their relationship to what is to be studied, the researcher’s role, and data analyses. These different approaches are described as being either descriptive or interpretive (Lichtman, 2013). IPA, an interpretive, hermeneutic approach, was used and guided both the data collection and analysis process. An IPA approach was chosen because it allowed the researcher to play an active role in the data analysis process, which allowed for a more intimate and interpretive understanding of the participant’s experiences (Smith & Osborn, 2008).

One of the major theoretical tenets is that IPA is informed by hermeneutics, the theory of interpretation, and therefore uses an interpretive form of analysis (Smith et al., 2009). Interpretive phenomenology focuses on interpretation rather than description of an individual's perceptions of a phenomenon, and explores details related to how participants are making sense of their personal and social worlds (Reiners, 2012; Smith & Osborn, 2008). The IPA researcher is interested in focusing closely on the details of how individuals make sense of their experiences (Smith et al., 2009). In this study, the researcher paid particular attention to the details of the policymakers' experiences related to mental health policy construction as well as their perceptions of their experiences. According to Smith et al. (2009), "When people are engaged with 'an experience' of something major in their lives, they begin to reflect on the significance of what is happening, and IPA research aims to engage with these reflections" (p. 3). IPA attempts to understand participant's perspectives and understandings of a situation and move beyond description to uncover the meaning of experiences (Leedy & Ormrod, 2013; Dowling & Cooney, 2012). IPA assisted the researcher in extracting the essence of meaning of policymaker's experiences, perspectives, and reflections related to both mental health and the policy construction process.

Participants

Sample Size and Criteria

Participants included practicing policymakers in a southern region state of the U.S. who were members of legislative committees designated to the area of health and welfare issues. A total of eight participants participated, of the 18 who were recruited. According to Morse (1994), it is recommended that a minimum of six participants participate in a phenomenological research study to gain rich data to generate findings. Additionally, when using IPA research, it is

suggested that at least 10 participants are needed to achieve saturation of data (Smith et al., 2009). More than eight participants could have been included; however, the researcher believed that saturation was reached. Participant criteria were that the participants were state-level policymakers who are currently practicing, and who have positions in legislative health committees. These criteria ensured that the participants had lived experiences with mental health policy.

Participant Demographics

The demographics of the participants are provided but to a limited extent to protect their confidentiality. A total of eight participants were interviewed, consisting of three state Senators and five state Legislators. All participants were practicing policymakers in the same state. The participants included one female and seven males. Two of the participants were Black and the remaining six were White. Their ages ranged from 31 to 77. All participants were members of committees that focus on health and welfare issues. Thus, all participants were confirmed to have been involved in policymaking related to mental health matters.

At the time of the interviews, seven of the participants were running for re-election for a second term or higher-level office, and one participant was in the final term of office. Participants were asked to discuss their career experiences with mental health policy matters. All the participants were able to speak to specific and broad matters pertaining to mental health policy and some referenced specific bills they had authored. Participant profiles were created using pseudonyms to protect participant confidentiality. Participant demographics are displayed in figure 3.

Participant Profiles

Ned. Ned is a 77-year-old male who is currently serving his third term as a state

legislator, with plans to run for the state senate. Prior to his political career, Ned earned a graduate degree and worked in public education and leadership. Ned is a member of the Republican Party.

Lance. Lance is a 63-year-old male, currently serving in his first term as a Senator. Prior to his senate position, Lance served one term as a legislator. Lance is a member of the Republican Party. At the time of the interview, Lance worked in a medical related field, a career that preceded his position in politics.

Kenneth. Kenneth is a 31-year-old male. Kenneth is serving his first term as a state legislator and is a member of the Democratic Party. Prior to his political career, Kenneth earned a graduate health degree and worked in healthcare. At the time of the interview, Kenneth was still working in healthcare while in his role as a legislator.

Mark. Mark is a 75-year-old male who is currently serving his second term as a state legislator. Mark is a member of the Democratic Party. Prior to his political career, Mark worked in a medical related field. At the time of the interview, Mark was still working in the medical field.

Joe. Joe is a 74-year-old male and is a member of the Republican Party. Joe is currently serving his second term as a state legislator. Prior to his career in politics, Joe worked in education leadership. Joe earned master's and doctorate degrees in education.

Kip. Kip is a 57-year-old male and is a member of the Republican Party. Prior to his career in politics, Kip worked as a criminal attorney on the side of prosecution. At the time of the interview, Kip was still practicing law.

Lucas. Lucas is a 40-year-old male, state legislator and practicing attorney. Lucas is a member of the Democratic party. Prior to his career in politics, Lucas worked for a District

Attorney. At the time of the interview, Lucas was still practicing law.

Ava. Ava is a 52-year-old female and state senator. Ava is a member of the Democratic Party. Prior to her career in politics, Ava worked in social services and education.

Participant Pseudonym	Gender	Age	Political Party	Title
KENNETH	male	31	democrat	Legislator
KIP	male	57	republican	Senator
AVA	female	52	democrat	Senator
MARK	male	75	democrat	Legislator
JOE	male	74	republican	Legislator
NED	male	77	republican	Legislator
LUCAS	male	40	democrat	Legislator
LANCE	male	63	republican	Senator

Figure 2. Participant Demographics Information

Data Collection Methods

The data collection process included semi-structured interviews with a total of eight participants. Prior to initiating the data collection process, the University of New Orleans' Institutional Review Board (IRB) reviewed and approved the study. A snowball sampling method was used to recruit participants along with a gatekeeper to assist with initial access to participants. The gatekeeper assisted with participant recruitment by forwarding the recruitment e-mail to legislative members who are involved with mental health policy. The gatekeeper also assisted with follow-up recruitment phone calls when four of the participants did not respond to initial recruitment e-mails. The gatekeeper was in a lobbyist position at the time of participant recruitment and data collection. According to Creswell (2014), it is important to seek the approval of gatekeepers, who are individuals at the site who can provide access and/or allow the research to be done. The gatekeeper was asked to sign a confidentiality agreement. The screening

process included the criteria that participants had to be active legislators or senators involved in mental health policymaking. Each participant was verified to have met participant criteria prior to scheduling of the interviews.

An audio recording device was used for each semi-structured interview after participants provided consent for their participation. Prior to each interview, I greeted the participants, obtained their consent, reviewed the informed consent process including confidentiality, and informed the participants of the purpose of the study. Participants were invited to ask clarifying questions if needed. During the initial screening process, I also discussed my interest and connection to the research problem with each participant, to limit my biases. Once the participants consented to participate in the interview, I utilized the interview protocol questions found in Appendix A to guide each semi-structured interview. Each audio recording of the interviews were saved on a password-protected, private computer to which only I have access.

The interviews were transcribed using confidential transcription software. Each transcribed interview was then reviewed and edited through a process of reading along with the audio recording to fully immerse myself in the raw data and to eliminate any transcription errors. Each participant was given a copy of their interview transcript for review and was invited to expand on their answers and make any clarifying statements or edits.

Participants were recruited via a recruitment e-mail and snowball sampling methods. I ensured that the candidates met criteria for participation. The data collection methods included one hour, semi-structured, individual interviews to allow for an in-depth exploration of the lived experiences of policymakers and to gain a better understanding of mental health policy construction. Semi-structured interviews are an exemplary method of data collection for IPA (Smith & Osborn, 2008). Individual interviews provided an in-depth exploration of the

perceptions of policymakers. To be consistent with phenomenological methods, the researcher used phenomenological interviewing methods for the individual interviews (Merriam, 2009).

The Phenomenological Interview

The participants were interviewed using a semi-structured format and phenomenological interviewing techniques. Each participant was invited to participate in one face-to-face interview, and a follow-up conversation for member checking for verification and accuracy of data (Shenton, 2004). The researcher used an audio recorder and audiotapes for transcription and coding analysis. Prior to each interview, I explained the purpose of the study, the informed consent process, and confidentiality. The phenomenological interview is a defining characteristic and method that is unique to phenomenological research. According to Merriam (2009), “to get at the essence or basic underlying structure of the meaning of an experience, the phenomenological interview is the primary method of data collection” (p. 25). Interviewing the participants using phenomenological interviewing techniques allowed for an in-depth understanding of policymakers’ perspectives related to mental health policy construction and related sociopolitical factors impacting the policy construction process. Phenomenological interviews are distinctive from other types of qualitative interviews in that they use “phenomenological reduction” (Merriam, 2009, p. 26) and focus on uncovering the essence of an individual’s experience. According to Merriam (2009), “phenomenological reduction is the process of continually returning to the essence of the experience to derive the inner structure or meaning in and of itself” (p. 26). This process is necessary so that the phenomenon being explored can be isolated in order to gain its essence (Merriam, 2009).

The literature presents the rationale for conducting individual interviews with policymakers. According to Gibton (2016), interviews offer an invaluable opportunity to uncover

the context of policy. Rubin and Rubin (2012) also argued that, “sometimes talking to those involved in a process or program can challenge long-held assumptions and help recast ineffective public policies” (p. 3). According to Gibton (2016),

Ultimately, qualitative research is useful in charting theoretical issues of policy by deepening the understandings of beliefs, principles, identities, cultures, groups, movements, and worldviews of policymakers, implementers, and recipients of policy and the conflicts among them (p. 17).

Interview Protocol

An interview protocol was used to guide the semi-structured interviews. Interview protocols are used to guide qualitative interviews to ensure that interviews and participant communications are consistent (Creswell, 2007). The use of semi-structured interviews allowed the researcher the flexibility to modify the order of interview questions. No major modifications were made to the interview protocol. Additionally, the interview protocol was used as a passive guide to allow the researcher to be the primary instrument of data collection (Merriam, 2009). Although the interview structure followed a flexible, semi-structured format, the interview protocol questions were focused and carefully organized. Gibton (2016) emphasized the importance of utilizing an open focused, well thought out interview guide when interviewing policymakers. According to Gibton (2016), “a senior policymaker who frees time for an interview expects an intelligent and interesting conversation, and a fruitful and educating account for him or her too, not only for the researcher” (p. 83). Gibton (2016) also explained that policymaker interviewees might show clear signs of impatience when they are asked questions for which the answers are easily accessible elsewhere. With these suggestions in mind, the interview protocol (see Appendix A) stems from the primary, central research question of the

study. The interview protocol started with one grand tour question. In alignment with the research problem, the subject matter for interviewing policymakers included: the policy construction process, policymaking in the context of other legislative processes, decision-making related to mental health policy construction, the political climate in which the policymaker operates, and overall understandings of mental health as it relates to policy construction. Participants were informed of the length of the interview during the recruitment process, and again at the start of the interview. The entire interview protocol was completed in entirety with each participant, with interviews ranging from 45 to 90 minutes. The interview protocol can be found in appendix A.

Sampling Procedures

Purposeful, criterion, and snowball sampling methods were used to select participants. According to Creswell (2007), purposeful selection of participants can ensure the information of interest is gained from the most appropriate informants. Due to challenges related to access to the population of policymakers, participants were selected and recruited via e-mail and follow-up phone calls, with assistance from a gatekeeper to increase the likelihood of participation. The gatekeeper was a lobbyist with direct access to state level policymakers. According to Creswell (2014), it is important to seek the approval of gatekeepers, who are individuals at the site who can provide access and/or allow the research to be done. The gatekeeper was asked to sign a confidentiality agreement. Snowball sampling methods were used to access potential participants using information obtained from other participants. According to Merriam (2009), snowball sampling involves locating the first few participants who meet the participant criteria and asking each participant for other participant referrals. A snowball sampling method is commonly used in policy research. According to Gibton (2016), asking policymaker participants for further

participant contacts is a good way to choose further participants and better understand the structure and processes of the systems related to a policy study. Additionally, policymaker participants know the political organizational system and therefore have the most up-to-date understanding of the structure of the system and can add depth of understanding of the political system (Gibton, 2016).

Site Selection

When interviewing policymakers, Gibton (2016) recommends that the site location of the interview be at the main office building where the policymaker operates, as this is an important element of a study on policy. According to Gibton (2016), “policymakers are busy people and time is limited” (p. 82). If the policymaker does not wish to be interviewed at their official office building, Gibton (2016) suggested a private home or office of the policymaker’s choosing. Participants were interviewed at their governmental office buildings with one exception. One interview was held at the participant’s secondary place of work.

Ethical Considerations

Informed consent was obtained directly from participants both in writing and verbally prior to their participation. Participants were provided with informed consent forms and their signature was requested to indicate that they agreed with the terms of the study. Through the informed consent process, participants were made aware of their rights as participants, the purpose of the study, participation criteria, significance of the study, potential risks of their participation, confidentiality, and their ability to withdraw from the study at any time. The participants were given the opportunity to ask questions and share concerns with the researcher and/or her supervisors at any time. Each participant received a written copy of the informed consent and related details pertaining to the study. Participants were also informed that the

interviews would be recorded, and their consent was obtained prior to recording.

Participant confidentiality was ensured and maintained by assigning pseudonyms to each participant. Additionally, demographic information of participants was provided with only minimal descriptive characteristics (i.e., names and professional affiliations of participants not to be used in any published data). Confidentiality of the data was ensured through password protecting of all data and storing of all research data at a secure location. The data was accessible to only the researcher and supervisors of the study. In accordance with federal human subject's protection, the relationship between investigator and participants were based on honesty, trust, and respect.

This research study included additional ethical considerations and cautions that are separate from the most recognized research ethical considerations as outlined above. Thus, additional ethical considerations should be adapted to the unique situation of qualitative policy studies (Gibton, 2016). Gibton (2016) stated,

When it comes to policymaking and policy researcher, ethics have a wider role, above and beyond the role of defending the well-being and rights of participants. This is about the role of research in decision-making and policy planning. This ties ethics to issues of rigor and method, relevant to qualitative research as the relatively 'youngest' and most recent set of methods and study designs for studying policy (p. 172).

Additional ethical considerations unique to qualitative policy research include: policymakers being closely tied to public interest issues, power dynamics between policymaker and researcher, and the negotiation of the researcher's political identity in the research process (Gibton, 2016). The researcher was careful to bracket her biases and political beliefs through reflexive journaling.

According to Gibton (2016), “Policy studies often involve issues that are of public, not just scholarly, interest, and the researcher might be tempted to pursue the spectacular” (p. 4). Additionally, policy researchers themselves may have a grudge or special interest on contentious issues that reside in the heart of public debate, and policymakers often associate qualitative research interviews with journalistic interviews (Gibton, 2016). Thus, Gibton (2016) emphasizes the importance for researchers to focus on obtaining accuracy of data while refraining from any journalistic, tabloid aspects of research. The researcher’s positionality statement, in which the role of the researcher is clearly defined, is thoroughly explained in this study. Additionally, bracketing methods such as journaling were used so that the researcher could set aside her thoughts about the phenomenon being studied to avoid biases influencing the researcher’s thinking as the phenomenon was investigated (Lichtman, 2013; Merriam, 2009). A digital journal entry was recorded following each participant interview. Gibton (2016) cautioned the qualitative researcher who plans to interview policymakers that policymakers often are seen as being in positions of power; yet, in a research interview the power is in the hands of the researcher. According to Gibton (2016), ethical practice should involve paying close attention to power positions. This researcher maintained awareness of power dynamics and relied on validation and trustworthiness procedures to ensure ethics of the study were maintained.

Gibton (2016) asserted that a researcher’s identity politics and how the researcher’s field treats the topic of study should be paid close attention, and that ethical behaviors for these issues include being keenly aware of these factors in planning the study, data collection, and data analysis. The ethics of qualitative policy studies highlight the importance of thoroughly addressing the role of the researcher as an element of the design of this study.

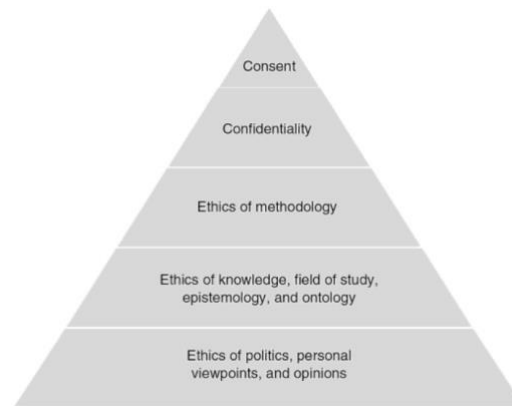


Figure 9.1 The layers of ethical issues in a policy study.

Figure 3. Layers of Ethical Issues In a Policy Study (Gibton, 2016).

Role of the Researcher

In IPA research, the researcher plays an active role in the research process, especially during data analysis when the researcher engages in an interpretation process, the double-hermeneutic process (Smith et al., 2009). Guba and Lincoln (2005) emphasized the importance of reflexivity for the qualitative researcher—the critical examination of the elements of the researcher that are brought into the research process, such as the researcher’s worldview, assumptions, and experiences.

Reflexivity—as well as the poststructural and postmodern sensibilities concerning quality in qualitative research—demands that we interrogate each of our selves regarding the ways in which research efforts are shaped and staged around the binaries, contradictions, and paradoxes that form our own lives (Guba & Lincoln, 2005, p. 210).

In a similar vein, McCaslin and Scott (2003) asserted that qualitative researchers should examine their personal biographies and selves as rigorously as they examine and analyze the data. Thus, my worldview, assumptions, experiences, and political identity as they play a part in my role as the researcher are thoroughly discussed.

I am a practicing mental health counselor and also consider myself a mental health advocate. I have a particular interest, at both a personal and professional level, in advocating for clients of mental health and the mental health profession, and in reducing stigma associated with mental health. I situate myself in the constructivist and transformative paradigms of thought, and also identify as a Christian. As both a constructivist and a mental health professional, I believe that individuals develop subjective meanings of their experiences, which are formed through interaction with others and are negotiated historically, culturally, and socially (Creswell, 2014). I also believe that although realities may vary based on an individual's experiences, one truth exists of how experiences occur, even though this truth may be unacknowledged or unknown to an individual. I also hold the ontological belief that realities are socially constructed based on life experiences and events (Kamil, 2011). These beliefs are based on my career, personal, and spiritual life experiences and have led to the cultivation of my worldview and developing research lens and identity.

According to Creswell (2014), a researcher's worldview is developed partly based on their discipline orientation and past personal and career experiences. My career experiences have included working at a psychiatric hospital providing crisis stabilization services to a diverse population of adults and adolescents facing acute mental health and substance abuse issues, abuse, trauma, poverty, oppression, and other crises. These experiences have cultivated many assumptions and epistemological and ontological beliefs about how I justify truth and see the world, respectively. For example, having heard numerous clients express feelings of despair and hopelessness directly related to facing oppressive or abusive circumstances, I have developed my constructivist ontological belief that "What we take to be reality is an output of human cognitive processes" (Kamil, 2011, p. 68). These professional experiences also led to a greater recognition

of and alignment with the philosophical underpinnings of social psychology which drive most social advocacy movements—that various forms of oppression can lead to psychological and emotional difficulties (Smith et al., 2009). Working closely with a diverse client population has given me a closer view into the functioning of our current mental health system and how it meets or does not meet the needs of certain populations. These experiences have transcendentally influenced my identity development, career choices, philosophical beliefs, spiritual beliefs, political identity, and worldview. Most importantly, they have influenced my research lens and research identity.

These experiences, along with my education and training, cultivated and refined a deeper passion for advocacy, call to action for social change, and social justice. Thus, as an identified constructivist yet novice qualitative researcher, I align with the transformative paradigm of thought that, “research inquiry needs to be intertwined with politics and a political change agenda to confront social oppression” (Creswell, 2014, p. 9; Mertens, 2010). Gibton (2016) highlighted the importance of the qualitative researcher who researches policy and political issues of addressing their political identity and the role it plays in the research process.

Rubin and Rubin (2012) asserted that there is “no reason to separate political life from research” (p. 235). I have no experience with political advocacy or working in politics. As it is relevant to this study, I, along with many other social researchers (Oliver, Lorenc, & Innvaer, 2014) believe that all governmental decisions and policies should be informed by evidence-based knowledge and best practice. Yet, according to Head (2008), “policy decisions emerge from politics, judgment, and debate, rather than being deduced from empirical analysis” (p. 1). I also believe that governmental policy decisions should strive for equity and be sensitive to race, gender, socioeconomic status, and culture.

In summary, my education and career as a mental health counselor play a large role in my researcher identity. I may hold potential biases regarding certain subjects and/or persons that focus on advocacy, equity, and social justice—highlighting the importance of the reflexivity provided in this researcher statement (Johnson & Duberley, 2003).

Data Analysis

The qualitative data analysis process for policy research requires careful consideration and intentionality. According to Gibton (2016),

Policy studies have two important qualities regarding the issue of data analysis choice.

The first quality is the multidisciplinary and interdisciplinary character of policy research.

The second quality is the wide viewpoint: chronologically, conceptually, and contextually, that embodies policy studies. These qualities should guide the policy researcher when choosing a data analysis paradigm, system, or method (p. 133).

Thus, data analysis methods should be carefully chosen to address these qualities of policy research. In staying true to the phenomenological design, the data analysis process for this study involved using techniques and methods unique to phenomenology and consistent with IPA, such as reading and re-reading of transcript data, epoché, bracketing, and phenomenological reduction methods, to depict the true essence or basic structure of experience of data (Merriam, 2009; Smith, Flowers, & Larkin, 2009). Data were analyzed for this study by following the step-by-step IPA data analysis process as outlined by Smith, Flower, and Larkin (2009). These steps included reading and re-reading, initial noting, developing emergent themes, searching for connections across emergent themes, moving to the next case, and looking for patterns across cases (Smith, Flowers, & Larkin, 2009). Smith and Osborn (2008) do not suggest a single prescriptive method of data analysis for IPA; rather, they suggest a qualitative data analysis

process that works for the researcher so that the researcher can engage in an interpretative relationship with the data.

When describing the data analysis process of IPA, Smith and Osborn (2008) stated, “qualitative analysis is inevitably a personal process, and the analysis itself is the interpretative work which the investigator does at each of the stages” (p. 67). According to Smith, Flowers, and Larkin, (2009), IPA data analysis is iterative and inductive and has a psychological focus on personal meaning-making of participant data. The IPA data analysis process uses strategies such as line-by-line analysis of the participant data, identification of emergent themes within the experiential participant data, and the development of a dialogue between the researcher, the coded data, and her or his psychological knowledge about what it might mean for participants to have their explained experiences (Smith, Flowers, & Larkin, 2009).

Step one of the data analysis process started with reading each of the data transcripts while listening along to the respective audio recording of the transcript. I utilized horizontalization by reading the data without making interpretations and allowing each response to carry equal weight. I then re-read each transcript and focused solely on the participants’ responses. Throughout this process I was journaling my reactions as they emerged regarding the transcript content and interview process (Smith et al., 2009). As I re-read the transcripts for step one, I began looking for patterns across the data and recorded significant insights pertaining to the data in the left-hand margin of the transcript, which represented my initial notes and preliminary interpretations (Smith et al., 2009). I engaged in an interpretative relationship with the data as it was analyzed (Smith & Osborn, 2008). This process was completed for the entire first transcript. Step two of the data analysis process included transforming the initial notes into emerging themes (Smith et al., 2009). In this step, I re-read the same transcript and documented

emerging themes in the right-hand margin of the transcript. Concise phrases were developed to represent the emerging theme titles, which aimed to capture the essential quality of the text (Smith et al., 2009). This step of the data analysis process was very important, as it invoked psychological terminology and required me to use a higher level of abstraction (Smith et al., 2009). Additionally, this step allowed for theoretical connections to emerge that were still grounded in the specific responses of the participant (Smith et al., 2009). Step three involved a more analytical and theoretical ordering as I began to make sense of the connections between emergent themes (Smith et al., 2009). I then began to cluster the themes that connected to one another. The themes were then compared back to the transcript data to ensure that the connections still related to the participant responses. I made note of descriptive comments and conceptual comments that emerged as I re-read the transcript (Smith et al., 2009). This step was a tedious and iterative process, as it required me to go back and forth between the themes and the text to make sense of what the participant was saying while at the same time checking to make sure my interpretations made sense (Smith et al., 2009). For step four I created a table of the themes and ordered them coherently. As suggested by Smith et al. (2009), the clusters of themes were then given titles to represent the superordinate themes. I made sure to note where in the original transcript the themes originated by highlighting the transcript and also by using key words in the table. During this process I dropped themes that did not seem to fit and divided the themes under the overarching research question (Smith et al., 2009). Step five included repeating steps one through four for each transcript. According to Smith and Osborn (2008), “one can either use the themes from the first transcript to help orient the subsequent analysis or put the table of themes for participant 1 aside and work on transcript 2 from scratch” (p. 73). I chose to move to the next case and put the themes for participant 1 aside for analysis of participant 2, and

so forth so that I was not influenced by the previous findings from earlier transcripts (Smith et al., 2009). After all transcripts were analyzed, I then organized the themes and looked for connections across themes. During this step I chose to re-label some of the themes as best suited the content and interpretations (Smith et al., 2009).

For the final step of the data analysis process I selected and organized rich quotes from each participant and began organizing them in a narrative to demonstrate the connection of themes across all of the interviews. The themes and subthemes that emerged were organized within each super-ordinate theme and supported by quotes from participant interviews. Using these data analysis steps allowed me to capture the essence of meaning of the data obtained from the in-depth interviews with policymakers.

Methods of Analysis

Qualitative data analysis is an iterative process that aims to reveal meaning, context, process, and reasoning from participant narratives (Maxwell, 2005; Smith, Flowers, & Larkin, 2009). Phenomenology makes meaning of participants' experiences through analysis of significant participant statements. According to Creswell (2014), "phenomenological research uses the analysis of significant statements, the generation of meaning units, and the development of what Moustakas (1994) called 'an essence description'" (p. 196). Smith and Osborn (2008) do not suggest a single prescriptive method of data analysis for IPA, but rather they suggest a qualitative data analysis process that works for the researcher so that the researcher can engage in an interpretative relationship with the data. In addition to following the step-by-step IPA data analysis process as outlined by Smith, Flower, and Larkin (2009), I utilized the phenomenological techniques outlined below.

Horizontalization and imaginative variation. Horizontalization occurs at the initial data analysis stage (Merriam, 2009). “Horizontalization is the process of laying out all the data for examination and treating the data as having equal weight” (Merriam, 2009, p. 26). Thus, the data are initially seen as having equal value (Merriam, 2009). According to Merriam (2009), “imaginative variation involves viewing the data from various perspectives, as if one were walking around a modern sculpture, seeing different things from different angles” (p. 26). Horizontalization and imaginative variation were used throughout the data analysis process as themes were extracted from the data. Specifically, as transcripts were read for the first time, the responses from the participants were seen being of equal value.

Epoché and bracketing. The phenomenological researcher goes through a process called epoché, in which the researcher “explores his or her own experiences, in part to examine dimensions of the experience and in part to become aware of personal prejudices, viewpoints, and assumptions” (Merriam, 2009, p. 25). Bracketing is another technique used with the epoché process in which the researcher temporarily sets aside his or her own thoughts about the phenomenon being studied and puts them in brackets, through activities such as journaling, to avoid biases influencing the researcher’s thinking as the phenomenon is investigated (Lichtman, 2013; Merriam, 2009). I explored my own experiences by keeping a written and digitally recorded journal throughout the research process to remain aware of personal prejudices, viewpoints, and assumptions. The epoché and bracketing process began before the phenomenological interviews were conducted and occurred throughout the data collection and analysis process as well (Merriam, 2009). A digital reflexive journal entry was recorded immediately following the interview with each participant. The journals were then reviewed as the data analysis and peer review process ensued.

Perspectives and lived experiences of participants (i.e., transcriptions) were analyzed and categorized to reveal findings. As the themes emerged, written narratives were developed to summarize findings and tell a story from the voices of participants. I engaged in an interpretative relationship with the data, but first read the transcripts through without interpreting or coding.

Validation Procedures and the Establishment of Trustworthiness

Lincoln and Guba (1985) identified four criteria of constructs for securing trustworthiness: credibility, transferability, dependability, and confirmability. To ensure credibility, research methods well established in qualitative investigation, specifically IPA, were used (Shenton, 2004). Additionally, prolonged engagement with the participants, member checking, and peer scrutiny of the research project were used (Shenton, 2004). Peer scrutiny was invited from a trusted colleague who understands the context of the study as well as qualitative research processes. Participants were also reminded that they were allowed to refuse to participate at any time. A detailed, thick description of findings was developed. These validation procedures were used to ensure credibility so that a true picture of the phenomenon being studied was captured and presented (Shenton, 2004).

To secure transferability, adequate details of the data collection process are provided so that a reader can decide whether the research environment is similar to another situation with which they are familiar, and whether the findings can be applied to another setting (Shenton, 2004). To address the issue of dependability, sufficient detailed and contextual information regarding the design, methods, and implementation is provided to enable a future investigator to repeat the study (Shenton, 2004). Dependability must be addressed because reliability is challenging to fully achieve in qualitative research (Shenton, 2004). Lastly, to achieve confirmability, necessary steps were taken such as member checking, to clearly demonstrate that

findings emerged from the data and not the researcher's own biases (Shenton, 2004).

Additionally, I engaged in reflexive and methodological journaling throughout the research process.

Summary

In this chapter, the purpose of this study was reiterated, and the methodology used to answer the research questions was thoroughly discussed. The rationale for the study was revisited in order to re-emphasize the intentionality behind decisions related to methodology. Details related to data collection, data analysis, ethical considerations, participants and validation procedures were discussed. Of equal importance, the role of the researcher was clearly defined and explained. Lastly, an interview protocol was provided that contains the questions that were asked of participants during the semi-structured interviews.

CHAPTER FOUR

RESULTS

Introduction

This chapter includes a discussion of the findings of the study of policymakers' experiences with mental health policy construction, as well as a description of the data collection and analysis methods used. The results discussed in this chapter include the themes that emerged from the data analysis process of the participant interviews. In the analysis of the data, three major superordinate themes emerged, which included related themes and subthemes. The superordinate themes included: the battleground of policymaking; barriers to mental health policymaking and policy reform; and strategies for improvement.

Results of Validation Procedures

Validation procedures as more thoroughly outlined in chapter three were utilized to establish trustworthiness. These procedures included reflexive journaling, peer scrutiny, audit trail, and member checking. A digital reflexive journal entry was recorded immediately following each participant interview. This assisted me in bracketing my biases and reflecting my thoughts about the interview process with each participant. The transcripts and themes were reviewed by a peer reviewer on multiple occasions to ensure that they were appropriately interpreted. During the peer review process, we engaged in a back and forth process with the themes and reviewed my reflexive journal to ensure that my biases were bracketed appropriately throughout the process. The peer reviewer offered feedback to assist with theme development and I shared my rationale for interpretations.

In addition to reflexive journaling and the peer review process, I also kept an audit trail to ensure trustworthiness. The audit trail included an overview of all transcripts with initial notes,

preliminary themes and final themes, a reflexive journal of why I decided to choose each theme, and field notes. This audit trail allows the researcher to follow the research process from beginning to end. All transcripts, notes and journal entries were maintained to develop an audit trail of the process. Lastly, I used member checking following the interviews to verify accuracy of participant responses. Immediately following each interview, I explained the member checking process to each of the participants. I allowed participants to choose a confidential method for me to share the transcript with them. Three of the participants stated that they did not care to engage in member checking due to being busy and reported that they were content with their responses provided during the interview. Nonetheless, they were each provided with the opportunity to engage in member checking. The remaining participants provided me with personal e-mail addresses and requested that the transcripts and interpretations be e-mailed to them. Transcripts and a summary of the final data analysis themes and interpretations were individually sent to respective participants at their provided e-mail addresses. None of the participants chose to make any changes to their transcripts; one participant responded confirming he received the e-mail of his transcript for member checking, however he did not respond with any changes and did not respond to follow-up requests to engage in member checking. One participant was e-mailed the interpretations of the findings and participated in a follow-up phone call and chose to not make any changes. Another participant responded affirmatively with “you did a great job!”

Data Analysis Results: Super-Ordinate Themes

The results of this study revealed three super-ordinate themes. Salient factors related to the lived experiences of practicing policymakers included: the battleground of policymaking; barriers to mental health policymaking and policy reform; and strategies for improvement. These

super-ordinate themes are further expanded into themes and subthemes, which are supported by excerpts and quotes from the participants. It should be noted that budgetary restrictions will vary across states depending on the state's constitutional or statutory protection from budget cuts. Thus, budgetary restrictions are a confounding factor in policymakers' decision-making. This should be taken into consideration in relation to results and findings.

The Battleground of Policymaking

As the participants shared their political career experiences on the front lines of policymaking, each of them described strategies for debating policy matters and shed light on where mental health falls in competing priorities amidst often heated philosophical debates. The shared experiences of participants on the front lines of policymaking illuminated the colliding of political ideologies surrounding mental health policymaking matters, which revealed their current political climate, the strategic game of politics, power struggles, and reactive policymaking—tantamount to a political battleground. Four themes emerged from this superordinate theme: the current political climate: philosophical divides; political games and power struggles; policymaking: a chaotic hodgepodge; and influencers to decision-making.

The current political climate: philosophical divides. As all of the participants shared their experiences with mental health policymaking, they described the climate of their current political environment. The participants described the philosophical divides surrounding policymaking and how opposing views collide in their political system. Those participants who have been in their career for longer than a decade described a climate change to have occurred over time and revealed perspectives on how shifts in political temperatures impact the fragile state of mental health.

All of the participants shared their experiences and perspectives that revealed the philosophical differences among politicians with varying political ideologies, and also cast a light on the way these philosophical differences impact the policymaking process. The participants' perspectives revealed a political climate in which philosophical differences related to mental health are debated with disrespect and volatility or avoided altogether—all words and sentiments used by some of the participants in their interview responses.

Joe, when asked to discuss his perspectives about the current policymaking process in his state, shared a concerned perspective about the divide among his colleagues. Joe stated, “Right now, in the eleven years I've been here, this has been the worst of those eleven years. I hate that, but it's kind of where we are right now. There's so much differences in the body and how we view things, and the way it should be done.” Ava also shared a troubled perspective, except with heightened concern. Ava shed light on the environment of the policymaking battleground. Ava stated:

This political environment is very volatile. I've seen things happen here in [state] that has never happened before. I've been elected for 13 years; I've been in the political arena almost 30 years. There was always a level of respect regardless of difference of opinion. That's something I'm seeing being lost.

Ava further expressed that although differences of opinion have always existed, the way in which those differences are handled has eroded into disrespect. Ava shared,

Honestly, I think there were always the underlining factors of certain things that were always there, but there still was always a level of respect. There was a level of decorum that we operated in, there was a level of respect, there was a level of seniority in term of senior members...you wouldn't disrespect. I'm seeing that begin to slowly erode.

Ava then described the disagreements between her colleagues to be “ugly” at times. Ava stated, “So right before I left the house, I witnessed exchanges between members that never existed before that were really ugly. I mean, they didn't reach the media, but we saw. We saw.” Ava continued to share her perspectives about the current political climate and expressed worry at times that the disagreements among her colleagues might escalate to physical violence. Ava stated:

And things that just never happened before in terms of disrespectfulness. I mean, you can disagree with somebody without being disrespectful. Then these last couple of sessions I was getting a little concerned. I was like, if we don't hurry up and get out of here, you're gonna see a fight.

Lucas shared the same concerns regarding the divisiveness of the philosophical differences among his colleagues, particularly related to mental health matters. Lucas shared:

There's certainly a political divide, when it comes to funding for mental health and substance use. And the simplest way that I can look at it, and in my experience, and I know it sounds like it's sort of just like grouping people, but people who are in this body who are Republicans and tend to have wealthier districts, value less the funding of things like mental health and substance use.

Lucas shared his belief that Republican politicians are aware of mental health as a need; however, he described Republicans as often avoiding the issue, and further stated that he does not believe them to make it a high priority in policy. Lucas stated, “Because it's not that they're not aware of it, it's that the people that they know that are affected by it have the ability to access treatment. And so...it's not that big of a deal.” Lucas further shared his beliefs that there is a

false assumption among some Republicans that mental health and substance abuse treatment is accessible to their represented districts. Lucas stated:

And so politically they're kind of like, 'Well, that's not a priority for me, because people in my district are gonna go find substance use treatment.' They're missing a whole bunch of people in their district that they're just not thinking about, but it's true.

Lucas continued to share about the disagreements, assumptions and biases that exist in the political atmosphere and also described how money plays a large role in the philosophical disagreements about mental health policy.

It definitely is a bias. And then I think people on the other side of the issue understand that there are a lot of people that are desperate, and that are not able to access the care they need, and all we can do is keep trying to provide more opportunities. And that costs money. And so, it's kind of about money.

In line with democratic ideology, Lucas shared his opinions regarding the government's role in healthcare policymaking. Lucas stated:

What should the government do? It's a question of what should the government do? I don't know how anybody can say that the government shouldn't supply mental health treatment or substance use treatment to people who are desperate for it. It makes the whole society better if you can do that. It makes everyone safer. It makes people's lives better, across the board.

Lucas discussed the philosophical disagreements in the political environment and further shared how his democratic belief regarding mental healthcare is met with disagreement. Lucas stated, "But there are philosophical disagreements about what government should and shouldn't do. And I think that people who have the resources to access all of the things that they need believe we

don't need government.” Lucas expressed his frustration with the opposing views of his colleagues and described these opposing views as hypocritical and shortsighted. Lucas stated:

Then they want to complain about crime. You know? And then they want to complain about women having babies out of wedlock. And then they want to complain about people breaking into cars. You know? And it's like, ‘Do you not see the connection?’ But, ‘no, those people are just bad, and we can’t throw money at it. It's not gonna help.’ Well, I think that's been proven to be untrue, across the country.

Lucas offered his own explanation for the philosophical disagreements that occur in their political climate and expressed that he thinks it boils down to life experience and worldview.

Lucas shared:

I think that when you have experiences like working in a DA's office, or doing the work that you do, you have the benefit of seeing the bigger picture. You see people that are deeply disturbed and living in extreme poverty. And you have the benefit of being able to apply that to the way you see the world. And a lot of people haven't had the benefit.

Lucas then shared that he doesn’t blame his colleagues but feels disappointment in some of their disagreements. Lucas stated:

I'm not blaming the person. I'm just saying it's a shame that when they see someone on the corner shaking a can, that they see some bad person, who's like making their city look dirty. I'm just saying there's a way of looking at the world, and I think they see the world one way, and I see it a different way. And a lot of people see it the way I do, and a lot of people see it a different way.

Ned also discussed the philosophical disagreements existing in his work environment and described a lack of understanding from some of his colleagues for people struggling with mental

illness. Ned stated, “I haven't figured that out yet as an individual or as how a group we can get people to understand that these people are really in need of something.” Lucas described how the philosophical debate on mental health policy boils down to the question of how you spend the limited funds wisely. Lucas stated:

So, the question is, if you're talking about limited resources and how you spend them wisely, how do you do that best? Well, invest on the front end. Prevention and treatment. For this, it's more treatment, but you can spend so much less if you're not having people forced to just keep showing up in an emergency room or in jail because they have a mental health issue, or because they're living on the streets, or because of whatever.

In addition to philosophical divides, the participants described the various political strategies and power struggles that occur in the trenches of policymaking. Each of the participants was asked to share his or her opinion regarding the political science literature descriptions of policymaking to be a difficult game. While some participants' level of agreement was greater than others, all participants were in agreement with the analogy that policymaking in their state is played much like a game.

Political games and power struggles. The participants described the various political strategies and power struggles that occur on the front lines of policymaking, and some discussed the fight to maintain integrity and conviction in doing the right thing amidst coercion political tactics and games.

Peters, author of *American Public Policy: Promise and Performance*, described policymaking as a “difficult game” and stated, “any number of people can and do play; there are few rules” (p. 79). This political science textbook focused on U.S. policymaking. In efforts to gain a true-to-life perspective of the lived experiences of participants in this study, each was

asked to share their perspectives and experiences surrounding mental health policymaking in their state as it relates to the political science literature description of policymaking. In response to this question, Ava agreed that policymaking in her state’s political climate is very much like a game and emphasized the importance for mental health stakeholders to learn the rules of the game of politics in order to be effective policy reform advocates. Ava stated, “At the end of the day, there are a lot of rules, but you have to know the rules, right? So, if you don't know the rules of the game, then that's when you get messed over.”

Kip also agreed with the political science literature description of policymaking as true for his state. Kip stated, “Well, let's break it down a little bit, any number of people can and do play. The Mr. Smith goes to Washington idea, is a perception that a lot of people have as far policy. Anybody can participate—and that's absolutely true.” Kip then began to describe his experiences with the various people and organized groups that have participated in the policymaking process over the course of his career and shared how at times some players in policymaking can be hard to trust. Kip described the people and groups that get involved in the policymaking process in his state and how manipulation tactics are used, which often leave some policymakers skeptical of their intentions. Kip stated:

We had an incidence of 16-year-old girls who were promoted as the movers behind a constitutional convention; limited United States constitutional convention. They were perky and sweet, you were happy to see them, and they did a good job in committee. But they were more likely than not pawns of another group of people. It's hard to vote against 16-year-old girls. It looks like anybody can play. But who was actually playing?

Kip expressed his belief that this was a political tactic and expressed how these situations could pose to be a challenge for policymaking, as they infringe on trust between policymakers and

outside parties. Mark shared his perspective regarding how the game of politics is played in his state and stated that anybody can participate in the policymaking process, but there is a hierarchy of who is listened to. Mark stated:

Anybody can participate in policymaking to a certain point. But, there's a, I believe a hierarchy of those who can see that something actually moves forward. But anybody can participate. Anybody can talk to me and talk to their legislator. And most of the people I serve with, legislatively, have no problem. I really find that, you may not agree with what they have to say, but I think they are interested in trying to deal with it and would like to.

Kip also shared his perspectives regarding the diverse players who are involved in the policymaking process and expressed his thoughts on how resources, power, and money play a role in who decides to participate. Kip shared:

As far as any number of people can play and do play...you present as a young person interested in what's going on, but do you go into the same court as the Koch brothers who have a whole lot more resources than you? That own companies like Georgia Pacific, and others like that? So, the promise of a difficult game any number of people can and do play—yes.

Kip went on to provide additional examples of groups who participate in policymaking and discussed the lack of involvement by most of the public in policymaking. Kip stated, “There’s a lot of room for other players but by and large, most people sit on the bench and don’t participate at all.” In response to policymaking at the federal level being described as having few rules, Kip stated “That’s not exactly true in our state. There are few ethical rules that have to be abided by, and so, this idea that people can buy votes, if they are buying votes, then somebody needs to go to jail on that. It's a different environment than it was 30 years ago, and 20 years ago.” Kip

asserted that in the past there may have been corruption of buying votes in their political environment but stated that this is no longer tolerated in his state.

Lance stated that he is partly in agreement that the policymaking process is a difficult game in his state, but mostly when a significant amount of money is involved. Lance discussed the power struggles that occur as more money is involved in the policymaking process both as it relates to mental health and other matters. Lance stated:

If it's new money that comes to the table; let's just say for some reason to fund a new initiative or a new policy is 10 million dollars. And say you had taken 10 million dollars out of road construction. Well, it is all of a sudden, a huge game. It's a huge game and it's like 'don't take what I've got because that road and that bridge is much more important to me than this guy'.

Lance continued to share this example and how friction is created between mental health stakeholders and other groups when money is being taken at another's expense. Lance further stated:

Your group would come back and say 'yeah but the state of this person and the wellness, etc.'—You're fighting between the safety of a bridge versus this [mental health] so some of it creates more of a game and it just creates friction. And that's where it just becomes so complicated.

Lance also shared however, that he believes mental health policy is better driven locally than at the federal level and also reiterated how money can complicate the policymaking process by increasing competitive attitudes and power struggles. Lance stated:

I would say on the state level, I think every legislator has constituents with mental health issues or mental health counselors. So, I think that the message is better driven locally.

On a federal level, I would probably say that is 100 percent of a statement [that policymaking is a difficult game with few rules]. But it just depends; and where it depends so much is if for some reason a policy is going to be implemented and it takes someone's funding then it becomes a major problem.

Lucas was also in agreement with the political science literature description that policymaking is a difficult game. Lucas shared the perspective that often times when issues create large economic deficits in the state, it can draw a lot of large and diverse organizations attention to policymaking, which according to Lucas can be used as a political strategy. Lucas provided an example related to criminal justice reform and stated that when the cost of incarceration got up to \$700 million it allowed large groups to connect on common ground. Lucas stated:

The fact that we were having fiscal issues, generally, and the fact that the data got more and more clear about what was working in other places, and what was not working here—this allowed groups like the [state] Association of Business and Industry, the Koch brothers, the most far conservative groups, and Poverty Law Centers to agree that this wasn't right. This doesn't work. So, what do we need to do?

Lucas shared that when large groups come together on an issue such as mental health in policymaking arenas, this strategy allows diverse political ideologies and parties to surrender and find a common ground, which is easier said than done. Lucas stated:

Now, then finding the solution is like—keeping everyone together is a challenge. But bringing that broad perspective, it gives everyone... Unfortunately the term I use is it gives people cover. It gives politicians cover to say, 'Well, I supported it because the Koch brothers told me that I should, or because Dow Chemical, and Association of

Business and Industry, and Exxon and big business said that it would help our workforce and that it was better for our economy to do this the right way'."

Although Lucas described this to be an effective method for mental health policymaking, he also expressed the idea that all the stars have to align for this to occur. Lucas stated:

So, from a community perspective, and like an on the street's perspective, you had cover. And from a big business and a conservative point of view, you had cover. So that was kind of the perfect storm. If you can do that on any piece of legislation, you're gonna get it done.

Lucas also discussed the various strategies of politics that he learned in a policymaking conference to be representative of what occurs in his political climate. Lucas stated:

So, you've got lobbyists who are like wine and diners. They take people to dinner a lot, and they schmooze them, and they hope that when the time comes, they can come and visit with you and say, 'Look, it's really important to my client that you vote for this bill, or that you vote against this bill,' and that people would just say, 'Okay, I'll give this one to you.'"

Lucas discussed a second strategy that occurs in policymaking, which is based on information and expertise. Lucas stated:

There are those who take the strategy of becoming an expert for you, as a legislator. Like, 'I've got extra information. I've got all this information for my clients. I just want to be able to give it to you so that you can make the best decision that you want.' Now, they've got a job to do, and they're supplying, but if they provide you with bullshit information, you're not gonna deal with them anymore.

Lucas further stated:

And if they provide you with good information, you're gonna actually seek them out to talk about issues, because you're like, 'Let me walk through this with you, because I don't have time to be an expert on every policy area. So, I know you work on this a lot.' So, they become sort of like a helper model, or like a staffer model.

Lucas described a third strategy to policymaking that often occurs which is focused on connecting people and resources. Lucas stated, "And then there's another model that they talk about that's sort of like a connector, and you're sort of like connecting people to various resources so that you become the center of it, and you can kind of try to drive the policy issue."

Although Lucas agreed that policymaking and politics is very much like a game, it is one that he believes should be played fairly. Regarding the rules of the game of politics, he named honesty to be his biggest rule in policymaking. Lucas stated, "The rules are honesty. I think people know that if you're gonna be involved in policymaking, and you're not someone who tells the truth, then you're not gonna be involved with policymaking very long." Lucas discussed how he handles dishonesty when it occurs in his political environment in that it is not something he tolerates as policymaker. Lucas stated:

I don't meet with people that don't tell me the truth. If you're just wrong about something, that's not what I mean. I mean if you're misleading me intentionally, because you are a lobbyist that has a client that disagrees, or...I think that the minute that they get burned by somebody, that person's dead to them. You know?

Lucas continued to share his conviction that he believes in being ethical and honest in his role as a legislator. However, he also shared that these ethics are not followed by all politicians in his state, and also that doing what is right and ethical is unfortunately not always popular in his state's politics. Lucas stated:

My friend ran for local government recently. He was a major champion of criminal justice reform. And he got absolutely slammed. And he lost because of that, I think. It was pretty close. And it was a reminder, like, man, doing the right thing sometimes doesn't pay off in politics, but you just kind of have to go through it.

As Lucas agreed with the statement that policymaking is a difficult game in his state, he provided examples in which certain political tactics are used and discussed how learning the actual game of policymaking works is an important part of being effective in the policymaking process. Lucas stated:

What would've happened politically yesterday if that committee would've voted that bill out, is somebody on that committee was going to get a mailer sent the next time they ran for office, that said: 'Representative John Doe voted to let sex offenders out early, because he's more concerned about child pornographers than he is about our children.'

And then how do you respond that? You're like, 'That's a lie. Of course, I don't. I love our children.' 'Well, why did you vote for this bill?' 'Well, because it's the right policy and it's evidence-based.' Nobody cares about that. And that's what makes it hard.

Despite Lucas' experiences and witness of unscrupulous behavior in the political sphere, Lucas expressed that he does not allow this to cause him to shy away from his value of doing the right thing, no matter the consequences. Lucas stated, "I've never shied away from doing something if I thought it was right. You just have to be willing to explain it. It doesn't mean you won't get caught up in a campaign where you just get slammed." Lucas also shared how he tries to help people to learn the game of politics so that they know how to be effective in reform and policymaking. Lucas stated, "As a legislator, if you know people are coming, you try to engage

with them and say, 'Look, this isn't helpful. I'm not trying to tell you what to say but think about what a politician is gonna think about what you say'."

Kenneth also shared experiences with dishonesty and mistrust in his political environment. Kenneth discussed an experience with mistrust and dishonesty that occurred between him and other politicians during the policymaking process and reported having the assumption that some politicians are used to dishonesty, thus creating a culture of mistrust.

Kenneth stated:

I just recently told a lobbyist this morning that he pissed me off; and I said it for a reason. I had a bill and they wanted me to amend it. So, I shook his hand and told him I would amend it. Then I walked up to the guy speaking to some other members about possibly going against my bill if I don't amend it. That was a direct insult to me, because if I shake your hand, and I told you what I was gonna do, I will do it. But they are so used to people possibly not doing exactly what they say they are gonna do. Where has it gone, to just trusting a man's word? You know?

Kenneth further shared that he also believes policymaking in his state to be a difficult game with few rules. Kenneth stated, "Oh, I definitely agree with it. It states that it's a difficult game, and any number of people can and do play, and there are few rules—yea."

Ned expressed his concerns related to some of his colleagues being ego driven in policymaking. Although he hesitated to talk negatively about his colleagues, Ned shared his beliefs that egos and self-promotion are a part of the political climate of policymaking among some, but not all, politicians. Ned stated:

I think that that's probably... I don't wanna say anything negative about my colleagues.

They're all good people, all here for the right reasons. But sometimes it's self-promoting

too. Sometimes we get into things that are self-promoting. That's frustrating to me sometimes. We see that we're doing this for a reason to promote self and not because of the cause.

Ava also shared this sentiment in which she expressed disappointment in some of her colleagues for focusing more on numbers than the people they are serving. Ava stated:

It is for some people just a matter of numbers. I could tell you right now, for some of my colleagues, if you can't make it make sense in terms of how this is actually beneficial to the state, then it don't make sense to them. That is an absolute truth. I believe I can say that without any hesitation with some of my colleagues.

Ava described her political climate to be a game of numbers instead of about humanity and expressed believing that one of the reasons some politicians don't seem to care about mental health matters could be because of lack of exposure or experience with mental health struggles.

Ava shared:

Most often, unless individuals have some level of experience where they've engaged in this then they can't understand or identify with it. So often times, in this arena—and I hate to say it like this, but a lot of times it just comes down to numbers. You forget the humanity part behind it because you're looking at the cost associated with it. Often times, believe that's a lot of it.

Lastly, Joe also agreed with mental health policymaking being described as a difficult game in his state; however, he expressed caution that in today's national political and media climate there are many inaccurate portrayals that are displayed in the game of politics. Joe stated:

I think that it is a difficult game, but in the world, we live in now, with computers and cell phones and all the technology in the world, and you know, the President of the

United States is...does it every day—that's just kinda the world we live in now. So much of the stuff you see these days, I think even on TV, is basically just false information. But it comes over like it's exactly the right information.

Lucas provided an example of the game of politics and discussed the political tactics that he often uses to begin the policy reform process on an issue. Lucas stated,

And the other way the conversation moves on substance use treatment for babies and women, generally, is you grab onto some political thing that you know has legs. And the opioid thing is politically a big deal for everyone right now. And so even just by inserting it in that way.

Each of the participants was also asked questions aimed at uncovering true-to-life perspectives of mental health policymaking that can't be found in textbooks. Each of the participants revealed details and nuances related to policymaking of mental health matters in their state, offering a real-world view of their trade.

Descriptions and critiques of policymaking: a chaotic hodgepodge. All participants described their lived experiences with mental health policymaking, which painted a real-world picture of the process. Without hesitation, each of them shared with an unapologetic undertone about the way policymaking is and the way they think it should be. The participants described policymaking with words such as “piecemeal,” “hodgepodge,” “having no game plan,” and “chaos theory.” This theme revealed two sub-themes: intuition-based policymaking; and reactionary and backward-looking policymaking.

According to Kip, mental health policymaking can be best described as chaos theory. Kip stated,

It comes from a couple of different directions and so it's a bit of chaos theory, when you're talking about mental health policymaking in [state]. Two chambers, the House and the Senate have health and welfare type committees. I sit on the Senate Health and Welfare Committee, but to say that there's policymaking per se, then it springs from the committee.

Kip continued to describe how political party has a lot to do with the policymaking process and shared that it seems to be that Democrats take more interest in mental health policy than other political parties. According to Kip:

They [legislative committees] have policy, they're more focused on what they actually want their policy to be. It's a function of party politics for the most part. Not to say that Republicans aren't interested in the politics of mental health, that would be wrong to say that they're not, but the Democrats seem to have a more of an interest in mental health policy.

In terms of how policymaking is initiated, Kip shared that there is no single, organized way of policy construction. Kip stated:

I would say not a whole lot of groundswell coming from the chambers themselves, although particular members will attach themselves to issues that are interesting to them. There's no real organization. Then the governor's office more organized, they have people that are actually trying to direct policy there, but then you go outside of the legislative policymakers, then you have the organizations outside of it. For example, doctors have the medical society that they're bringing their issues on.

Like Kip, Ned used similar terms to describe mental health policymaking in his state.

According to Ned, policymaking is a hodgepodge of things. Ned stated, “Everybody has ideas, but it's a hodgepodge. We don't have a game plan. Everybody wants to do this and that. But we can't pull it together.” Joe unapologetically offered that working with mental health and other health matters was not his first choice for his legislative committee due to not having a background in health, which shed light on an arbitrary selection of committee members. Joe discussed how the decision to place him in his current committee was made haphazardly rather than purposefully. Joe stated, “I didn't have a lot of background in health and welfare at all and it was not my first choice. It was a choice of the speaker. He made that decision to do that. So that's how that came about.”

Ava also shared her opinions regarding the chaotic nature of policymaking and expressed that policymakers are underperforming and doing a “horrible” job at mental health policymaking and reform. According to Ava:

I believe that we need to do more. We have really done a horrible job in addressing issues that... I believe that a lot of things could've been mitigated if we had done it early on when they [those struggling with mental health issues] were children. We neglect to do that and so what happened is they grew up into broken people that translate into other issues.

Kip described the policymaking process of mental health matters to be piecemeal. Kip stated: “It's piecemeal, so what is your primary source of information? Answer to that is, it's piecemeal, and who's involved? There's no unifying umbrella that this falls under. Everybody's looking for their little piece of the turf to approval.” Ned also shared his perspectives of concerns and problems with the mental health policymaking process, specifically related to testing the effectiveness of actual policies. According to Ned:

I don't think we follow up on whether policies are effective, or not effective and that goes back to a statement that I made early in this conversation about priorities. We've got a lot of programs that we have initiated that probably are not effective anymore. But yet they're there and we still fund them. To me, this is elevated above that. Because there's no analysis to say 'is this effective? How many people does it affect?'

Ned blamed two phenomena for this problem: lack of resources and lack of understanding from policymakers of the importance of mental health. According to Ned,

It goes back to resources. But it also goes back to people not being in tune enough to want to be able to do that. Once it's approved, it's there. It's in motion. And it stays there.

That's why we do a lot of study resolutions.

Lance also spoke to concern and offered his opinions about what it takes for mental health policymaking to function effectively. Lance stated, "When the process can take place in a true debate and the lobbyists for those organizations don't get highly involved and we see factual information, I think the process works well." Having been a policymaker with experience in mental health policy for 35 years, Lance also shared his experienced opinions and critiques related to the mental health policymaking process. According to Lance, large amounts of money create more problems than help. Lance stated:

When the big money pours in, it becomes very confusing of what are facts and what's not. But all of the sudden when big money starts coming in or let's just say the big pharmaceutical manufactures come in and they want certain things to take place from just a drug regimen, it gets clouded and so for policymakers it's hard to filter through what's factual and what's not.

Lance also shared his concerns related to the role that managed care companies play in mental health policymaking and again emphasized how more money often creates more problems for mental health policy. Lance stated:

I guess the other thing that's going to get a little complicated in [state] is now that we have these managed care organizations almost telling you guys how to practice, it really becomes cloudy because you put their mix in and a lot of what they're doing is cost avoidance versus managed care.

Lance described this factor in mental health policymaking as making it confusing for policymakers to know the facts. Lance stated:

So, as you know it gets to the point where...as a legislator, it's like 'okay, what are the facts.' And those managed care companies have so much money to lobby that it gets confusing. So, when in doubt I just kind of go back to the providers care they have the best answers.

Mark offered a matter of fact response to describe mental health policymaking in his state. Mark stated:

Here in the legislature, it is basically...we get requests from people, who are in the mental arena, who ask us to deal, or to present bills with mental health issues that they are interested in. Very few of the legislators that I know of have come up with issues or bills on their own. And that's not just mental health, that's across the board. It's whatever your profession, or you deal with on a regular daily basis, is usually where your expertise is, and they come from that.

Joe also shared his descriptions of the policymaking process and discussed how not having knowledge about mental health is a hindrance to creating effective mental health policies. Joe

stated, “Having that knowledge; being able to make decisions about things that you really don't...I mean, you're in class, you have all kinds of training. You have studied papers. You've done all sorts of things, and you know about these subjects. I don't. So that becomes an issue.”

Kenneth also expressed criticisms of the policymaking process and described the resulting gaps in the mental health resources in the community. According to Kenneth:

Well, the process [mental health policymaking] in [his state] ...you actually see a lack of access. There's a missing...there's a gap somewhere of someone who truly needs help. And they actually get help whether it's in the emergency room, or it's at a provider, but once they receive that help and they get stabilized, I think the continuum of care is missing.

When Lance shared his descriptions and his lived experiences with mental health policymaking, he discussed integration of the mental health system and implementation of mental health policy as a challenge. Lance stated:

It all should integrate well together but it doesn't always. So, I think from a policy standpoint I see a lot of fragmentation that we still struggle to integrate. You have overall policy that you work on, but then you have the day-to-day issues when constituents call. ‘I don't know where to get a provider. I don't know where to get a bed, the hospital is full. I have no resources. I have no insurance. I have a child that has this issue, what do I do next.’ You got policy, or you develop policy, but it is implementing it that I find is the hard part.

Lance stated that he does not feel the actual policymaking has the most issues, but rather the implementation and funding poses the most challenges. Lance shared, “I think policy is doing a good job. I think implementation and funding could do a better job.” Lucas described a lack of a

coordinated effort in the mental health policymaking process and expressed that he does not feel the current mental health policies are doing a great job at addressing societal needs. Lucas stated:

I don't think we're doing great on that. I think there's a huge amount of improvement that we need to make. A lot of it is financial. I think we also need to really push the managed care organizations to do this better. I don't think there's a coordinated effort. I feel like it's being done in silos, and I think that's got to improve.

As Kip described policymaking to be chaotic, he also stated that there is no true mental health policy. Instead, he described mental health policymaking as putting a car together while it's in motion. Kip stated, "There is no primary source, and there's no real Mental Health Policy. It's haphazard, put together, building the truck, or the car while it's in motion. All true, unfortunately."

In describing their experiences with mental health policymaking, the theme of intuition-based policymaking also emerged as many of the participants described policymaking to be based in emotion and intuition and lacking in evidence.

Intuition-based policymaking. Some of the participants asserted that they independently strive to make policies evidence-based when describing how mental health policymaking generally occurs in their political climate, yet they also stated that it is mostly intuition, emotion, and anecdotally based. Ned described policymaking of mental health matters in his state as coming from intuition rather than data and research. According to Ned:

We don't use enough data, enough research, enough people that's done the research on this. A lot of it comes from intuition. What we think or maybe what we feel. And that's a good thing to get their feelings but I'm not sure that it's the best way because we're not the

experts. I will never tell you that I'm an expert in anything. I have ideas, but I need to go and talk to you or talk to him or her or whomever that's been there done this.

Ned continued to describe policymaking as also lacking evaluation of effectiveness. Ned stated, "I think it's something that we don't do. So, I think that to me it is a fallacy. We pass legislation. We'll come back in three years or the next year and somebody else has a better ideas. We'll pass additional policy based on intuition basically." Kenneth also described policymaking to be lacking in evidence. Kenneth stated, "I must say that I won't sit right here and argue and say that our policies right now are based off evidence." Kenneth further described his concerns with complacency of the way things are being too present in the policymaking process. Kenneth shared:

I think we need to change some things. I don't think we actually get where we need to be. I think if we all start using common sense and get rid of the assumption that 'policymaking is just the way it's supposed to be' then we'll be able to solve it. But we don't need to work off of how it's supposed to be, you know? So, I think that's a big problem right now.

Lucas also stated that evidence is not used in policymaking process often enough and reported that evidence-based data is not a popular driver of mental health policy. Lucas stated:

I'm also not convinced that evidence-based practices always win the day around here. I think they should. And you'd like it to be part of your argument, but it also has to be something that people can wrap their arms around and not feel like they're gonna get attacked for it. So, the more you can develop those kind of things, the easier you can kind of get it done.

Lance also described high emotion to be involved in policymaking when advocates are engaged in the process, which Lance expressed does not always lead to effective outcomes. Lance stated:

I find that it (emotion) almost blinds some folks. You may tell them, ‘this policy is really good. I think we can implement it, but you're going to have to give some concessions.’

It’s like it's all or none and sometimes they're so passionate about an issue.

Although Lance often uses evidence to support his policymaking, he also spoke of emotion being part of the process for some. Lance stated, “You have to [use evidence] because you could get too emotional about an issue and sometimes the best way to hit that issue is just give me as much evidence as you can.”

In line with Lance’s argument of emotion being involved in policymaking, Lucas provided an example of how each year people react off of isolated traumas or crime to try to change policy instead of using evidence in the process. Lucas stated:

Every year, it seems somebody comes back with a bill that says, ‘for the crime of X, we're gonna increase the penalties by 10 years; someone in my district got robbed, and the guy only got sentenced to seven years. And he should have gotten sentenced to 17.’ And you're like, ‘What evidence shows that we should do this, and it will work?’ You know?

Lucas asserted his belief that policies should be written from an evidence base, yet they are written off of emotion instead, which according to Lucas lead to bad outcomes. Lucas stated, “We should be setting policy based on best practices and evidence. And that doesn't always happen. It happens on anecdote and emotion sometimes. And that is how you get really bad laws.” Lucas provided an example of the negative outcomes to emotion-based policy. Lucas stated:

You get bad criminal justice laws because you say, 'We're gonna lock everybody up for as long as possible. That'll make us all safe.' Except that we're not locking everyone up forever. We're locking them up for a few years. And we're not educating them. We're not treating them. We're not helping them get prepared to re-enter the community. So, of course, they go out and re-offend.

Lucas also discussed a recent mental health issue that made its way to legislative hearings: the effects of synthetic marijuana. Lucas provided this example to highlight how policies are being made based on emotion and intuition rather than evidence and research and shared how this issue was brought to debate without evidentiary support. Lucas stated:

And it's a horrible thing. But when it first came up, I'm sitting in the committee and somebody was like, 'We need to make this stuff illegal, because this kid bit someone's face off.' And you're like, 'Man, that's horrible. I mean, you must have some expert here with you to testify about what's happening inside of a child's brain when this happens?' 'No. I mean, it's just really bad. There's some news articles.' and this and that. And you're like, 'I mean, I'm not gonna oppose you, but shouldn't you provide real information to the committee?'

Lucas expressed how this can be frustrating to the policymakers who do make an effort to develop policies that are based in evidentiary support. Lucas stated, "So that's incredibly frustrating. A lot of things happen without the sort of testimony that you even see at like a professional level, where people complain they don't do anything." Joe shared the belief that mental health policymaking currently lacks professional expertise and data in the process and stated that political decisions are being made when they should be professional decisions made by professionals.

Joe shared, “We have different people involved in different ways. They can testify, but ultimately, we make political decisions about professional things...which is just, in my opinion, not a good thing to do.” Whereas Lance reported that he himself uses evidence and data, he described that not all of his colleagues do the same. Lance described the mental health policymaking process to at times be problematic when his colleagues shy away from mental health matters due to not being comfortable with the issue. Lance stated:

And what's tough is there are some policymakers; especially in the senate and house that healthcare is just not their forte. They're maybe engineers or maybe they're school teachers or they're a bus driver or something else and when it comes to healthcare a lot of them shy away from it because it's such a complicated issue.

Kenneth also shared his belief that lack of funding is a cause for mental health policy not being based on research. Kenneth stated, “I think we're not maximizing what it could be based off of research, due to a lack of funding and access.” In addition to mental health policymaking being described by some of the participants as intuition-based and lacking in evidence, many of the participants also described policymaking to be a knee jerk and reactionary process.

Reactionary and backward-looking policymaking. Kip was one of the first participants to use the term reactionary to describe mental health policymaking in his state. Kip shared his opinion that the conclusion to this research study would reveal policymaking to be disorganized, chaotic, and reactionary. Kip stated, “I think the facts will be what they are, but I think you'll ultimately conclude that the policymaking is chaotic and not organized and reactionary.” Kip shared that typically a horrible experience has to occur for mental health policy to be initiated. In response to the analogy made by a U.S. Presidential Candidate that policymaking is much like sausage making, Kip stated:

Mental health rarely makes it into the grinder. That's true. It's not until there's some horrible experience. If they make it into the grinder, it's reactionary, and reactionary policymaking is not always that good.

Kip used the term reactionary again in his interview and described mental health policymaking as both “reactionary and chaotic.” He elaborated on his description of mental health policy being reactionary versus proactive and stated that most commonly the mental health bills are coming from the community in response to a problem. Kip stated:

You may find something being brought from their community and it's ordinarily in response to a problem as opposed to what you might say, creating a structure or trying to address a particular issue. How you understand the mental health policymaking in [state]?
It's reactionary within those various chambers.

Although Kip is currently a Senator, he also stated that he felt he could speak for the mental health policymaking process to be mostly reactionary within the House and committees. Kip stated,

We've actually had a couple of mental health bills, but they come from the community or they come from the stakeholders as far as issues that are coming out of there. I would say the same would hold true for the House and that they have committee members, but as far as shaping policy, it's more of outside coming through a filter there.

Without using the exact term, Lucas also described mental health policymaking to be reactionary as he described mental health policy as happening in response to a problem. Lucas stated:

It's either a response to something that you wish you could've avoided. A school shooting, where you start to talk about security at schools, because you're like, ‘Man, we should've been talking about security at schools.’ And then you get terrible responses.

You get like, 'Let teachers bring guns to school.' And people are like, 'That's a horrible idea.' Well, some people don't think it's a horrible idea. So, you have the debate.

Lucas then further stated, "As you can imagine, a lot of these things are really happening in response to other things." Lucas also shared examples of the mental health policymaking process being reactionary, as problems with laws are noticed at the federal level that need to be changed at the state level. Lucas reported feeling positive in the instances when he can get in front of problems as they are emerging. Lucas shared:

You feel good when you get out in front on something. But most of the time, it's responsive. It could be a change in federal law, and the state needs to change accordingly. It could be that some lawyer identifies a law, as they go through some process, and they're like, "This is not right, and it's not clear, and we've got to fix this."

Lucas also described mental health policymaking to be focused on fixing problems rather than taking a proactive approach and focusing on prevention and shared that often media does not give an accurate picture of policymaking issues. Lucas explained:

So, a lot of the things we do are fixing things. I think people think that we pass 3,000 laws a year, because the media often says, 'Oh, they finished the session, and they passed 3,000 new laws.' And it's like, we actually passed like four new laws, but we amended 2,995 current laws. So, we didn't create a whole bunch of new laws. We sort of fixed things that we identified were problems. And that's mostly what we do.

Lucas provided another example of the reactionary nature of mental health policy when he discussed how constituents call to alert him of an issue. Lucas stated:

So, I would say that's how we get exposed mostly. Or you just get exposed because a constituent has an issue. Someone will call and say, 'I just can't find any mental health

treatment for my wife.’ And they desperately need it. And then you kind of dig in and try to help them find something. And then you find out, we don't have enough of this. How are we gonna get more? And then you just kind of follow the lead until you run out.

Joe echoed the other participants’ description of reactionary policymaking of mental health matters in stating that mental health matters are dealt with as they are brought to them. Joe discussed how his role in mental health policy has been that he has not taken a lead to author mental health bills, but rather worked with them as they came through the policymaking process. Joe stated, “There hasn't been anything that I have authored of mental health bills. We deal with them as they come through the process.” Kenneth also shared the same concerns with mental health policymaking not being proactive. Kenneth stated:

I think our policies pretty much come on an as needed basis. You have to realize we're working on a Medicaid population. I think a lot of this goes on when they find a need for something, or they find a problem, then we work. Versus a proactive approach. We definitely don't take that approach with that population.

Ava also spoke to the reactionary nature of mental health policymaking. Ava stated:

Legislation comes through one of maybe three ways, an experience that somebody had, a personal experience, then they want legislation to correct the problem. Then, it can be because somebody brings it to them. Someone suggests that they want to do this or some special interest group.

In addition to describing the policymaking process as reactionary, Kip stated:” Yeah, so professional organizations are breaking the information, so there's not one group that puts it out there. We've got some Coroner Bills that come in through the legislature, but it's a reactionary

issue that the coroners bringing the bill on.” The participants also identified and shared the various influencing factors to their decision-making process for policymaking.

Influencers to decision-making. Participants provided critiques and descriptions of the mental health policymaking process based on their lived experiences, and each of the eight participants specifically spoke about their decision-making process for policymaking and identified the influencing factors to their decision-making. As each of the participants described the policymaking process in general, they all spoke of the various influencing factors in their decision-making processes for policymaking. The policymakers spoke independently of their individual decision-making processes, and also shared perspectives on the decision-making process of some of their colleagues. Rather than one, single method of decision-making for policymaking, the participants described the decision-making processes as varying per policymaker.

Ava spoke of her colleagues’ decision-making processes and stated that the decision-making depends on the legislator. Ava stated, “The sources of information used to construct policy is depending on the legislature. Some of us are thorough and do more research at home. Some of us rely a lot on staff, which is okay. Some of us may rely a lot on advocacy group or any combination. Right?” Ava spoke of independent research and trusted sources as factors of her decision-making process. Ava stated,

I would say for me, issues that are very close to me such as this is where I spend a lot of time and energy making sure that I get data, information, proven stats, etc. so try to extraculate information from different sources. And then I bring it to people that I trust and go from there.

Ava described this to be her decision-making process, but also stated that this is not the case with every policy. Ava stated, “Now I can tell you for issues that if somebody brings something to me and it's not an issue at mind, I don't always go through that process, but things that are close to me, that's normally the process that I go through.”

Ned also described individual research to be a factor in his decision-making process for policymaking. Ned stated, “What I do if there's something that comes up before our health and welfare committee...I don't wanna self-promote here...But I've tried to do a little research. I've tried to talk to the people. Both pro and con. Or both sides of the issues.” Ned also stated that when he is making his final decision, it is based on what he thinks will be best for the people he represents. Ned stated, “Then I've gotta make a decision based on what group of constituents that I represent and what would be the best for them. So, your sources vary but it's definitely research. It could be your or it could be someone like you—a professional.” Kenneth also identified factors in his decision-making to include research from health departments and information brought from outside parties into committee meetings. Kenneth shared:

Our sources are from hospital departments, so a lot of our research comes from them.

How something is presented to us, it's done in a committee. Different information can be presented. You can bring all kind of information. You can just talk off the top of your head or you can show background where you've done research and things like that.

Kenneth also emphasized that he and his colleagues are more likely to listen to outside parties who are experts in their field. Kenneth stated,

Again, when you're having these hearings and those sorts of things, the more expert the person is, the better background they have, the more respect you're gonna have to hear.

You're gonna believe them; 'Cause we have some people just gonna get up there and pop off, but they just talkin'. They don't really know what they're talking about.

Although Kip identified research and evidenced based information to be a factor in his decision-making, he also expressed skepticism and hesitancy in trusting some researchers. Kip stated:

Most of us are almost looking for evidence-based information to make our decisions on, and that we wanna support things that have at least a possibility of a positive outcome, but then you have to start working on people's research, and then the way 'politics has climbed into everything. Then the question is: is this somebody that's trying to dictate an outcome?

Lucas also stated that independent research using the Internet, seeking out experts, and talking with providers are primary influencers to his decision-making process. Lucas stated:

Independent research, obviously. With the Internet, it's pretty easy to see what pieces of legislation are moving around other places. And I guess just generally reading things, and then sort of seeking out some expert. Talking to the departments, talking to people that are on the ground.

Lucas further shared that he usually will not author or file a bill if he does not feel that it has evidentiary support, although he shared that even when doing the best he can, he will always face opposition. Lucas stated, "Generally, I'm not gonna file something unless I think the evidence supports it. It doesn't mean I'm right. And it also doesn't mean that I'm gonna succeed, obviously. And it doesn't mean that there aren't gonna be a million people that show up and say I'm wrong."

Lance also identified evidence-based data to be an influence in his decision-making. Lance stated, "You know I guess from my vantage point everything that I try to do is evidence-based. Because there are so many issues that it's like 'okay show me the data, show me the

history, show me the statistics, show me what you have and so probably to create good policy.’”

Lance also discussed the process of his decision-making to include consultation with Senate staff and organizations that look at how other states address issues. Lance stated:

For me many times I'll use the senate staff or senate attorney who is the head of our Health and Welfare committee. So, like for us let's just say an issue is collaborative practice agreements. Well we'll go to that organization and they'll tell us here's what states do it, here's what states don't do it, here's the state's best practices, here's kind of some model legislation. So, we get a lot of information on that and its very independent.

Kip discussed the outside influencers to the decision-making process such as the governor's office, economy, and state health departments. Kip stated, “In [state], most policy is driven by the governor's office, and so when there's a change in governor's office then sometimes that has an effect on what's going on with mental health.” Kip further stated:

The state health department, whoever is driving that office, have to have some interest in mental health, and the numbers drive it. If you look at it, and say we're having tremendous cost associated with mental health, then how do you make some savings? It's not about free. It's two different buckets that you're looking at the money bucket is, how do you improve outcomes, take, create less cost? And then, the other is quality of life, and sometimes there's one driving the other.

Lucas also discussed lobbying and outside forces as factors in decision-making. He stated, “We haven't really talked a lot about that, but lobbyists drive a lot of policy too. They have a lot of stroke on the development of policy, because of the relationships that they've built, and because of the fact that, many times, policy is driven by some outside force.”

Ned also stated that lobbyists often influence decision-making in the policymaking process. Ned stated, “We're influenced by lobbyists. But the lobbyist has to for the most part, I have to tell you they're upfront with you. But if they every mislead you then you don't trust them.” Mark spoke to the general process of policymaking and discussed prioritizing as a large part of the overall decision-making process across policymakers. Mark expressed that mental health is one issue among many priorities. Mark stated:

In policy decision-making you have a lot of things to do. We don't have to just see about mental health. We have to see about other healthcare issues. You have to vouch your money and say where you can use it. Construction, education, we...there's never been too much money.

Mark ascribed to the belief that there will always be a lack of knowledge, and stated that he relies more on genuine life stories of people when making his decisions. Mark stated:

There's so much out there, so if you don't get everything, you're lacking some. So, I don't have it all and I can't get it all. So, I'm gonna be lacking in something. But I find that hands on, true life experiences of people that tell us, to me, and to a lot of the colleagues, that's more likely to influence our votes on an issue than other things.

Mark also shared how personal experiences with mental health can often times be an influencing factor in decision-making. He stated:

I mean, because some of the legislators have had issues on it. And some of have mentioned it during hearings—where they didn't realize someone in their family was having mental issues until they committed suicide.

Mark also stated that organizations play a role in the decision-making process, stating, “Our sources of info include organizations because they have the background and the...they're zealous

about it. They're really concerned about it.” Lucas identified the state health department to be a major influence in his and his colleagues’ decision-making process. Lucas stated, “The state health department drives much of our policy, as they should. They are made up of professionals, and doctors, and experts. And you can work with them to address your challenges often times without need for policy changes, legislatively.” Kenneth shared that the factors influencing his decision-making include feedback from mental health stakeholders, health departments, and mental health providers. Kenneth stated:

If we're going to make a policy, what I like to do is bring the stakeholders to the table.

And that way they can also help you. If it's mental health, you wanna bring the providers to the table. So not only hear from what the department, but you bring providers to the table, cause they have the hands on experience on a daily basis. So, you bring them to the table with the issue and see what we can do to work it out, to develop the correct policy.

As each of the participants shared their concerns and criticisms of policymaking in their political climate, they also named many barriers to the mental health policymaking and reform process being effective. Additionally, barriers to the policymaking process unidentified by the participants were also illuminated and gained from researcher’s interpretations as the participants described their lived experiences with policymaking.

Barriers to Mental Health Policymaking and Policy Reform

The second theme to emerge from the interview data was barriers to mental health policymaking and policy reform. As the participants described their perceptions of their current policymaking process, various roadblocks and barriers to the mental health policy construction and reform process were illuminated. This super-ordinate theme revealed three themes and two subthemes: policymakers’ perceptions of mental health: a haphazard understanding; lack of

mental health awareness in the political arena; money as a scapegoat: budget struggles; mental health: a neglected need; and term limits—the double-edged sword.

Policymaker’s perceptions of mental health: A haphazard understanding. Each of the eight participants shared their beliefs and perceptions of how they understand mental health. Although the depth of knowledge surrounding mental health varied across participants, this theme emerged as all of the participants revealed an understanding of mental health that was limited to either personal or haphazard career experiences as opposed to evidence-based knowledge. The subtheme of *lack of mental health awareness in the political arena* emerged as half of the eight participants shared the perspective that the lack of understanding and knowledge of the importance of mental health, stigma, and ignorance in their political climate are barriers to mental health policymaking.

Each of the participants were asked to share their perspectives and thoughts that came to mind for them as they heard the term mental health. The views and perceptions of the policymakers surrounding the topic of mental health revealed a layman’s level of understanding, originating from either personal or haphazard experiences. For example, Mark’s perspectives on mental health was shaped from career experiences. His perception of mental health included a focus on mental illness and associations with dangerous situations. Mark described mental health and stated:

Mental health, because of my background, I see that as an illness, thus mental health.

They don't have a health. They don't have a healthy mental. Their mental health seems to not be working as well as it should be, and consequently usually gives them trouble, and creates problems for other people too, as well as it's dangerous.

Kip discussed his views on mental health by sharing his career experiences in the role of a prosecutor. Kip shared, “I was a prosecutor when I was a younger lawyer, 30 years ago, and I prosecuted folks. In that universe of people that I prosecuted, there was a subset of folks that had mental health issues.” Kip discussed how his career experiences in criminal law shaped his perceptions and understanding of mental health. Kip stated:

This one guy I can remember in particular, he was charged with aggravated criminal damage where he had broken a retail store window and was consummating his relationship with a mannequin. Right off the bat, they gave me the idea that maybe he had some mental health issues anyway. Once he was incarcerated and provided with his medications, once he was treated, which doesn't happen immediately when you're in prison, he was a very pleasant, sweet, non-dangerous guy.

Kip also shared a career experience that shaped his perceptions on mental health when he stated, “I got educated through this guy, prosecuting, and through the judge who had a much broader understanding than I did as a young prosecutor. This guy was not a danger when he was on his medications.” Kip continued to share about the various career experiences that shaped his understanding of mental health. Kip stated:

At the other end of the spectrum, I participated in the prosecution of a guy who was a serial murderer, who clearly had serious mental health issues. He was killing people, cutting their heads off and sticking them in the refrigerator and bookcases and things of that sort.

Kip discussed his career experiences in prosecuting criminals and reported having the assumption that the criminals he encountered were struggling with mental illness. In response to

asking what came to mind as he heard the word mental health, Kip shared his perceptions of mental health as it related to his role as a Senator. Kip stated:

When I think of mental health, I have a whole bunch of different visions on it. Sometimes it gets lumped in with mental health and I'm not quite sure where the professional likes to put it today, but I'm also very familiar with issues of substance abuse, whether it's alcohol or drugs and we don't devote very much money to that either.

Kip shared the origins of his understanding of mental health to be rooted in growing up with a mother as a mental health nurse and being an attorney. Kip expressed feeling that he has a more in-depth perspective on mental health compared to some of his colleagues. Kip shared how this understanding carried over into his political career as a Senator, stating:

Well, I think my experience is different than most people in the legislature, in that my mother was a nurse and worked in the mental health field. I was more interested later in life on the geriatric side of mental health. What I'm saying is the guy sitting next to me in committee hasn't a broad view of people on these issues and hasn't seen it in the context of geriatric care and hasn't seen some of the dependency issues.

Kip's perception revealed that he believes his experiences as a prosecutor and having a mother as a mental health nurse set him apart from other politicians. Kip also shared how his exposure to people who are struggling in the legal system broadened his perspective on how mental health treatment or lack thereof plays a role in legal matters such as criminal cases. He stated:

I don't know if its just people don't want to think about it, because it makes them feel uncomfortable or what, but let's talk about locally this Alton Sterling matter. Did he have mental health issues? I don't know, but he kind of meets the profile of some of the experiences that I've had before in prosecution. Maybe, with a little bit of treatment none

of this would have ever been the case in the first place. I don't know the answer to that, and I'm not an expert on that particular situation.

Kip's perspectives of mental health throughout his career experiences as an attorney provided him with an understanding of the importance of mental health treatment and how it could prevent a tragedy.

Mark also shared his views on the stigma surrounding mental health and the need to increase awareness of mental health in both political and community areas. He stated:

I think you'll also need, beside the legislature, you need to get the public aware of the mental health issues we have. Because sometimes the public views mental health as, 'oh they're faking it,' or 'they're just doing that, so they cannot have to work and get money, or so that they can get medication.'

Mark's opinions and perceptions of mental health were shaped from his policymaking career as he heard various stories and research brought into legislative meetings. Mark shared, "So many hospital beds in mental institutions are full all the time. This is due to the research that they've done and shown how many people with mental problems have harmed themselves or others."

Lance described his perceptions of mental health to include "many issues; from behavioral health to drug addiction to people with just chemical imbalances." Lance described his perspective on mental health as having originated from his work in the medical field. Lance stated:

In spending so much time with people not adhering to their medication, I think mental health is a rainbow of different things, but I think it all kind of comes together with just the behavioral state of people. It's not a one-size-fits-all.

Ned's initial thoughts on the term mental health were "I don't think it's just a mental capacity that you lose. I think mental health is more than that quite frankly." Ned elaborated, describing mental health as:

It's the experiences or the lack of experiences that you have. It's the events that happen in one's life that creates stress. And they don't know how to cope with it. I think a lot of that has to play into mental health. I don't want to use mental health as a crutch for having people to accept things, but I think that that's part of it I really do.

Ned's understanding of mental health originated from a personal experience. Ned stated:

I'm dealing with a personal issue and I won't get into that. Well I have a sister, she has Alzheimer's. It's physical you understand? But also, there's that mental part of it. Health can be physical; it can be mental. And I think people forget that sometimes. Obviously mental health to me is very important. Physical health is important.

Joe defined mental health as "problems you have with the way you deal with things, and the way you think, and the way things react to you." Joe elaborated in stating that he also considers substance abuse to be related to mental health matters. Joe stated, "Then, of course, in today's world, I don't think you can separate that from, unfortunately, some of the drug issues that exist in the world. Unfortunately, those same drugs also are used for treatment in different facilities."

Kenneth's perception of mental health initially reflected a stigmatized view such as that mental health equates to people who are not mentally stable. Kenneth stated:

When I hear the term mental health, what comes to mind is someone who's not mentally stable. I mean, I know I just switched the words, but, you know, someone who is either bipolar, or someone who's schizophrenic, someone who's uncontrollable of their actions.

Kenneth's perceptions of mental health also varied from the most debilitating and severe of mental health disorders to general mental health concerns. Kenneth stated:

I think of someone who possibly is not taking their medicine, someone who's been through something. They're grieving, just going through a recent divorce, or finding their spouse was not interested in them anymore. I mean, those are life-altering points in life that someone really needs help with, and someone can mentally just be broken, and a lot of times, if you have enough time with that person, you can truly lift them back up.

Ava's perceptions revealed her awareness of the ignorance, misconceptions and stigmas that exist about mental health and reflected an in-depth understanding. Ava stated:

I think there are a lot of misconceptions about mental health. I believe still today that people look at mental health as being taboo and not really wanting to talk about it, or maybe there's some images in their mind when they hear the word 'mental health' that often times, does not completely describe it or does not reflect the depiction of what mental health is. So, because of that, it really just comes down to...I don't want to say ignorance, but...

Lucas shared his perspectives of mental health gleaned from his role as an attorney as being related to social issues such as oppression. Lucas stated:

Ninety percent of my cases were drug cases. And the drug cases, most of the time, were people that had mental health issues, people that had substance use issues, people who just sort of had not been given great educational opportunities. And if they had, they hadn't taken advantage of them. So, they were just people trying to get by. And because they were living in poverty, and because they had mental health and substance use issues

with little to no access to treatment, they were going to jail to get treatment. You know?
Or they ended up on the street, and then eventually they would get arrested.

Lucas continued to share his career experiences as an attorney for the District Attorney (D.A.) and how these experiences shaped his perceptions of mental health. Lucas reported that his career experiences working for the D.A. led to the realization that our mental health laws are in need of reform. According to Lucas:

It was also very eye-opening, as it relates to what's really happening in our community, in every form or fashion. And one of the biggest takeaways that I had at the time was our laws were not the way they should be. I often cite this stat, but I really feel like 90% of the people that I prosecuted were not bad people. I prosecuted a lot of bad people, and/or people who had problems and did really horrible things. Maybe they weren't bad people.

Lucas also shared his beliefs about how contact and personal experience with mental health concerns can broaden one's perspectives about mental health. He stated, "You get focused on mental health for different reasons. And so, if it impacts your family or somebody that you're friends with, it becomes more important to you. You just understand it more." Lucas also shared his awareness of the stigma surrounding mental health in stating, "I feel like many, many years ago, there was also still a pretty strong stigma, and there may still be. You know?" Although Lucas shared that stigma may still exist, he also discussed how society's pressure on legislators to address mental health issues has possibly decreased the stigma among politicians. Lucas stated:

I think it's improved in this building, for various reasons. Because I think society at large moved forward and said, 'This is really a problem.' I mean, substance abuse is a disease,

not a crime. And so that wasn't the case when I first got here, but it's become the case, because I think we've talked about it enough and pushed it around enough.

Lucas's thoughts on mental health gained from his experiences as an attorney also revealed a concerning and alarming perception. Lucas expressed his concerns related to how his fellow policymakers don't carry his same level of urgency related to mental health. As a Democrat, Lucas's perceptions of mental health intersect with his political beliefs in that they were congruent with democratic ideology and social liberalism. Lucas stated:

It could affect our own family. They could rob somebody or hurt somebody, because they're desperate. So, what can we do to improve that? Besides just yelling out the window at them that they're terrible people or something. You know? What can we do to help? And knowing that we might not succeed, but that you have to try to do something. That step sometimes just doesn't get there. People are mad at them.

Joe shared his layman's perspective of how mental health is viewed differently in their political climate because it is a subjective field. Joe stated, "I'm not an expert in this, but in the medical field...I would think that the mental health work is not nearly as black and white as some of the other fields." Although not all eight participants expressed the awareness of how a limited understanding of mental health might pose a barrier to mental health policymaking, four participants described the lack of mental health awareness as existing in their political climate and acknowledged this lack of awareness to be a barrier—thus revealing the subtheme of lack of mental health awareness in the political arena.

Lack of mental health awareness in the political arena. Half of the eight participants shared the perspective that the lack of understanding and knowledge of the importance of mental health in their political climate is a barrier to mental health policymaking. Kip shared:

It's the same one that you come to in all of our policymaking, which is a lack of understanding, lack of knowledge. Mental health still has the perception with a lot of people as some character flaw or in ancient times where it was going to be demons or whatever else...People are not comfortable talking about it.

Kip continued to discuss ignorance as a barrier to mental health policymaking. Kip stated, "It's the ignorance surrounding the field that is the biggest barrier, but that's almost on any issue. Even when you think you understand an issue, there's a lot to learn on that, so ignorance."

Ned also described a lack of mental health knowledge and awareness to be a barrier to policymaking. Ned stated:

I think that that's one of the barriers I think we face as policymakers. There's not enough awareness that we can get out. Quite frankly not enough awareness in the community. I think your average everyday person who has somewhat of a life that don't deal with this (mental health issues), have not accepted the need for it.

Ned continued to share his perspectives on the barriers to mental health policymaking, and rated mental health policy in his state as a high D or low C. Ned stated:

I think it would be a low c, maybe a high D if I rated mental health policy here. Because I think that there's lots of other things that we can do too. It goes back to funding. It goes back to awareness. Funding and awareness. We talked about it. What would I like to see is prioritize what's important.

Ava shared that she believes the mental health policymaking process to be flawed due to a lack of understanding of what mental health really is. According to Ava:

I think the process of mental health policymaking is flawed. People just do not have a good grasp of what mental health looks like. On the policy level, we don't either. Often times, legislators do not and in my opinion, I believe that it's grossly underfunded.

Ava expressed that some of her colleagues may not take mental health seriously due to a lack of understanding. According to Ava, “If they're not connected, if they've not been affected, such as they don't have a family member who has struggled, then they are disconnected. You can give them evidence-based information, and they can receive it or see it, but it doesn't really translate to how this makes sense.” Ava felt that even when evidence-based information is presented to some of her colleagues, it is still ignored and neglected.

Lucas also discussed lack of awareness of mental health importance as a barrier to mental health policymaking and stated that he believes people become more aware of and care more about the issue when they have personal experiences with it. Lucas stated:

Originally, the barriers were more just people's mindset. Every policymaker and every legislator is just a person. You don't know what's going on in their life, or what's going on with their mother, or their sister, or their cousin. So, I think a lot of people are like...you get focused on mental health for different reasons. And so, if it impacts your family or somebody that you're friends with, it becomes more important to you. You just understand it more.

Lucas felt that having personal or familial experiences with mental health diminish the barriers to some extent, but not enough. Lucas stated, “And I don't know this, but I know that members have, like everyone else, people important to them that face mental health issues. That knocks down the barrier a little bit.” Lucas discussed the lack of understanding and the prioritizing of mental health in policymaking as a serious political barrier. Lucas stated:

So that maybe is just a political barrier. It's where you believe that our state should ensure access to care for people that need it, especially those that need it the most. Or you don't.

But there are people here that just don't get that. And so, the political barriers are serious.

As the participants were asked to share their opinions regarding the barriers to mental health policymaking, they all swiftly responded and pointed to money and budget struggles as a key causal factor to blame.

Money as a scapegoat: Budget struggles. All of the participants shared the belief that lack of funding and budget struggles were a key causal factor for the mental health policymaking problems in their state. Although money, budget struggles, and lack of funding were getting fingers pointed at for mental health policymaking issues, other findings revealed from participants painted a bigger picture of larger systemic issues at play both within and outside of the political system, making money an unintentional scapegoat.

Kip shared his perspectives related to the mental health policy issues and named money as the answer to solving the problem, as well as lack of money being the reason for the problem not being addressed. Kip also revealed that mental health and substance abuse are low on the priority list of policy issues. Kip stated:

But mental health issues that we have here locally, if there's a problem then normally the answer is money and we don't have money right now. The way that [state] budget is put together, healthcare and higher education are the ones that suffer and within healthcare and higher education, it's mental health, substance abuse that get whacked the most.

Kip further discussed how in his city there are issues with funding mental health first responders appropriately. Kip stated, “[city] has some real issues with having enough money to have their mental health, let's call them first responders, appropriately funded. We've dealt with it on the

funding end.” Mark also expressed his belief that money is a barrier to mental health policymaking, and even asserted that money is the only barrier to mental health policy issues. According to Mark, “The only barrier to the policy process I can see is finances. Like so many things, we have to make decisions on what we can afford. So that's the political climate. The political climate, you know how they say...the answer is money.” Mark further discussed the barrier of money and suggested possible solutions, including passing taxes or for the mental health profession to gain funding from outside sources. Mark stated:

Pass taxes or fees, whichever you want. Get funding. If you can get them from the drug manufacturers, if you can get it from, I don't know, your neighbor next door. Some churches do that, there's a lot of different funding opportunities that are out there.

In response to whether he felt that the current policymaking process is effective, Mark continued to describe money as the primary issue in mental health policymaking being ineffective. Mark stated, “How they say that? You got a good deal when both sides are dissatisfied? We don't have the money to do it all, so they're fighting for money to take care, to be able to treat people. And there's not enough money.”

Joe also identified funding to be a large barrier to the mental health policymaking process. Joe stated:

Right now, you're probably aware that we have some financial issues in [state]. And the area getting hit the hardest is healthcare. Not just mental healthcare—healthcare. All of it. But you're part of that picture.

Joe also discussed the areas that are prioritized over mental healthcare. Joe stated:

Just looking around the room at the people that I work with, they wanna make sure we have [education scholarships], but they're not so concerned that we're taking care of

Healthcare. And I think that's wrong. And we've got to be able to deal with those things.

It has to do, basically, it's centered around money.

Joe continued to share the financial struggles impacting mental health policy as well as other areas but also reported being hopeful. Joe stated:

We're struggling right now. Again, this is a political discussion, but we're struggling a good bit right now in our state and things that we can do centered around, money, mainly.

But it's not just money, it's everything you do for legislation is centered around that. But can it all kinda end up being as you'd like it to be? The answer is hopeful for that.

Lance also named money as the primary barrier to the mental health policymaking process.

Lance stated, "I think the only thing that can hinder, especially mental health process, is money.

It's kind of a repetitive thing, but I really think everyone feels that this is a major issue, a major topic, a major factor. I think it all comes down to resource allocation." Lance continued to

describe his perspective on funding issues related to mental health policy and acknowledged

funding issues to be a multifaceted problem. Lance stated, "I think it's a combination of a lot of

things. One is the funding piece for policymaking it's so important. So, we may all agree on what

we need to do philosophically, but if we can't fund it it's just a philosophical discussion." Lance

described his vantage point as a Senator in finance, and also revealed prioritizing of needs to be a

factor related to the funding issues. Lance expressed that there is always more need than money.

Lance stated:

I think the major issue from my vantage point was I sat on senate finance for a long time

and it was to prioritize where we were going to spend the money because you know in

government there's always just more need than money. So, it was like where do you

prioritize this and so I guess that's the number one issue as far as policymaking concerns.

Lance also shared his awareness of funding issues both within political arenas and the mental health profession and expressed with empathetic sentiment his understanding of how lacking funding in mental health professions will hinder lobbying efforts for policy reform. Lance stated:

And you know what's tough, is I find some of the professions that need changes in laws and policymaking the most can't afford the high-powered lobbying firms. You get a bunch of doctors and they can work on change in policy and no problem at all because they can just write a check and get some guys to do it.

Kenneth also identified lack of funding to be one of the biggest barriers to mental health policymaking. Kenneth stated, "I think the biggest barrier right now is lack of funding. Constantly, the state is in a budget deficit. Certain members consistently think healthcare is a place to cut, and every time we cut it, we're decreasing access to care." As Kenneth discussed the colliding of political ideologies, he also continued to emphasize money as a causal factor to blame for mental health policy issues, and the result of a mental health model that acts as a superficial band aid that adds more cost than it reduces. Kenneth stated, "In the area of mental health policy, we have a lot of areas we have to improve. I have said, unfortunately, the problem keeps coming down to funding. We need more money." Kenneth described the result of lack of funding for mental health as he stated:

Right now, I think the [mental health] model the state has is to stabilize. We'll stabilize you and then you're gone. But I think me, and you can agree that's not the model to truly help, and it's not the model to keep our environment safe. So, you treat the crisis and you let 'em go, and then, you know, it's only a matter of time before the person is gonna be in crisis again.

Mark also shared his perspectives on lack of funding for mental health. Mark reported that many of the mental health bills that come up in legislature are focused on just trying to keep hospitals open for people in a state of crisis due to the shortage of mental health resources in the community. According to Mark, “A lot of the mental health bills have to do with trying to keep the mental health hospitals open; and treatment, funding for this. Making sure the correct treatment is available, both in the form of interview—not interview, but therapy and their health care provider.” Lance spoke about society’s consequences due to the underfunding of mental health such as a shortage in hospital beds. According to Lance, “Every time I hear there's not enough bed space. You know as a practitioner I'm sure you've seen that a lot, there's not enough bed space. I hear we're just grossly underfunded when you talk to certain mental health experts.” Kenneth discussed funding as a major barrier to mental health policymaking and recognized the importance of raising awareness of the impact of mental health issues on people.

Kenneth shared:

It’s important for people to understand that this person may have a mental health problem, and not just, you know, lose them into the jail system. I think there's a big gap there. Obviously, a lot of legislators here are trying to close it, but funding definitely becomes an issue. Funding becomes an issue. There are a lot of providers who don't see Medicaid patients, so there's a huge gap right now.

Lucas also described money to be a barrier to the mental health policymaking process and expressed how he has made mental health and healthcare a priority for him as a legislator.

Lucas shared:

When I came in, two of my major focuses were education/healthcare and criminal justice. And at this point, I've done almost everything. I've spread out all over the place. But

those have remained really major components of what I think is dragging us down. And I think we've made some progress, but from the mental health and substance use side, our biggest challenge is funding.

Lucas further described money and lack of understanding of what it means to not fund mental health as the biggest barriers to mental health policymaking. Lucas stated:

But I'd say the biggest barrier, right now, is funding. And a lack of understanding of what it means to not fund it. Because when you don't fund it, it means your emergency room's gonna be full. It means your jails are gonna be full. And it means you're gonna pay for it, no matter what.

In speaking of the consequences to underfunding mental health, Lucas stated:

And if we would invest a fraction of that on substance use treatment, and probably, in many cases, mental health treatment, because people are self-medicating, we'd save \$500,000 of those \$600,000, on that one person. I think we have a lot of stuff that we still need to do. And it's frustrating when you get caught up in budget situations where you have to reduce programming.

Ava also believed funding issues were a barrier to the mental health policymaking process, especially for mental health advocacy groups. Like Lance, Ava empathetically shared her perspective that the mental health profession's own funding issues poses a barrier for policy reform efforts. In talking about mental health advocacy groups, Ava stated, "They don't have the money. They don't have the resources. They can't hire a special interest group or a lobbyist to come and lobby on their behalf." Lastly, Ned expressed that mental health is not a priority in his political climate and described money as a barrier due to mental health not being prioritized. Ned shared, "The policy thing from our standpoint that we hear and see in committees and both on

the Senate as well as the House side...There is a need. The issue that we find is we don't wanna put resources or the money into it.” Like the other seven participants, Ned identified money and funding issues to be the primary barriers to mental health policymaking and reform. Ned stated:

“Well obviously, funding to me would be the biggest barrier to mental health policy reform. But probably right there with it as a and b, put them in any order you want to, I think it's the importance that we place on mental health or the need that we place on it.” As Ned shared his perspectives on the barrier of funding issues, he also shared his belief that insufficient importance is placed on mental health in his political arena. In addition to Ned, five other participants spoke to mental health as a neglected need in policymaking.

Mental health: a neglected need. Seven of the policymakers shared their concerns about mental health as a neglected societal need. These participants shared that the low level of importance placed on mental health among other priorities creates a barrier for mental health policy. Ned's immediate response to the second protocol question of “when you hear the term mental health what comes to mind?” revealed a perception of concern. Ned stated, “First of all, let me just say that I think that mental health is something that has probably been put on the back burner for too long—too many years.” Ned shared his belief that mental health is low in priorities among politicians in his statement: “I don't think enough people realize that there is this need. And this importance that we do something for the people who are absolutely in need of mental health help. These aren't bad people. They just need help.” Ned elaborated on this concern when he stated:

I look at my regions that I represent. We have no services at all. We really don't. But you look at around at the people, especially with the flooding we had. I deal with that probably as much or more than anything else that I've done the last two years. Because

people come in here and they just really need help. And to be very candid with you, a lot of it is going and it's causing some issues mentally.

Ned expressed his beliefs that mental health is an important need that lack a collective effort, funding, and resource allocation from his legislative body. Ned expressed:

I think mental health is huge. I think it's important. Not just because you're here today.

And I'm not trying to make you feel good. Everything hinges on money. We've gotta put the resources. We've gotta put time. We've gotta put effort.

Ned's concerns for mental health as a neglected need were shared by Ava. Ava discussed mental health as a neglected societal need as it relates to the impact it has on children. Ava stated:

I am very concerned about the path forward for this country in that we have so underestimated and underfunded mental health. Kids are coming into more harsh environments. There's a lot that's competing for their interest and parents sometimes are very, very busy.

Ava continued to express her concern for the consequences of neglecting mental health. Ava focused on the devastating consequences that can occur if one does not receive mental health treatment. Ava shared:

And so, I'm concerned about the next generation. If we don't begin to pay more attention to mental health and mental health issues and helping to ensure that when a child has a traumatizing situation that they have some level of follow-up to help them transition to be whole.

Ava shed light on children who face adversity, such as trauma, who don't have resources to assist them in healing from their adversities. Ava continued to express her concern by providing an example of a mental health program that was recently cut. According to Ava:

Because we were underfunded, the secretary had to try to figure out what she could cut.

They are limited in terms of what they cut, and so these programs are called optional programs, which, to me should not be optional, but they are mental health programs.

There was a huge outcry about cutting the program. How much money would we save as a result of being able to get to needs and address these issues early on?

Ava focused on the consequences of neglected mental health needs and its impact on our economy. Ava's concerns that mental health is a neglected need was a focus of her attention and seemed to impact her personally. Ava shared, "If we don't begin to fund mental health, I'm just so concerned. I think I spend so much of my own energy trying to help people as I see things come up, which is burning me out." Ava also expressed empathy for the children who are affected as a result of neglecting mental health needs. Ava stated:

I'm trying to be very careful about that, but I'm just so concerned about the children because they don't ask to come into situations that they're born into. Children that are born to parents who are on drugs—kids who are aging out of foster care. When they turn 18, we just throw them out. So, kids are just so important to me. I care about the kids.

Like Ava, Lance shared the perspective that mental health is underfunded. Lance stated, "every time I hear there's not enough bed space" referring to a psychiatric hospital bed shortage. Lance further stated, "I hear that we're just grossly underfunded on some aspects when you talk to certain mental health experts." Lance also shared his perspectives on the consequences of neglecting mental health in public policy. In his career as a pharmacist, Lance gained exposure to the consequences of people not being able to afford their medication to treat their mental health conditions. According to Lance:

You just see so many times some people are maybe stabilized, they can't afford their medication, so they get off of it. Second thing is adherence, as you well know, just being adherent to the medication and staying on a dosage. It's just such a tough issue because some people can't afford it, they have no accessibility to it; so, one size just doesn't fit all.

Joe also shared the perception of mental health as a neglected public policy issue. Joe discussed how mental health as an issue has grown and shared his perceptions on the ratings in his state being poor. Joe acknowledged mental health to be “obviously needed,” but also recognized that the state’s support of that need is rated poorly. Joe stated, “The mental health world has certainly grown in recent years. It's obviously needed; as I've looked at some of the background, our state’s ratings aren't terribly high in that category unfortunately.” Ava shared her awareness that mental health is an unmet societal need. Ava expressed strong concern about the society’s mental health needs as it relates to budget and resource allocation. Ava stated:

I said this in committee, so I feel very comfortable with saying it here, because I told them, I said I feel that there were other avenues to try to cut, and I said we cannot continue to keep doing that, because if individuals need services and care, then we...if we say we're going to provide it, then we need to provide it.

Ned echoed Ava’s concerns his expression of frustration as he spoke about mental health being a neglected public policy issue. Ned stated:

That's probably the thing that probably bothers us as an individual as well as a community the most. We understand the need. We understand the desire. And we don't put a lot of resources into it. There's nothing we do in policy that we think is great, but we don't put it into priority. I think that's an issue.

Ned continued to emphasize the need for mental health support in society and the needed response from government to meet this need. Ned stated:

And I'm not trying to placate. I'm just telling you my feelings—my perspective and my feelings. We need to really recognize the fact that there is a tremendous need for mental health services in this state. And we need to figure out how we're going to put resources to meet those or start trying to meet some of those needs.

Kenneth shared his concern that his colleagues continue to cut mental healthcare, resulting in decreased access to mental healthcare for society. Kenneth stated, “members continuously, consistently, think health departments is a place to cut, and every time we cut it, we're-we're decreasing access.” Lucas also spoke of mental health as a recognized need that is neglected by budget cuts. Lucas stated, “We have a lot of stuff that we still need to do. And it's frustrating when you get caught up in budget situations where you have to reduce programming.” Kip offered his opinion on the grade of mental health policymaking in his state, and acknowledged that mental health policymaking is not doing well at addressing the needs of his society. Kip stated, “we're an urban area, and we're not doing so well [in mental health policies addressing concerns and needs of our society].” Ava also expressed feeling troubled and bothered by the political decisions to neglect mental health and reported feeling that some of her colleagues do not care. Ava stated:

So, in terms of advocacy, one of the things I've seen which really bothers me and troubles me is that I remember when there was a mental health rally and some of my colleagues heard the stories and the testimonies and how receiving the correct medication helped them stay on track. They are able to exist and coexist in society and get along. So, they heard these stories but then, when it came back to looking at what needed to be done, it

seemed like there was no level of correlation or remembrance of what was said. So that bothered me in that either they really didn't get it or...I hate to say that they didn't care. The perceptions of all eight participants on mental health were that it only takes a surface level understanding of mental health to recognize that mental health is important; yet, the lack of funding and resource allocation is incongruent with the level of importance placed on mental health in their political system. In addition to funding issues and level of importance placed on mental health, some of the participants also shared the belief that term limits pose as a barrier to mental health policymaking.

Term limits—the double-edged sword. Half the participants shared their beliefs that term limits are a hindrance to mental health policymaking and reform. Ava was the first to share this perspective when she discussed her experiences in seeing term limits as a barrier to mental health policy reform. As new ideas may be gained with term limits, knowledge and respect are lost according to Ava. Ava shared:

How many seats did we lose in that first term limits? Term limits, I think, is a great factor to this. To me, I call term limits a double-edged sword. Because I can understand being able to get fresh, new blood, new ideas, energy, to the environment, which is good, but then on the other hand, we have lost so much institutional knowledge and then just the simple things that we had, like respect, decorum, and things like that, which does make a difference.

Ned also discussed how term limits create problems for the policymaking process. Ned stated:

Any time that there's a new administration that comes in, they wanna do things differently and I understand portions of that. But you may have a program that's on the

track to go nowhere. And it's not gonna happen today or tonight or tomorrow. It takes some time.

Ned continued to share how mental health is one of the issues in policymaking that is negatively impacted by term limits and changes in administration. According to Ned:

But a new administration comes in and they wanna go in a different direction. Well that gets side tracked then we gotta start over. I think mental health quite frankly is one of them. I think that when you have a turn over every four years in your leadership, Representatives and Senators, with term limits I think that's huge because I think it's a hindrance.

In addition to feeling that term limits of legislators and Senators create problems for policymaking, Ned also connected term limits with new egos as a problem by derailing mental health policies that may have been on the way to being effective. According to Ned:

You start something, and you can't do it. The first thing you know some of these people are gone and you've gotta bring new people on board. Derails. And it's hard to get everything back on track. And then some of them, a lot of them with egos and they come in and think we need to go a different direction. So, you've got that dynamic that plays out.

Kenneth also shared his concerns for term limits and stated that it also greatly depends on party politics of the new administration coming in. According to Kenneth:

It always depends who. So, me, as a democrat, definitely helps us to have jobs of all levels in the office. So, let's say if a republican wins this next election...And he decides he's cutting back on medicaid expansion...That decreases the amount of dollars we got,

decreases the people we're serving. It's definitely gonna hinder any access to care that we're trying to get for these people.

Lucas discussed the negative impact that term limits have on the policymaking process as it relates to re-election campaigning being a major distraction. Lucas stated:

There's plenty of data. And it shows exactly how to accomplish what you want to accomplish while reducing the cost of incarceration and improving public safety. But who wants to get caught up in actual evidence and best practice when you're running for reelection?

Lucas shared that he believes competition related to re-election and campaigning is a negative influence on the process. According to Lucas:

And that's the biggest problem with setting policy here, because everybody's always running for reelection. And I think you just have to ignore that. And I think, based on my experience, I've never had an opponent again.

Each of the participants offered strategies for improving the mental health policymaking process.

Strategies for Improvement

The final and third super-ordinate theme to emerge from the data was: strategies for improvement. Each of the participants offered suggestions for improving the mental health policymaking process, which included strategies for the mental health profession as well as strategies for politicians and other mental health stakeholders. The suggestions offered included strategies such as getting engaged, learning the political processes and system, preparing the mental health profession for policy reform, and building relationships between policymakers and mental health professionals. This super-ordinate theme revealed two themes and two subthemes:

get engaged or get run over; mental health: a profession ill-prepared for policymaking efforts; it's all about relationships; and have passion, share your story, and work from the heart.

Get engaged or get run over. Each of the participants spoke of the importance for mental health professionals and stakeholders to take the initiative to get involved with policymaking and learn the political process. The participants provided useful information, various strategies for getting involved in policymaking, and cautions. They also shed light on the consequences of not getting involved.

Kip encouraged mental health professionals to get involved in policymaking and emphasized it as a necessity while also cautioning against entitled attitudes. Kip stated:

Well, there is the quote, it's my quote: 'Get engaged or get run over.' And so, if it's important to you as a mental health issue, you have to be engaged. If you're not, you can't just expect the legislators, and the government somehow innately know what's going on.

Reinventing a wheel is not necessary, according to Kip. Kip suggested that mental health professionals interested in policymaking to model an approach of existing organizations who are known to be effective at policymaking. Kip stated:

You look at the groups that are organized, and so, probably most of your friends aren't all that excited about Associations of Business and Industry, but they do a great job at what they do which is, they advocate on behalf of big business. If you were looking for a template on how to put your organization together, you would use their sort of template.

Kip offered this as a suggestion but expressed awareness that this strategy costs money. Thus, he offered a solution that is more cost affordable for mental health professionals. Kip stated:

But you don't have the money or the resources for that, so you would knock it down a notch, and you would look at Associations of Small Businesses. You would model

yourself after them. That's one that you would actually be able to do, they are able to have policy meetings, review what's going on out there, and lend a voice to the mental health side.

Kip also emphasized the importance of organizing effective advocates. Kip stated, "You have to have somebody, to be an effective advocate for your cause." Additionally, Kip suggested that interested mental health advocates and professionals learn the political processes by attending committee meetings, visiting legislative websites, and following bills of interest. Kip stated:

You've got to go to a health and welfare committee meeting. Go to either a house or senate meeting and have you been to the legislative website? When you go through it you can have them send you an e-mail on the agenda. And you can see some bill that makes sense to you as far as something that would be of interest.

Mark also shared that financial contributions are a very instrumental part of the policymaking process and recommended this for advocacy groups and individuals wanting to participate in policymaking efforts. Mark stated:

I also tell people, when you go talk to legislators, you go bring them a check. It opens their ears. They listen to it. You could come over there and sit and say, 'here's my personal check, I think you're doing the right thing, I think you make a good representative for our area, and for my issues.' You don't have to be a PAC (Political Action Committee), you can be an individual, write a check and its tax deductible.

Lucas also encouraged mental health professionals to become more deeply engaged in policy beyond a surface level. Lucas stated, "Whenever I talk to healthcare professionals, I really always encourage them to get involved in policy, because the truth is, while we get a lot of

emails and calls from constituents, they are often not very deep calls and emails.” Lucas offered caution on strategies that are ineffective. Lucas stated:

They're sort of like, ‘Vote against House Bill 203.’ And that's kind of not really helpful. You know? You're not even telling me why. You're just kind of like, ‘Just vote no.’ And well, if I was gonna vote no, then I'm glad I got someone that agrees with me. But if I was planning on voting yes, why should I vote no?

Joe offered the suggestion that academics and educators offer trainings or coursework focused on policymaking, but also offered that this may be challenging. In response to the protocol question asking if mental health professionals should be trained in policymaking, Joe responded, “It may be asking a lot, but, some training for sure; a course.” Joe perceived that formal course training might be a tall order, so he offered lesser more feasible suggestions in receiving training in policymaking. Joe stated:

It probably wouldn't be a bad idea for you to when you get your doctorate, if they required a course in this. Probably wouldn't be a bad idea. But there are other steps, certainly that you could go to as far as having just conferences and gatherings. Just a chance to go in and visit about things. Just like you and I are doing right now. So, all of that can add up. But I think it's important to be aware of how all of this takes place.

Joe also spoke of the different venues and areas of politics in which to become involved in, in order to achieve the same goal of engaging in mental health policy reform. Joe stated:

There's some different ways to get involved. And of course, there are different levels of politics too. You've got legislature. You've got local city councils, and you got mayors and people who are on the board. And then you got police juries, and then at the national

level, you've got Congress and things like that. So, there's different ways to do it. Our meetings are open. Everything we do is open.

Like Kip, Joe suggested to “attend a Committee meeting.” Additionally, Joe spoke of the suggestion for himself and his colleagues and stated that it is important to be aware of the amount of influence politicians have on mental health through policymaking. Joe stated, “We have so much influence, really. We probably shouldn't, but because we do, it is good if you become involved and aware of how the political world works.” Joe recognized that the obligation for mental health policymaking and reform lies with both politicians and mental health professionals. After emphasizing the importance of mental health professionals’ involvement in policy reform, Joe stated, “We need to be listening to people like you and people who have a background in the things that we don't.” Ned also suggested attending committee meetings as a way to get involved in policymaking and learn about the political processes. Ned stated:

I think if there's an issue, we'll take mental health. I think if something comes to a committee then there are things that the mental health group and stakeholders—they need to try to get on a hearing before a committee to give information and their perspective. I think the chairmen of the committees are open to have those kinds of things; we represent the people.

Ned discussed the commitment related to being effective at policymaking and reform and emphasized the importance of paying close attention to legislative matters on a regular basis.

Ned stated:

I think you're gonna have to pay a little closer attention. It's all open. It's all on the websites and everything. Every piece of legislation that any of us introduce will be there, in-depth. It's public record. Every committee meeting debate we have on the floor. It's all

on the worldwide web. Even to be there to observe it. Maybe you can get a committee, a group to go through there and say, 'now these are the bills that effect our interest.'

Mark also stated that he believes mental health professionals should be trained in policymaking. Mark stated, "They [mental health professionals] should be trained in policy. They're the ones who deal with mental health. They're the experts, supposedly, in it." Mark also offered the suggestion for mental health professionals to make an impact in policymaking by running for political office and joining the legislature. In response to the protocol question about strategies for improving the mental health policymaking process, Mark stated, "How about run for the legislature?"

Mark also discussed an experience in which a medical profession was working on a bill that ended up being defeated. Mark reported that the biggest barrier to this bill passing was that the medical profession "didn't do their homework." Mark discussed the importance of knowing all sides to an argument before presenting in front of legislative committees. Mark stated that he told the medical professional:

'the biggest thing you have, if you wanna pass this bill, you'll come back with it next year, and you line up your people. You line up people who can smack you on what you said, who are not in white coats. The public, who have benefited from what you're doing.'

Next year they came back and passed it.

Kenneth suggested that interested advocates to regularly visit the legislative website and read through the various bills before approaching a legislator. Kenneth stated:

You can go to their website and type in mental health and all the mental health bills come up. And you can read through them and let your legislator know what you think will work. And then if there's some bills that you would like to bring forward then you, at that

point, go to them [legislators] and give them an idea and ask him to author it.

Ned suggested that a strategy for learning the process of policymaking is to get a digest of the bills, share them with a group of advocates, and follow them all the way through the process.

Ned stated:

Get a digest of the bill. If you get a digest you don't have to read to the whole thing to determine if this would be something, we wanna follow or not follow. I'm just offering a suggestion. You may wanna say, okay now there's ten bills that's gonna be introduced next year, I don't know I'm just using that as a number, that deal with mental health. I'll take this one. You take that one. And you'll follow it all the way through.

Kenneth also offered the suggestion that mental health professionals learn the political processes by hiring a lobbyist. Kenneth stated:

A lot of political organizations hire political lobbyists to teach them the process, teach them how it works, teach them how to effectively pass legislation. If you have the resources or the money or the time to do it, that's always a positive. To get someone to teach you the process. You'd be surprised how one, one idea can turn into law.

Kenneth encouraged mental health professionals interested in political advocacy to never underestimate how much impact can be made by sharing their experiences and knowledge with legislators. Kenneth shared, "So you never know how effective you can be by just sharing your thoughts. It can really make an impact on many lives and the state as a whole."

Ava emphasized the importance of mental health professionals interested in political advocacy getting engaged and learning the rules and players of politics. Ava stated, "You have to be engaged, you have to know the process, you have to know the rules, you know when and how to get in and who are the players, right? So, you have to know who are the people that really

make things happen.” Ava also stressed the importance of learning how all the layers of the political system and politicians’ interface. Ava stated:

You know how the Senate is set up. You have the President, you have the committee chairs, then you have your committee members, so you have to know how all of that interfaces and who actually at the end of the day makes all of the...I don't want to say decisions, but they play a very intricate role in how things play out, which is the President.

Ava suggested the importance of having the awareness that political issues will not be fixed overnight and offered strategies for setting goals. Ava stated:

During the interim, set up, and start with one or two items that they want to address, because often times, that's the other thing, you try to do too much. You can only do so much. You didn't get here overnight, so you can't correct it overnight, so focus on one or two things that you want to ensure that legislators know.

Ava also offered the perspective that politicians are not experts on all issues and stated that they rely heavily on experts who come before them. Ava stated:

We're not the experts on all the issues that come before us. We know how to get a bill done, but we're not the experts, and so we rely on the people that come to us. So, if the people that come to us are a special interest group like American Psychological Association who looks out for their interest, then we listen to them.

Ava also discussed the importance of breaking goals down to accomplish over the course of the year, and planning for upcoming legislative sessions before advocating to legislators. Ava stated:

This is what I want, for them [mental health advocates] to come up with one or two things and each year, set a goal. You plan what you want to address in the upcoming

session. Then you begin to advocate for that one issue with legislators, making sure they understand.

Ava also discussed the importance of breaking down an issue to legislators, so they understand it, and demonstrating how an issue has economic impact. Ava stated:

So, at the end of the day, even those who are disconnected, it can make sense. Because if it don't make sense to them, then it don't make dollars. So, it has to make sense to them. So, if you can get them to understand how this can save money; because for some of them, it's all about how much money it costs.

Although Ava also encouraged speaking with legislators, she offered a different suggestion from other participants, which was to approach all legislators at the same time in the context of a meeting. Ava suggested:

What I think is also helpful is going and talking with legislators like me. Say for instance, meeting, or let's say the health and welfare committee. You just target those committee members first. You target senate and house and ask to have some kind of joint meeting with the two groups. So that's only about 17 and about 10 of us. Meet with them collectively.

Kenneth also offered the suggestion that mental health professionals interested in policy reform pay close attention to the bills as they are posted on the legislative websites. Kenneth stated, “watch the bills every year. You see some bills, you're like look. Okay, this bill will impact negatively or positively.” Lucas encouraged subject matter experts such as mental health professionals to get engaged in the policymaking process and like Mark, made the suggestion to run for legislative office. Lucas stated, “But I guess I'm a firm believer that subject matter experts should get engaged in policymaking, and should get involved in running for office, and

should get involved in working for agencies and departments. I think that's really important.”

Lucas expressed that he realizes some people don't consider politics as a career option but encouraged this due to how impactful and important the process can be. Lucas stated:

I think not everyone thinks about that as a career sort of option. And I think, to the extent that it can be promoted, I think you can get better policy by having a role. People with real experience, that's not just public policy experience, but like hands-on experience. And so, I'm encouraging of that whole process, and I think it's really important.

Lucas was encouraging about getting involved in policymaking but he also provided caution and awareness that it is no easy feat. Lucas stated, “For someone who's dipping their toe into policymaking and wanting to get engaged, to me, there are a lot of people that engage in this process that get very, very frustrated very, very fast.” Lucas provided an example of how the process of policymaking can become frustrating for people, and how dealing with the politics of policymaking can be challenging. Lucas stated:

Because they're like, ‘It is so obvious that we need to do this, because I see it every day. And I can't believe you politicians won't just do the right thing.’ And I deal with people like that a lot, and I'm kind of like, ‘You have to figure out a way to put yourself in our shoes.’ You may want to be like, ‘Well, I think they're just a bunch of cowards. And they should do the right thing.’ Well, okay, that's true, I think, in some cases. But it doesn't get you anywhere. So, the question is, ‘How do I build an argument and push a policy, that they can understand and get behind?’

In discussing suggestions for how counselors might learn the process of policymaking, Lucas provided suggestions including formal training and real world experience. Lucas stated, “I like the idea of professionals being formally trained in advocacy and policy. I think that people who

are interested in it should have avenues to pursue it, because it's crucial. And I don't know how you would get it otherwise.” Lucas further offered:

Because it's one thing to have just policy people. It's another thing to have policy people that have real world experience. So, I think that would be incredible. Because, honestly, we have a lot of good professionals. They're not necessarily the most smooth politically. And it's good for them to understand it.

Lucas offered suggestions for educators and academics to better equip mental health professionals for policymaking. Lucas stated:

I guess political science type professors are probably equipped to educate people on public policy. Certainly, I think people like us would be qualified. But I think you could have governmental affairs people. So, I absolutely think that there should be options for that. And even to the extent where if you can't even do it formally in coursework, you could have speakers that come in and talk to you about it, just because I really think it's crucial.

Like many of the other participants, Lucas referred to the legislative website as an initial step in getting involved in policymaking. Lucas stated:

So, you can get on our legislative website and you can actually search bills, and you can sign up for e-mail notifications about what's happening with them, like the ones you're interested in. And if you want to go, you go. You show up.

Lucas also offered a breakdown of the process that occurs after showing up during a session hearing. Lucas stated:

They have red cards, green cards and white cards. Every witness has to swear under oath, and they fill out a card that gets entered into the record. The red cards are for opposed.

The green cards are for support. And white cards are generally for people who say, ‘I don't really support or oppose the bill, but I wanted to provide the committee with some information.’

Lucas explained the effort and time that goes into policymaking efforts and discussed how the politics of the policymaking can sometimes deter people from wanting to stay involved. Lucas stated, “It takes work to understand. You have to work through something, and some people just aren't willing to do it because of the politics.” Although Lucas cautioned that the game of politics might be discouraging for some, he offered a hopeful and encouraging perspective. Lucas stated, “Affirmatively building support is not easy, but it can be done strategically. And I think that's part of the interesting thing about it, is strategizing and building a team and a message.”

Lucas also shared strategies that he learned from being an attorney that are effective in policymaking.

Lucas stated that it is important for mental health professionals to build their arguments with research and data. Lucas shared, “In law school and in the discussion of trying cases, we always called it ‘give the juror something to hang their hat on.’ If you want them to be on your side, then you ultimately have to empower them with the facts and the evidence.”

Lucas related this example:

I could be doing the same thing. You're like telling a politician in committee, ‘I want you to vote for this bill, and this is why.’ And so, to me, you want to make the broadest argument possible. If you believe that substance abuse is important, then you should vote for this bill. If you believe that you want less homeless people on the streets, then you should vote for this bill, because it's gonna help to get people into a stable living environment by getting mental health treatment. And if you believe that spending money

on mental health services is a better investment for taxpayers than spending it on emergency rooms, then you should vote for the bill. And you try to just kind of like, across the spectrum, give people something that they can say.

Lucas offered that the strategies for policy reform can be mutually beneficial for both policymakers and mental health professionals. Lucas suggested that mental health professionals could provide legislators with important facts so that legislators are equipped to respond to opposing arguments. Lucas shared, “I really think the key is giving legislators something that's 15 seconds or less that they can say to somebody who comes and yells at them. Because people are afraid.”

Lance also recommended policy training for mental health professionals. Lance stated, “I think to me the groups that I see are really effective they've kind of been trained on how to. You know they maybe have some continuing education programs on policy. A lot of people don't understand the process.” Lance further discussed the importance of knowing all sides to an issue as well as becoming knowledgeable and conversant on the area of interest for policy reform.

Lance stated:

I guess the first thing is for mental health professionals to get themselves really versed on what's the issue they want to participate in. I mean really, really well versed. And I always think from my standpoint, if I'm trying to do policy reform, what will the other side think if there is opposition and what's their thought process?

Lance described a trial attorney mentality he uses to succeed in policy reform, including adapting the mindset of preparing for opposition and strategies to win. Lance stated, “First off, you want to win, so you have to almost think if they're going to oppose you, what would be your strategy to defeat them? That's number one.”

As a Senator with 35 years of experience in policymaking and reform, Lance considered his experiences with the best advocacy groups he has worked with. He emphasized the importance of establishing a strong grassroots effort. Lance stated, “I guess if I'm looking at the most effective groups for policymaking regardless of what field they're in, they have a strong grass roots effort. Really, really strong.” In describing what makes grassroots groups strong Lance spoke to experience, lobbying, and subject matter experts. Lance stated:

Through one source or another they've been kind of trained on what the process is like and how it works and how complicated the process is. They understand it really well. I have to say that some of the organizations that do really well in policymaking, they engage in really top governmental affairs folks and that would be kind of a lobbyist group. But the ones that I see do a really good job when they'll show up at the capital and talk about policy, they have top of their profession with a lobbyist that understands how to negotiate it.

Lance emphasized that an important piece of getting engaged and learning the process of policymaking is to have the mindset that change will not happen overnight, and instead happens in small incremental steps. Lance stated:

I guess the other thing I would say that I didn't get a chance to say and I've seen it for all the years I've been doing this, sometimes the best policy changes take a lot of time and sometimes it has to be in incremental steps. So, it just kind of shows that sometimes really good policy changes, especially in your profession, sometimes takes long and incremental changes.

Like Lance, Lucas encouraged mental health professionals to be engaged in the process of policymaking. He expressed the belief that though policymaking can be an intimidating process, it is worth engaging in it. Lucas stated:

And I think the more that you can encourage people to be a part of the process, the better. I mean, it's intimidating sometimes. And plus, you have other things you're supposed to be doing. And so, it's difficult. But I think it's really worth it. And I think some people have done what I've said, and they've gotten a lot out of it. And I think once you get into it, it can be very, very interesting.

Lance discussed the importance of mental health professionals being the leading drivers of mental health policy reform. Lance stated:

For sure the professionals should drive it because sometimes organizations have a different feel to it. I find sometimes organizations will come in with something, and I'll call professionals and they'll go 'I really don't agree with them.' A lot of legislators know professionals that we turn to, to say 'okay this is the policy they're looking at, how does it affect you in the real world?' So, I think that's the number one thing.

Lance recommended that mental health professionals interested in policy reform be prepared with a game plan before approaching policymakers. Lance stated, "If you see a policymaker and you want to change policy: what's the problem, what's my solution, and how can we implement it. Kind of having a true game plan." Lance cautioned against approaching policymakers during session time. Lance stated, "Right now [out of session] is a perfect time to be working on policy changes. It's not pressure packed. There's time to research it out." Lance also suggested having a good understanding of the areas of policy reform that don't require approaching a legislator or attorney. Lance stated:

You can change policy without going back to the legislature because the legislature a lot of times gives boards the authority from rules. So, you can do the rules during the off, any time. You don't need to change the law, you can just amend the rule. A lot of times the board within their practice act can change some things and they can do it either by policy of the board or by rule writing.

When approaching legislature is a necessary piece of policy reform, Lance recommended developing a public report that looks at other states within the U.S. and that is backed with data for the area of reform. Lance provided an example of a successful strategy. Lance stated:

That public report basically gave them the tools to get what they wanted for success and it proved that I think something like 40 states were doing it. So, when they came up with that I said 'I think you're ready to go. You've got the data', but before then you would've just been really in a war with doctors. They still were in a war, but the doctors lost because the doctors were having almost a turf battle of pride.

Lance stated that it takes a lot of work, but emphasized the amount of influence that grassroots efforts can have on policy reform. He discussed the small incremental steps taken to build a grassroots effort. Lance stated:

I will tell you that most healthcare groups that make a change in policy, they start out at the grass roots level. They are like 'Jim who do you know in Bunkie because we've got to get to this guy because he's the chairman of the committee'. 'Oh, my best friend is across the street from him.' 'Well tell him to go see him and tell him to report back to me.' So, it's almost hand to hand combat. And it's amazing when you start that how it can work, but you gotta roll your sleeves up. I feel that once you finish this, this will be a good template for your profession.

As the participants shared the importance of mental health professionals getting engaged in the policymaking process, they offered constructive criticisms of existing mental health advocacy efforts, suggesting that they perceive mental health professionals as unprepared for political advocacy.

Mental health: a profession ill-prepared for policymaking efforts. The participants spoke of various issues within the mental health system, which they felt need to be improved in order for mental health professionals to be effective in the policymaking and reform process. From turf battles among mental health professions and mental health experts being absent in political arenas, to mental health advocates being ill-prepared for policy reform, the mental health profession as a whole has areas in need of reform for effective policy reform to occur according to the participants. Lance discussed the turf battles occurring in the mental health profession and stated that these battles are best resolved outside of policy arenas. Lance stated:

When a certain organization is protecting their turf or their trying to take dominance of their turf, it becomes very confusing of what's facts and what's not. I can tell you so many times that if professionals can work on an issue in their own domain it works well.

Kip also identified turf battles among the mental health professions as a barrier to mental health policymaking and provided an example to highlight his concern. Kip stated:

One of the [mental health] organizations weren't providing treatment in a prison environment. They could, but they wouldn't. There were some other folks that weren't credentialed in the same manner as they were, that were willing to provide it in a prison environment. The credentialed were wanting the non-licensed to quit visiting people in prison to provide services.

Kip discussed this example to highlight how turf battles can jam up the policymaking process and lead to frustration among policymakers. Kip stated, “There are turf battles as well that we have in these things all the time. I brought legislation that said, ‘in this environment, since nobody else is going, these people will be allowed.’” Kip was not alone in his concern regarding turf battles. Lance continued to share about the turf battles in the mental health profession and provided examples of how these turf battles serve as barriers to mental health policymaking. Lance shared that these turf battles leave him questioning if mental health patients’ best interests are in mind as these turf battles are engaged. Lance stated:

What I do find is a barrier a lot of times, is there's different mental health experts and it looks like there is a turf battle of who can do what. So, we try working on expanding the practice rights of certain mental health counselors and folks out there, but then you have just a turf battle that is always, always ongoing. And is that turf battle at the expense of the patient?

Lance discussed the role that policymakers play in the mental health profession turf battles that come into their political sphere and expressed having the inclination to empower all mental health professions to serve more people. Lance stated:

So, we see that a lot in our committee. You know ‘what's a person's level of training? Do they have the expertise and skill set to take care of that patient's needs?’ And we as legislatures I think are always in that battle. We have a shortage of health care professionals, why can't we empower more to do more?

Lance’s perception of some of the mental health professions carries the connotation that the turf battles are off-putting to politicians. Lance shared, “It looks like on a one on one level different health care professionals with different licensure are okay, but then when you look globally at

the associations, they're in a big fuss all the time.” Lance expressed that he and his colleagues feel that they are referees amidst the turf battles and find it challenging to the policymaking process. Lance stated:

That is something as policymakers we try being not in the fray as you guys are. We try saying ‘okay what is the problem with this professional being able to do this?’ We’ll come back and say, ‘well 48 other states allow it, what’s the problem here?’ We end up being the referees in this and as policymakers that’s probably one of our biggest challenges is to figure out—what’s that right balance?

Joe also discussed the importance of involvement from mental health professionals in the political arena. Joe stated that he believes that in mental health policy, they as politicians have to make political decisions on what he says should be professional decisions due to the lack of involvement from the health professions in policymaking. Joe stated:

In health and welfare committee, surprisingly we’ve not had a lot of participation from medical doctors. Part of that I think is because they’re busy; they’re working. There’s still certain things you can’t do that an MD, or a psychiatrist could’ve done, and those are scope of practice decisions. In my opinion, it shouldn’t be a political decision. It should be a professional decision.

Kip shared the concern that mental health advocates are either absent from policymaking or disorganized in their efforts. Kip shared:

The mental health advocates by and large are not as well organized as the other groups because it’s a subset that people are afraid of, I guess. We don’t have a lot of a well-organized mental health policy that’s going on.

Kip further expressed his concern with the lack of involvement of mental health professionals and experts in the policymaking process. Kip stated:

There are probably some mental health people out there that would take serious issue with what I'm saying, but I can't name one. That comes to the capital that advocates on the board of mental health, and I've been on the committee for a long time, so they do a poor job.

Ava also recognized the absence of mental health professionals but conveyed an empathetic understanding. Ava stated:

It seemed as if, to me, the mental health advocacy group have not been as engaged, and maybe because they're fighting just trying to stay alive. When you're trying to just keep the doors open... 'I can't go out there and be advocating, asking you to fund me, although I should be because that's what I'm trying to do. I'm trying to keep the doors open'.

Ava continued to express her hope that mental health professionals become more involved in the policymaking process. Ava stated, "I believe what needs to happen...for me, this would be my dream, if there could be some consortium group of advocates for mental health."

Joe echoed Ava's perspective and awareness of the lack of involvement from mental health professionals in policymaking. Joe stated, "I don't know enough people in your field, involvement in the mental health care." Ned also made the statement that he does not see much presence from the mental health profession in policymaking.

Ned stated, "When it comes to mental health, we have not seen a lot of people come before our committee and sit there and tell us the need." Lance discussed mental health professionals being ill-prepared for policy reform and policymaking and provided an example of

phone calls he receives which reflect the lack of knowledge in mental health about politics in general. Lance stated:

You know I mean I might get a call and it's like 'My God you've got to do this'; and I'll look it up and 'well that's a federal congressional issue and I'm not in congress'. 'Well you're a Senator.' 'Well I'm a state Senator.'—So right there you can see the disconnect.

Kip assertively spoke to the lack of engagement from the mental health profession in policymaking and blamed this lack of engagement for policymaking being reactionary and unorganized. Kip stated:

A cause of policymaking being reactionary and unorganized is what I said earlier: a failure of people within the profession to be engaged and participate. Are they busy? Do they have kids to feed when they get home and a wife to take on vacation now and then? Yeah, we've all got a lot of things going on in our lives. But I'm going to put some of that failure at the feet of the people that know the most about it.

The participants spoke about the importance of building close and trusting relationships between policymakers and mental health professionals.

It's all about relationships. Seven of the participants spoke of the importance of building close relationships between policymakers and mental health professionals. The participants offered suggestions for initiating and building these relationships and discussed the importance of genuineness, honesty, and kindness—all traits counselors are known to embody.

Ned emphasized the importance of building and maintaining strong relationships between policymakers and mental health professionals and expressed his value that relationships are important across all life areas. Ned stated, "It's all about relationships. Everything is about relationships. It really is." Ned described the initial barriers to approaching policymakers as

psychological barriers, including a mindset of being too busy and the belief that legislators are unapproachable. Ned described the first step in breaking through this mindset and initiating a relationship with a policymaker:

I get the fact that the people...you've got jobs, you've got occupations, you've got priorities. And you have to put those in place and you don't have a lot of time for this. But there has to be in order to get over that next step. We wanna be approached. That's why I'm very pleased to be able to have this conversation.

To take the initial step in building a relationship with policymakers, Ned cautioned against generic emails and encouraged personal, authentic correspondence. Ned stated:

I can tell you now a personal contact if you could make it. We get tons of emails. And I'm gonna give you a lobbying tip—if you've got a thousand people such as yourself that's working mental health statewide, if all of them send the same e-mail to me I'm not gonna read them. But you can send me a note, an email a phone call, a voicemail, a text message, whatever it is, it doesn't have to be long, but it's a personal message. Most legislature, I'm not gonna say all, but most of us will read those and we'll remember those.

Before making the contact with a policymaker, Ned recommended being prepared with the piece of legislation of interest to possibly testify about, due to that being a possible next step in the process after establishing contact. Ned stated:

And I think that's one thing that you could do if there's a particular piece of legislation that you happen to see that you're interested in. Then you've gotta contact your legislature. Send it to a Representative and have him read it directly. And get every

member of the group to contact theirs. And then maybe show up and even testify before them.

Ned reiterated the importance of breaking down the myth that policymakers are unapproachable for relationship building to occur, but acknowledged that not all policymakers will be honest and forthcoming. Ned provided encouraging suggestions to initiate the building of relationships and discussed the importance of not taking the process personally when things don't go as desired.

Ned stated:

My thing is...if they've taken the time to come, I think it's my responsibility to listen to them. My colleagues, sometimes they'll tell you what you wanna hear. I can't do that. I've gotta tell you I can support this, or I can't support it. This is the reason why I can, or this is the reason why I can't. And I think that builds better rapport for you and me next time we have an issue. And you can't take it personal. I can't take it personal.

Lucas also shared the importance of building a connection with policymakers. Lucas acknowledged the business of life, but like Ned, encouraged connecting with policymakers as a priority for mental health professionals. Lucas stated, "I tell people that I think the best thing that they can do, inside of their already busy life, is to identify their legislator, make a connection with them, even if it's just to call them and talk to them, or ask to come meet and have a cup of coffee."

Lucas offered a potential narrative to use when making contact with policymakers, which offered a laid back, authentic connotation. Lucas stated:

Just say, 'Hey, look, I am a social worker. I am a whatever. And I would love to help you, if I can. This is really important to me. I serve people in the community that have these issues, and there's always ways to improve it. So, if there is ever a question about

some issue, please call me. And I will call you if I have an issue with something related to this. And I hope that we'll be able to talk.'

Lucas also spoke to how valuable it is for mental health professionals to engage with their policymakers. Lucas stated:

People who approach legislators have inordinate influence over the process. I mean, you become that person's per se expert. And for professionals, especially professionals in the medical field, I think that's invaluable. And it's a great assistance to the legislator. And it's a great service to the policymaking. And it also gives you a really interesting voice in the process.

Mark encouraged the strategy of making contact with policymakers, and even suggested making contact that is frequent and on a regular basis, through both phone calls and in person visits.

Mark stated:

Every day, I want you to call one of your legislators. Every day. During session, I want y'all to have a group of y'all's profession in the capital. Talking to the legislators. and calling and Talking to them. And when you're at home, go visit them and tell them what you are doing. Tell them what you do. Tell them why this is a good bill.

Lucas discussed the collaborating that happens after a relationship is built between policymakers and mental health professionals and shared the perspective that mental health professionals are in a unique position to identify problems and solutions in their field. Lucas shared:

A lot of times, there are people outside of the process who develop these concepts and then work with a legislator to try and move them forward. So that's a critical thing too. And, as a professional, you're also in a position to do that.

Lucas further discussed the unique position mental health professionals are in, with respect to engaging in policymaking with policymakers:

You're also in a position to identify a problem, identify a solution, bring it to a legislator and say, 'We really need to do this, because it would be much better for people if we did it this way.' And then work with them through the process to try and get it done. Because I'm not in the trenches like you are. So, I'm not gonna know when problems arise. And a lot of times, it takes somebody that's really in the trenches, in whatever the field, to say, 'This is not right.'

Lance discussed the importance of building relationships with policymakers and spending time with them as an important policy reform strategy. Lance stated:

Probably the health care professionals spending time individually with legislatures when we're not in session. To just go visit them and say, 'okay look here's an issue and here's what I do, would you mind coming to my practice setting and see what goes on.' Because if they fully educate their legislatures, they do a better job.

In addition to building relationships between policymakers and mental health professionals, Lance suggested that relationships are not just between two people. Lance discussed the importance of bringing together a group with diverse backgrounds who all share the same goal of mental health advocacy. Lance stated, "The best way to improve it is to try to figure out the arguments that bring other various organizations to the table. Like from various backgrounds."

Ava also made the suggestion to build relationships with policymakers and suggested starting with committee members that oversee mental health issues. Ava stated, "What I think is also helpful is going and talking with legislators like me. Say for instance, you target health and welfare committee members first." Ava emphasized that she relies on subject matter experts to

approach her. Ava stated, “We rely on the people that come to us. So, if the people that come to us are a special interest group who looks out for their interest, then we listen to them.”

Kenneth discussed the importance of approaching policymakers, stating:

I would recommend, obviously, going to whoever your legislator is. Going to your representative Senator and saying ‘hey, listen. This is the work I do. I would just like to tell you this is the issue that's going on. Contact me if you have any questions.’ So that your representative will understand that you're their go to person for mental health stuff.

Kip described the process of building relationships with policymakers as a primary requirement to policy reform, and even suggested that preferable to training. Kip stated, “It doesn't require a lot of training. Really what it requires is what you're doing right now which is building a relationship with somebody. Because people tend to want to help when you say that this is an issue.” Kip offered the reminder that as public servants’ policymakers should be sitting down with people who approach them and training them on the process of getting involved. Kip stated, “But you know, legislators consider themselves public servants. So, I'm giving you some of the training right now and I'm trying to help you.” Although Kip discussed the importance of building relationships with policymakers, he also identified the challenges of finding a legislator to author a law and how relationships are a crucial ingredient to making that happen. Kip stated, “But the hardest part, I would say probably for a grassroots person would be finding somebody to be the author of the law. But you have to have a relationship with the legislators, with at least one.” Kip shared an example of effective grassroots initiatives and policy reform, and asserted that the building of a relationship was the most crucial part of its success. Kip shared:

And so, the biggest example of really good grassroots lobbying—if you would go into the developmental disability community now and say, ‘Who gets y'all's stuff done?’ They

would say ‘Senator Kip gets our stuff done.’ But you couldn't have said that eight years ago. And so, they developed a relationship with me, just visiting with me, and just informing me about their issues and getting to know their children that had these issues and most people would get involved.

Kenneth offered strategies for both politicians and mental health advocates including building relationships with diverse people and stakeholders to improve the policymaking process.

Kenneth stated:

I think one of the best policymaking procedures is to bring everyone to the table. I think everyone should be all the way from the sheriffs to the providers, to the insurance companies, to the department. And also, some community stakeholders. Because mental health affects so many different ways. So that's why you have that community liaison person that that can tell you what's happening in the community.

Although getting engaged and learning the ins and outs of policymaking are important pieces of policy reform, none of them could be accomplished without passion and burning desire, according to six of the participants. The participants shared how having passion is an important piece of collaborating with policymakers and getting engaged in policymaking.

Have passion, share your story, and speak from the heart. Six of the participants spoke about the importance of having passion and working from the heart in order to be effective at policy reform. When Ava spoke of the volatility in her political climate and concern that many of her colleagues focus on numbers instead of humanity, she emphasized the importance of mental health advocates sharing their real stories from their heart. Ava stated, “Share with them their heart by just starting off with that committee and meeting with them and sharing with them whatever that one year goal or whatever the two items that you want to address in that year.”

In line with the Ava, Kip stated he thinks it is important for advocates to share their story to illuminate why an issue is important to them and expressed that he is more likely to listen to an authentic, passionate story than a lobbyist. Kip stated:

Me, as a person that represents 140,000 people, I actually, and I think most people are this way, listen more closely to the single individual that shows up at the capital that looks a little bit lost, and wants to tell their story, then the lobbyists, but the lobbyists have an important place here.

Mark emphasized the importance of advocating from a place of passion as he made the suggestion several times for interested policy reform and advocates to get on their soapbox.

Mark stated:

Anything you do that reforms, progresses, advocates to make your profession get better results...anything you do is good. If you see that laws that are preventing you from getting the good results you want, well then you go get on your soapbox. Talk to your legislators.

Mark further emphasized the importance of speaking from the heart to policymakers and shared that he listens when he feels someone is sharing their true story. Mark stated, "I listen when they are truly telling you their heart and opening up to you." Kenneth spoke of the importance of mental health professionals sharing their stories with policymakers. Kenneth stated, "I think it's very important for providers to come and tell their story and share their story and not only providers, instructors, so that, so that the representatives here know exactly what's going on."

Lance believed that not having passion or drive to follow through with policymaking can cause some people to give up in the process. He stated, "There are some groups that come to me that it's almost like, it can't get done. And some of these guys are like you know I just want to

practice I don't want to get involved in this. And so, it's a tough deal.” Lance offered encouraging words to encourage people to stay involved and to further the passion of engaging in the policy reform process. Lance stated, “I tell folks don't give up. Keep doing what you're doing. Keep spreading the message and if it's something that you need a policy change, realize that sometimes the best changes take a long time.” Ned spoke of the burning desire needed to be effective in policy reform and offered encouraging words to engage in the policymaking process. Ned stated, “I would just continue to ask. Keep that fire burning. Keep going with it and get your colleagues to do the same and more if they're not. Light a fire.”

Figure 4 illustrates the labeling and organizing of super-ordinate themes, themes, and subthemes. Figure 5 represents the final data analysis product. Figure 6 represents the chart used during data analysis to determine if themes were salient.

<p>Career purpose</p> <p>Mental health by personal experience</p> <p>Mental health by career experiences</p> <p>Mental health = taboo Mental health = crime/danger</p> <p>Mental health is a “serious need”; put on back burner “way too long”</p> <p>Mental health: Important, but not important enough</p> <p>Barriers to policymaking Barriers to policy reform</p> <p>Priorities among priorities</p> <p>Funding and budget issues</p> <p>Need; importance of mental health awareness</p> <p>People in need of help;</p>	<p><u>Haphazard understanding of mental health</u></p> <p>Shaped by career and personal life experiences</p> <p>Limited knowledge/understanding Mental health recognized as a neglected societal need</p> <p>Mental health is a “serious need”; put on back burner “way too long” Need; importance of mental health awareness</p> <p>People in need of help; desperation</p> <p><u>Barriers to policymaking</u> Mental health: Important, but not important enough; competing agendas</p> <p>Funding and budget issues Term limits</p> <p><u>Political Games</u> Hodgepodge/no game plan Policymakers not on same page/path</p> <p><u>Strategies for improving policymaking</u> Contact legislators; build relations; mutually beneficial relationship Mental health stakeholder’s</p>	<p><u>Perceptions of mental health</u> <i>Haphazard understanding of mental health</i></p> <p>Shaped by career and personal life experiences</p> <p>Limited knowledge/understanding <i>Mental health recognized as a neglected societal need</i></p> <p>Mental health is a “serious need”; put on back burner “way too long” Need; importance of mental health awareness</p> <p>People in need of help; desperation</p> <p><u>Political Climate</u> <i>The game of politics</i> Hodgepodge/no game plan Policymakers not on same page/path Political games <i>Philosophical differences</i> Policymakers not on same page/path Differences among policymakers</p> <p><u>Real World Policymaking from the Perspective of the Policymaker</u> <i>Factors influencing decision-making</i> <i>Intuition/Emotion based policy</i></p>
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<p>desperation</p> <p>Differences among policymakers</p> <p>Perceptions of mental health</p> <p>Factors influencing decision-making</p> <p>Intuition/Emotion</p> <p>In response to a problem</p> <p>Political games</p> <p>Hodgepodge/no game plan</p> <p>Policymakers not on same page/path</p> <p>Mental health stakeholder's involvement</p> <p>Contact legislators; build relations; mutually beneficial relationship</p> <p>Fallacy with evaluation of policies</p> <p>Suggestions for improvement</p> <p>Competing agendas with money</p> <p>Term limits a problem</p> <p>Share your story; have burning desire</p>	<p>involvement</p> <p>Genuine sharing of story</p> <p><u>Policymaking processes</u></p> <p>Factors influencing decision-making</p> <p>Intuition/Emotion</p> <p>In response to a problem</p>	<p>Intuition</p> <p>Policies made off of emotion</p> <p>Chaotic hodgepodge</p> <p>“chaotic”; “hodgepodge”</p> <p>“no game plan”</p> <p><i>Reactionary policymaking</i></p> <p>In response to a problem/issue</p> <p><u>Barriers to mental health policymaking and Reform</u></p> <p><i>Term limits</i></p> <p><i>Money as a scapegoat: budget struggles</i></p> <p><i>Lack of mental health awareness</i></p> <p><i>Mental health profession ill-prepared for policy or not involved</i></p> <p><u>Strategies for Improvement</u></p> <p><i>Get involved</i></p> <p><i>Have passion</i></p> <p><i>Build relationships</i></p>
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Figure 4. Data analysis process demonstrating the organizing and labeling of super-ordinate themes, themes, and sub-themes.

Final Data Analysis Product:
1. The battleground of policymaking
theme: the current political climate: philosophical divides
theme: political games and power struggles
theme: descriptions and critiques of policymaking: a chaotic hodgepodge
subtheme: reactionary and backward-looking policymaking
subtheme: intuition based political decision-making
theme: influencers to decision-making
2. Barriers to mental health policymaking and reform
theme: policymakers' perceptions of mental health: a haphazard understanding of mental

health
subtheme: lack of mental health awareness in the political arena
theme: money as a scapegoat: budget struggles
subtheme: mental health: a neglected need
subtheme: term limits—the double-edged sword
3. Strategies for improvement
theme: get engaged or get run over
subtheme: mental health: a profession ill-prepared for policymaking efforts.
theme: it's all about relationships
subtheme: have passion, share your story, and speak from the heart.

Figure 5. Final Data Analysis Product

	Kip	Ned	Joe	Mark	Lance	Ava	Lucas	Kenneth
1. The Battleground of Policymaking	X	X	X	X	X	X	X	X
The current political climate: philosophical divides	X	X	X	X	X	X	X	X
political games and power struggles	X	X	X	X	X	X	X	X
descriptions and critiques of policymaking: a chaotic hodgepodge	X	X	X	X	X	X	X	X
<i>reactionary and backward-looking policymaking</i>	X		X			X	X	X
<i>intuition based political decision-making</i>		X	X		X		X	X
influencers to decision-making	X	X		X	X	X	X	X
2. Barriers to Mental Health Policymaking and Reform	X	X	X	X	X	X	X	X
Policymakers' perceptions of mental health: a haphazard understanding	X	X	X	X	X	X	X	X
<i>lack of mental health awareness in the political arena</i>	X	X				X	X	
money as a scapegoat: budget struggles	X	X	X	X	X	X	X	X
<i>mental health: a neglected need</i>	X	X	X		X	X	X	X
<i>term limits—the double-edged sword</i>		X				X	X	X
5. Strategies for Improvement	X	X	X	X	X	X	X	X
get engaged or get run over	X	X	X	X	X	X	X	X
<i>mental health: a profession ill-prepared for policymaking efforts.</i>	X	X	X		X	X		
it's all about relationships	X	X		X	X	X	X	X
<i>have passion, share your story, and speak from the heart.</i>	X	X		X	X	X		X

**italics notates subthemes*

Figure 6. Chart used to determine salient themes.

Chapter Summary

This chapter included a brief introduction and comprehensive description of the participant interview findings. A brief summary of the results of validation procedures was also provided and discussed. The data analysis findings across and within cases were provided and

discussed as three super-ordinate themes: the battleground of policymaking; barriers to mental health policymaking and policy reform; and strategies for improvement. Themes and sub-themes were expanded within each super-ordinate theme and were supported by quotes from participant interviews written as participant narratives.

The final chapter of this dissertation provides the findings of the study related to the current literature and the implications of the study. Lastly, the purpose of the study is revisited, and the limitations of the study are provided along with recommendations for future research.

CHAPTER FIVE

DISCUSSION

Introduction

This final chapter includes a review and discussion of the research findings in relation to broader research literature on the topic of study as well as a summary of research methods used. Additionally, the purpose of the study and implications are revisited. The limitations of the study are outlined. In addition to implications for mental health professionals, suggestions for future research in the topic area are presented. Lastly, a personal reflection on the research and research process is shared.

Purpose of the Study

The purpose of this qualitative research study was to explore the perspectives and lived experiences of state-level, practicing policymakers regarding their decision-making processes related to mental health policy construction. I aimed to provide a greater understanding of the complexities surrounding mental health policy construction from the perspective of the policymaker. A review of the literature revealed a large knowledge and relationship gap between politicians and mental health professionals. I aimed to contribute to reducing this gap by revealing information needed to build relations between mental health and political communities. The purpose was to uncover the essence of policymakers' experiences and insights related to mental health policy construction to assist in fostering collaboration between the mental health and political communities.

The conceptual framework guiding this study included ecological systems theory, political systems theory, and the psychological concept of decision-making. According to political systems theory, the political system is seen as being a whole, as opposed to a collection

of different parts (Easton, 1957). According to ecological systems theory, various ecological layers influence an individual's growth and development. I utilized systems thinking as I analyzed the data, which involved shifting my perspective and recognizing and examining systems at different levels (Stanton & Welsh, 2012). Cognitive psychologists believe that the input of one's environment has an impact on one's mental process and behavior (McLeod, 2007). Thus, I was able to examine how the political system environment has an impact on the policymaker's mental processes related to mental health policy construction as they shared their lived experiences with me. As the participants spoke of the origins of their perceptions of mental health, I was able to conceptualize how their career and personal experiences shaped their perceptions, which they brought into their political system and policy decision-making.

Summary of Methods and Procedures

Interpretive Phenomenological Analysis (IPA) was used to explore the lived experiences of practicing policymakers. A total of eight policymakers participated in this study, all of whom met the criteria of being active policymakers with experience in mental health policy construction. The participants included both Senators and Legislators, and no specific demographic criteria were applied regarding age, gender, or race.

Snowball sampling methods and assistance from a gatekeeper were utilized to recruit participants. The same personalized recruitment e-mail was sent to each of the participants' professional e-mail addresses. An initial screening process was conducted to ensure each participant met the participant criteria. The eight participants completed face-to-face interviews. I conducted all interviews independently and utilized transcription software to transcribe the interviews. After transcription was complete, I listened to each interview and read along with transcript in its entirety to ensure accuracy of the transcriptions. The length of the interviews

varied from 45 minutes to 90 minutes. Data analysis followed IPA steps as outlined by Smith, Flowers, and Larkin (2009). The final data analysis product included three super-ordinate themes, which included related themes and sub-themes.

Discussion of Findings Related to the Literature

The findings of this study revealed the lived experiences of practicing policymakers' experiences with mental health policy construction and included themes that emerged from the data analysis process of the participant interviews. Three major superordinate themes emerged, which included related themes and subthemes. The super-ordinate themes included: the battleground of policymaking; barriers to mental health policymaking and policy reform; and strategies for improvement.

The conceptual framework used in this study was rooted in ecological and political systems theories and social and cognitive psychology. The key concepts guiding these theories which specifically applied to this study included: systems thinking; systemic layers of influence impacting participant policymaking experiences; policymakers' decision-making processes, and policymakers' perceptions and thought processes regarding the topic of mental health.

The Battleground of Policymaking

According to Peters (2010), "It is important not to separate conflict and political action from thinking about policy. Too often the search for optimal outcomes by policy analysts ignores the political debates and the deeply entrenched conflicts that define policymaking" (p. 59). The participants described their political environment and the frontlines of mental health policymaking as having underlying philosophical differences and power struggles among policymakers. Peters (2010) stated, "Power can be manifested in a number of ways in the policymaking process. The most obvious is when one actor is capable of getting what it wants in

fighters over legislation or regulations” (p. 46). Each of the participants spoke about the nature of philosophical debates that occur within the mental health policymaking process. The words used by participants to describe their current political climate included words and phrases such as “volatile,” “chaotic,” “ugly,” “disrespectful,” and “political divide”. According to Peters (2010), because public policy is often concerned with “who gets what,” making such choices provokes intense political activity (p. 59). The participants spoke of the level of intensity invoked in their political debates as they shared experiences with witnessing aggressive dialogue among colleagues.

The participants spoke of the power and influence of money in their political environment in which budget struggles were a major point of discussion surrounding policymaking concerning mental health matters. Peters (2010) asserted that although institutions may matter, the exercise of overt political power may also matter; thus, using both of these lenses to view policymaking is necessary to capture a realistic picture.

Peters (2010) described the policy construction process in America in stating, “Policy formulation is a difficult game because any number of people can and do play; there are few rules” (p. 79). The participants described the policymaking process within their political climate to be a game in which rules are both set by and vary per policymaker. The participants shared their experiences witnessing various political tactics damaging the reputation of colleagues during re-election campaigns. The participants also spoke of the challenge that campaigning and re-election were a distraction to policymaking in their political climate. Some participants described their own rules as honesty and integrity while others shared experiences of witnessing dishonesty and disrespect in their political climate.

According to Peters (2010), several characteristics of politics and economy in the U.S. influence the nature of policies adopted and the effects of those policies on citizens. Furthermore, Peters stated, “policy is not constructed in a vacuum; it is the result of the interaction of all the background factors with the desires and decisions of those who make policies” (p. 13). Policy emerges from the interaction of many large forces (Peters, 2010). The policy construction process is complex, multi-directional, and fragmented (Oliver et al., 2014; World Bank, 2008). Findings of this study revealed that mental health policymaking is a multilayered and multifaceted process that involves policymakers’ decision-making influenced by the political systems in which policymakers operate, as well as various other background factors.

According to Oliver et al. (2014), policymakers’ attitudes toward the use of research evidence in policymaking remain unclear. In this study, I aimed to explore policymakers’ perceptions related to mental health policy construction to contribute to filling this gap. Although some participants spoke of the independent research and evidence gaining that goes into their individual policymaking, all eight participants described the general mental health policymaking process in their political climate as lacking in evidence and built from intuition and anecdote. Peters (2010) asserted that, “there is very little theory or practical advice that links the nature of public problems with the most appropriate ways of solving them. As a consequence, a great deal of policy formulation is done by inertia, by analogy, or by intuition” (p.79). The participants spoke to both their individual policymaking process and the general policymaking process in their political system. Participants described the general mental health policymaking process in their political environment as a chaotic hodgepodge, reactionary and backward looking, and based on intuition and emotion. The participants’ spoke of intuition-based policy surrounding mental health matters as ineffective and reported the need for more evidence-based policy.

The cognitive psychological process of decision-making involves choosing a preferred course of action among a set of alternatives on the basis of given or known criteria or strategies (Wang, Wang, Patel, & Patel, 2004; Wilson & Keil, 2001). Each of the participants shared the influencing factors in their decision-making process of mental health policymaking. The participants revealed the various influencing factors in their decision-making process, which varied by participant. From a psychological perspective, although stigma can be conscious or subconscious, it will influence the thought processes and decision-making of policymakers as they construct policies (McLeod, 2007). Participants shared their perceptions of mental health, which they consciously or subconsciously bring to the policymaking process, and shared their individual decision-making process surrounding mental health policy construction which included but was not limited to: consulting with mental health providers, independent research, committee hearings, conferences, and data from other states. Some of the participants also reported that ignorance related to mental health in their political system impacts their policymaking process. Although the participants spoke of their awareness of the misconceptions surrounding mental health, not all participants reported an awareness of the influence that stigma has in political decision making. Stigma was not mentioned by all participants although their definitions of mental health included stereotypes or unclear, limited understanding.

U.S. policymakers and policy experts have acknowledged shortcomings with mental health policies (Mechanic et al., 2014). According to Mechanic et al. (2014), today's mental health care system has been described as a patchwork relic with disjointed reforms and policies. The participants described their lived experiences with mental health policymaking in their state, with words such as "reactionary," "disjointed," "fragmented," and "a hodgepodge." According to Head (2008), policy decisions are not determined in an objective manner from empirical

evidence but rather are deduced from politics, judgment, and debate, thus bringing into question how mental health policies can be effective without evidentiary support. All of the participants spoke of policies being based on intuition, emotion, and anecdote. Head (2008) described the process of policymakers' use of research evidence in policymaking:

Most simply, a selection of convenient 'facts' may be harnessed to an argument; and large areas of other information are then either ignored, dismissed as tainted, or otherwise deemed irrelevant. This partisan usage of evidence is often regarded as 'typical' political behavior and part of the 'game' of political argument. In the political game, it is widely understood that special pleading and deception are normalized (p. 5).

Additionally, Head (2008) asserted that policy decisions are derived from politics, judgment and debate instead of from empirical analysis. The participants also reflected this to be characteristic of their process as they unapologetically described 'the way things are' in their political climate with a matter of fact undertone.

As ecological systems theory guided this study, the participants spoke of significant personal life events both in family and career which shaped their perceptions and understanding of mental health within their political systems. The participants shared the influencers to their decision-making process, demonstrating the ecological layers of influence surrounding the policymaker. Easton's theory of political science, which suggests that a political system is a continuous, fluid, and cyclic process that follows specific steps in political decision-making (Easton, 1965) also guided this study. The steps include:

1. Demands from society placed on the political system,
2. These demands and supports create competition within the political system, which leads to decisions related to outputs (e.g., policies),

3. A decision related to outputs is made (e.g., a policy is created), and interacts with its environment, thus, leading to outcomes,
4. Outcomes and changes that emerge as the new policy interacts with environment will generate new demands and supports from society, and
5. Feedback is generated, which leads back to step one.

The participants described their decision-making steps and the policymaking process as reactionary, in response to a problem brought forth by community or outside stakeholders. With mental health being only reactionary within the political system and typically in response to serious and unfortunate events, this may explain policymakers' haphazard understanding of mental health as mostly focused on severe situations. The cognitive psychological concept of decision-making conveyed a deeper understanding of the origins, development, and influence of policymakers' thought and decision-making processes related to mental health policy construction.

Barriers to Mental Health Policymaking and Reform

Barriers were illuminated as participants described their lived experiences with policymaking. Some of these barriers were identified by the participants, while other barriers were interpreted by the researcher as the researcher took a big picture, macro perspective over all of the findings. Barriers identified by participants included: money, term limits, lack of mental health awareness, and level of importance placed on mental health among other priorities.

Barriers interpreted by the researcher included: larger systemic issues and dysfunction (e.g., an ill-prepared mental health profession for advocacy, mental health advocates being ineffective, philosophical divides and limited understanding of mental health across political parties),

policymakers' perceptions and understanding of mental health limited to personal or career experiences, and money.

All of the participants shared the belief that lack of funding and budget struggles were a key causal factor for the mental health policymaking problems in their state. Yet, the problem of ineffective mental health policies sits and lives within a much larger problem of systemic dysfunction. Innvaer, Vist, Trommald, and Oxman (2002) revealed barriers to evidence-based policymaking including: the absence of personal contact between researchers and policymakers, mutual mistrust between scientists and policymakers, and power and budget struggles. All eight participants spoke of budget struggles and the need for building relationships between policymakers and mental health professionals.

The participants spoke of the philosophical disagreements surrounding mental health policy and competing policy priorities, and identified money, or lack thereof, to be a reason for the mental health issues in their state. According to Peters (2010), "although money is the standard lubricant in the political process, it is not likely to be effective in ameliorating conflicts based on fundamental moral and ethical disagreements" (p. 424). The ecological and political systems theories allowed me to zoom out from the participant findings and take a bigger picture view over the data in the context of how it fit within the various ecological layers of influence. Peters (2010) asserted that monetary solutions to some policy problems are useless. Additionally, budgetary restrictions vary across states depending on the state's constitutional or statutory protection from budget cuts. Although the participants pointed fingers at budget struggles and money for mental health policy issues, findings from this study also revealed larger systemic issues such as inaccurate perspectives surrounding mental health in their political system.

Some of the participants also identified ignorance surrounding mental health as a barrier to mental health policymaking. The term stigma as it relates to mental health includes problems related to knowledge (e.g., ignorance, misinformation), attitudes (e.g., prejudice), and behavior (e.g., discrimination) (Ando, et al., 2013). Evidence of inaccurate perspectives surrounding mental health, such as stigma, are shown to exist in political environments where policies are developed (APS, 2014). Additionally, stigmatic views of mental health such as stereotypes are embodied in laws and other structural institutions (Corrigan et al., 2014). According to Mechanic et al. (2014), “Stigmatization of mental illnesses has decided significance in a political system where public opinion and other cultural currents are central ingredients of the policy process” (p. 321). APS (2014) suggested that stigma becomes a structural issue when it pervades societal institutions and systems, and results in disparities such as mental health care not being covered by insurance to the same extent as medical care, and mental health research not being funded to the same levels as medical research. According to Schomerus and Angermeyer (2016), “Studies on public attitudes towards resource allocation in health care show particularly schizophrenia and alcohol use disorder persistently at risk for structural discrimination.” (p. 157). The participants discussed the competing priorities and lack of importance placed on mental health and resultant lack of funding and also identified ignorance and limited understandings of mental health to be a barrier.

The findings of this study revealed policymakers’ perceptions of mental health, which reflected a knowledge gap of comprehension of mental health needed for mental health policies to be effective and evidence-based. Some of the participants recognized this knowledge gap as a barrier to mental health policymaking, while others did not. Related to the perceptions of mental health, the participants spoke of ignorance and discomfort with mental health matters.

Participants also spoke of lack of knowledge and awareness surrounding the importance of mental health as a factor among policymakers.

In a recent news article local to the participants, the participants' state's executive director of mental health spoke of her concern that the policymakers' lack connection to humanity with the issue of mental health. Dr. Rochelle Head-Dunham stated, "I'm not sure the human element is present here with the decision-makers" (Sayre, 2018, para 13). Additionally, literature findings reveal that many people around the world mistakenly equate mental illness with words such as "crazy," or "dangerous," resulting in the association of stigma with mental health (Corrigan et al., 2014, p. 42; Grohol, 2015, para 10, WHO, 2005). The participants' perceptions of mental health shaped by haphazard life experiences varied from equating mental health issues to dangerous criminals, to having a more holistic understanding of mental health and mental illness. Ghaemi (2011) asserted that mental health stigma might be among our species' deepest biases, more so than even racism or sexism. This was also evidenced to be true for some of the participants, as they shared their perceptions of mental health as being a misunderstood issue and a neglected need in political arenas.

Policymakers and mental health professionals have acknowledged a great need to improve mental health policies (Mechanic et al., 2014). As the participants shared their perceptions surrounding mental health, all eight of them identified mental health to be a neglected societal need due to policymaking issues such as lack of funding and mental health being placed lower among other policy priorities. According to Mechanic et al. (2014), "part of the responsibility of policymakers is to understand the consequences of mental illness and to configure programs and policies that may alleviate distress and neglect" (p. 4). However, the participants all emphasized mental health as a neglected need in policymaking decisions and

discussed the challenges with prioritizing mental health among other societal issues. The findings suggested that most policymakers lack a complete, evidence-based understanding of mental health and that mental health is a neglected issue in their political climate.

Strategies for Improvement

The need for mental health policy reform is widely recognized by mental health professionals and scholars (Corrigan et al., 2014; Tanenbaum, 2005; WHO, 2013). Mental health professionals such as counselors are encouraged to participate in policy reform efforts such as collaborating with policymakers (Lee, 2013). Each of the participants recommended that mental health providers be active in policymaking and reform efforts. Activism and advocacy are underlying philosophies of counseling, making it a profession that is uniquely suited for advocacy action initiatives such as policy reform (Smith et al., 2009). However, mental health professionals are neither trained nor prepared to enter and work in political arenas (Smith et al., 2009). The majority of counselors and counselor educators lack policy training and familiarity with political processes, making policy reform an unstudied effort (Lee, 2013; Smith et al., 2009).

The participants spoke of existing mental health advocates being largely ineffective and/or ill prepared and suggested the need for policy reform training, whether it be formal or informal. Routh (2005) asserted that advocacy requires immersion in the processes of public policy. Lee (2013) also stated that counselors can contribute to the policymaking process, but only if they make themselves part of the decision-making process. The participants offered suggestions for improving the mental health policymaking process, including building close and trusting relationships with policymakers, learning the political process, and having passion and drive to prevent a “give up” mentality.

Policy experts have pointed out the need for collaborative efforts among expert disciplines in mental health and policy to expand the range of knowledge and increase effectiveness of mental health policies (Mechanic, et al., 2014). Oliver, Lorenc, and Innvaer (2014) emphasized the importance of personal relationships between policymakers and researchers, and the need for research to be clearly and accessibly presented to policymakers. Additionally, researchers have been naïve about how to communicate and package their research outcomes most effectively for government officials (Head, 2008). In addition to expressing the need to build relationships between policymakers and mental health professionals, the participants recommended effective communication suggestions and cautioned against generic e-mails. Participants also recommended ways to organize data and offered strategies for preparing before presenting information to policymakers.

The participants discussed the lack of involvement in policymaking from mental health providers and offered strategies for advocacy efforts. For the scarce mental health stakeholders and advocates who are involved in policymaking, the participants expressed that they do a poor job and are ill-prepared. Head (2008) stated that social science researchers have struggled with reform efforts, specifically with how to communicate their research most effectively to government officials. The participants expressed the need for mental health professionals to be trained and experienced in policymaking and to understand the rules of politics in order to be effective in mental health policymaking and reform efforts.

Implications and Recommendations

Implications

The engagement of mental health subject matter experts and practitioners in policymaking is crucial according to the participants of this study. Findings from this study

might inform mental health professionals interested in political advocacy and assist them in planning and implementing mental health political advocacy initiatives. Additionally, results of this study could inform counselor educators on how to adequately prepare counselors for political advocacy and reform. According to Peters (2010), the American political environment and public policy involve a wide range of ideas and values about policy goals and the best means of reaching them. Filling knowledge gaps is not the only solution needed to move towards good policy solutions, because there also needs to be a reconciliation of different value perspectives between the social sciences and policymakers (Head, 2008). If conflict is indeed a part of the policymaking process, the way in which conflict is viewed and valued by mental health professionals and by politicians needs to be reconciled in order for effective policy reform to take place. Findings from this study might assist counselors in realistically preparing for political advocacy and ways in which conflict is handled in political systems. Findings of this study include the implication that counselors should not turn their noses up at dysfunction within political systems, but instead consider how to objectively learn and understand the process in order to come up with realistic solutions. Experience in the practice of politics is a crucial element of effective advocacy (Lee et al., 2013). Furthermore, “understanding the strategic components of power politics is necessary to be effective in all areas of advocacy to achieve goals for tuning, incremental and/or structural change” (p. 72). Findings from this study might prepare both interested political advocates and counselor educators in creating formal training programming for mental health policy reform.

Recommendations

The findings of this study recommend that counselor education programs offer a political advocacy elective course in counselor education programs for both masters and doctoral level

students; or alternatively, invite political science professors or practicing legislators to guest lecture to doctoral students interested in political advocacy. Because passion and commitment are required to engage in policy reform efforts, an elective course would offer students a choice as opposed to a mandated course. I also offer the following recommendations, based on the findings, for interested policy reform advocates:

- Approach policy reform initiatives with passion and fervor, as successful advocacy initiatives take time, commitment, energy, and cost.
- Bracket any biases you have about politics and politicians. Politicians are human beings. Do not approach political advocacy with knee jerk cynicism or assumptions about politicians.
- Focus on relationship building with policymakers as a key element to successful advocacy initiatives.
- Consider partnering with researchers who can assist in organizing data necessary for policy reform initiatives.
- Make mental health information easily accessible to policymakers.
- Approach the political system objectively and not judgmentally.

Limitations

A limitation of this study was the small sample size of participants. More participants might have increased the diversity of participants, offering more diverse policymaking experiences. Additionally, the study was limited to one state with particular considerations and restrictions surrounding healthcare budget policy decisions. Due to political processes and legal systems varying across states, including participants from other states might offer a broader reflection of mental health policymaking. Furthermore, relying solely on individual interviews for understanding decision-making is a limitation. Additional data collection methods such as

observations, focus groups, and/or a document analysis could have offered a broader view into the decision-making of policymakers. Another limitation included that the majority of participants were running for re-election, which may have contributed to biased responses. Lastly, the response rate for member checking was low. Due to the busy nature of policymaking work and challenges with accessibility to the participants, member checking was a challenge.

Recommendations for Future Research

This study included a small sample size of participants, bound within one state. Future research might examine a larger number of participants across states. This might allow for a broader representation of mental health political decision-making across state lines. The notion and discussion of research varied among participants. Oliver et al. (2014) argued that policymakers' definitions of evidence differ from academics' and researchers' constructions of evidence, and that policymakers' attitudes about research evidence remain unclear (Oliver et al., 2014). Although this study revealed the participants' attitudes and experiences with evidence-based research, the definitions and understanding of evidence and research were not examined. Rather than asking politicians only if their policies are grounded in evidence-based data, future researchers should aim to diminish misunderstanding related to the basic principles of research by examining policymakers' understandings and interpretations of what constitutes evidence and research.

According to Gibton (2016), "document analysis is both a central and independent research tool for qualitative policy studies. The data that emerges from document analysis is treasured and requisite" (p. 59). A document analysis could also be used in future research as a secondary form of data collection to reveal important information that individual interviews cannot offer, such as official governmental text publications pertaining to mental health policies.

Documents might include committee hearing meeting minutes that coincide with the session year of the data collection and related mental health bills.

Future researchers might also focus on the effectiveness of current mental health political advocacy initiatives to gain a perspective of both successful and unsuccessful efforts. Additionally, interviewing nonactive policymakers might reveal more valuable and hindsight perspectives. Lastly, interviewing counselor educators related to their experiences and perspectives surrounding political advocacy might also reveal valuable research findings.

Conclusion

What has become known as the fifth force of the counseling profession, social justice, declares that issues of humanity need to be understood within the context of living in oppressive environments (Ratts & Pedersen, 2014). Social justice counseling requires both advocacy and activism that often require stepping both outside of the office, and outside of comfort zones. “Counseling is not office bound” (Ratts & Pedersen, 2014, p.x). The debilitating impacts of mental health conditions in the context of oppression and social ills require counselors to not only engage in best practice treatment modalities but also systemic interventions, advocacy, and activism (Ratts & Pedersen, 2014). Social justice counseling may include entering into political arenas, an area with which counselors are unfamiliar (Lee, Smith, & Henry, 2013). However, developing social justice competencies is a challenge, especially when multiculturalism and social justice are classified as secondary or tertiary approaches (Ratts & Pedersen, 2014).

Learning, understanding, and adequately preparing to engage in political advocacy are crucial for counselors interested in political advocacy efforts such as policy reform. Collaborating with policymakers and engaging in policy reform require mental health professionals to be passionate, prepared, and maybe even formally trained for political advocacy,

according to the participants of this study. It is hoped that the findings of this study might inspire passion and commitment for those on the front lines of mental health to engage in policy reform with those on the front lines of policymaking. It is also hoped that the findings of this study might assist counselors in engaging in political advocacy efforts.

Personal Reflections

Some of the greatest theologians and philosophers of our time have argued that in each of our hearts lies a calling—a passion, waiting for us to live out. Buechner (1973) defined a calling as the place where the world’s greatest need and our greatest joy intercept. For me that calling is to help people through counseling and teaching, and hopefully one day, political advocacy. This calling both paralyzes me with fear and drives me with determination. As I reflect on the conclusion of this dissertation process, I am concerned but hopeful and fortified.

Writing a dissertation is its own battleground. Working on the front lines in mental health for 10 years is why I did this. For that, I thank each and every single one of my clients with whom I have had the pleasure of working. For all the system breakdowns and failures that have impacted you and made your life way harder than it should be, this is for you. I also could not have done this without the support of my entire family, friend and business partner, and most importantly, my higher power.

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Appendix A

Interview Protocol Questions

1. Tell me about your career journey in the field of politics.
2. Can you please describe what policymaking means to you?
 - a. Prompts: what words come to mind? What images?
3. What does mental health mean to you?
 - a. Probe: When you hear the term mental health, what comes to mind?
4. Can you briefly describe how you understand the process of mental health policymaking in your state?
5. In your position as a health committee legislator, what experiences have you had with mental health policymaking?
 - a. Tell me about your experiences with mental health policy.
6. What barriers have you faced in your experiences with mental health policymaking?
7. Textbook author B. Guy Peters who wrote *American Public Policy: Promise and Performance*, described policymaking as a “difficult game” and stated, “any number of people can and do play; there are few rules”.
 - a. Has this been your experience? Please elaborate.
8. From your perspective, to what extent has the mental health policymaking process been nonbiased/objective in your experiences with constructing mental health policies?
 - a. To what extent are mental health policies constructed with evidenced based research?
9. From your perspective, how do political factors (e.g., changes in government, political environment) help or hinder the mental health policymaking process?
10. During a U.S. presidential election period, a presidential candidate was quoted stating “politics is like sausage being made. It is unsavory and it always has been that way, but we usually end up where we need to be.”
 - a. What are your thoughts on this statement as it relates to mental health policymaking in your state?
11. What are the primary sources of information you have used for constructing mental health policies?
12. Who is involved? Who else do you recommend (i.e., organizations and/or professionals) should be involved in mental health policymaking?
13. Based on your experiences with mental health policy construction, how effective would you describe the current mental health policymaking process to be?
 - a. If you could suggest improvements, what would they be?
14. In your opinion, how well are our mental health policies addressing the concerns/needs of our society?
15. After a policy has been constructed, what is the process of policy approval?
 - a. What methods are used to evaluate effectiveness of policies objectively?
16. It has been stated that policy reform advocacy related to mental health is a “called for mandate” for mental health professionals such as counselors.
 - a. Tell me your thoughts on mental health professionals being formally trained in political advocacy and policy reform.

- b. Whose advice/consultation do you typically listen to?
17. How might you suggest mental health professionals such as counselors go about participating in policy reform?
- a. What advice would you give to mental health professionals who are interested in participating in policy advocacy/reform?
18. Do you have any closing remarks or thoughts in follow up to this interview?

Appendix B

University Committee for the Protection of Human Subjects in Research University of New Orleans

Campus Correspondence

Principal Investigator: Zarus Watson, Ph.D.

Co-Investigators: Katie Fetzer

Date: February 2, 2018

Protocol Title: A Sociopolitical View of Mental Health: An Exploration of The Lived Experiences of Policymakers Regarding Their Perspectives Surrounding Mental Health Policy Construction."

IRB#: 4Dec2018

The IRB has deemed that the research and procedures are compliant with the University of Ne Orleans and federal guidelines. The above referenced human subjects protocol has been reviewed and approved using expedited procedures (under 45 CFR 46.110(a) category (7).

Approval is only valid for one year from the approval date. Any changes to the procedures or protocols must be reviewed and approved by the IRB prior to implementation.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

I wish you much success with your research project.

Sincerely,



Ann O'Hanlon, Chair
UNO Committee for the Protection of Human Subjects in Research

Appendix C



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Katie C. Fetzer was born in Baton Rouge, Louisiana. She obtained her bachelor's degree in psychology and her master's degree in mental health counseling from Louisiana State University in 2007 and 2010, respectively. She entered the graduate program at the University of New Orleans in 2014 to pursue a PhD in Counselor Education.