




Colorado Behavioral Health Task Force


State and National Trends in Public Behavioral Health Services

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Overview of Presentation

- Summarize Major Findings from
 - Florida Commission on Mental Health and Substance Abuse
 - 13 State National Consensus Conference on State Mental Health
- Other Contemporary National Trends
- Challenges and Opportunities for Assuring the Public's Mental Health




U.S. Has Highest Rates of Mental Illness

- U.S. has the highest prevalence rates (26%) in the world in a comparison of 14 developing and developed countries. (JAMA, 2004)
- For U.S.-born Mexican-Americans, the lifetime risk of being diagnosed with any mental disorder was similar to that for non-Hispanic whites -- 48.1 percent, or almost one in two people. But for new immigrants and Mexican nationals, the rate was only 24.9 percent. (MAPPS, 1998)
 - After 13 years in residence Mexican immigrants rates increase dramatically to nearly equal those of other Angeleans.




People Are Still Not Getting the Help They Need

- While approximately 80 percent of all people in the U.S. with a mental disorder eventually seek treatment at some point in their lives,
 - Onset of disorders is early
 - Median Age 11 for Anxiety and Impulse Control
 - Half of all lifetime disorders start by age 14
 - The median delay across all disorders is nearly a decade. (NCS-R, 2005)
 - Less than one-third of people who seek help receive minimally adequate care. (NCS-R, 2005)



Taking Lives

- People with serious mental illnesses served in the public system are dying, on average, 25 years early, from a full range of preventable health problems, such as heart disease and diabetes. (NASMHPD, 2006)
- Every 16 minutes, an American takes his or her life. Each year, roughly 30,000 Americans take their lives, while hundreds of thousands make attempts. (CDC, 2007)
- Following a decline of more than 28 percent, the suicide rate for 10- to 24-year olds increased by 8 percent between 2003 and 2004 - the largest single-year rise in 15 years. (CDC, 2007)



Mental And Addictive Disorders – Scope of the Problem

According to the World Health Organization Studies of the Global Burden of Disease:

- Mental and addictive disorders cause 36% of all years lived with disability in Western Industrialized Nations
 - Cardio Vascular Disease about 6%
 - Musculoskeletal about 7%
- Alcohol use is the leading cause of disability for males who live in developed regions (4th leading cause worldwide)

Florida Commission on Mental Health & Substance Abuse *... scope of the problem*

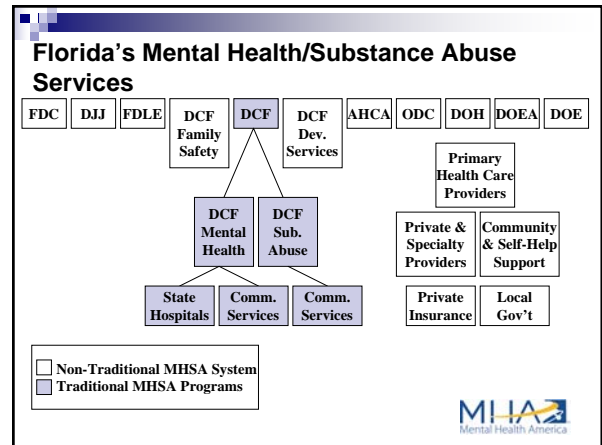
- Approximately 1/3 of homeless individuals have severe mental illnesses and/or substance abuse problems
- Persons with severe mental illnesses comprise 18% of prison populations
 - Schizophrenia and bipolar disorder are about 5 times more prevalent in prisons than in the general population
 - Alcohol and drug abuse is about 6 times more prevalent in prisons than in the general population

Florida Commission on Mental Health & Substance Abuse *... scope of the Problem*

- Persons with severe mental illnesses comprise 6 - 15% of jail populations
 - Schizophrenia and bipolar disorder are about 2 times more prevalent in jails than in the general population
- Alcohol and drug abuse are about 5 times more prevalent in jails than in the general population (60-70%)
- 50-80% of those in the criminal justice system have substance abuse problems

Florida Commission on Mental Health & Substance Abuse *... scope of the problem*

- 60-80% of all crime is related to substance abuse
- Juvenile Justice Settings
 - 60-70% of these children have a mental or addictive disorder
 - Number of youths committed for drug-related offenses increased 203% over the past 6 years
- Child Welfare
 - More than 80% of cases nationally involve substance abuse or mental illness
- TANF - Approximately 40% of welfare recipients have a MHSA disorder




Florida Commission on Mental Health & Substance Abuse


Commission Findings

Florida Commission on Mental Health & Substance Abuse *... findings*


- The state of the science in both mental health and substance abuse has changed. Diagnosis and treatment for mental and addictive disorders have improved dramatically.
 - We have proven techniques to successfully treat most mental and addictive disorders.

 ...findings


- With appropriate care most people, even with the most severe disorders, can recover and lead productive lives.
 Unfortunately, our practices significantly lag behind our knowledge both in treatment and service system design.

 ...findings


- Due to failures in emergency care, local law enforcement is experiencing severe problems with persons with mental illnesses being arrested and jailed for minor offenses.
- Our jails, prisons and juvenile justice facilities are now our largest hospitals.
- Prevention is a low priority in mental health. The traditional system emphasizes deep end services and crisis interventions.

 ...findings


- Financial and bureaucratic barriers as well as continuing problems with stigma all frustrate access to care and predict poor outcomes.
- Our communities suffer substantial loss in human capital because of these shortcomings in the system.

 ...findings

- While we can document significant costs associated with our current approaches, we have not organized an effective statewide response capitalizing on our own successful models.
- Targeted additional funding is needed.

 ...findings

- We must do a better job of understanding the combined traditional and non-traditional system of care, capitalizing on the strengths of its components and clearly delineating their roles and responsibilities.
- The data needed to make important treatment and funding decisions are either unavailable or cannot be integrated to the degree necessary. We cannot reliably estimate unmet need, evaluate the value of treatments, or monitor accountability for treatment outcomes.

 ...findings

- A new state leadership function is needed to better understand and manage the overall mental health and substance abuse system.
 - Use new information technologies
 - Provide a forum for crafting a comprehensive strategy



Commission Recommendations



... recommendations

1. A statewide Coordinating Council for mental health and substance abuse policy should be created in statute as part of the Office of the Governor.

- Produce a statewide strategy for mental health and substance abuse
- Assemble Information Systems - often from existing data - to evaluate success in meeting strategic objectives
- Coordinate with the Office of Drug Control



... recommendations

2. The Coordinating Council should provide and coordinate a wide range of educational activities

- Signs and symptoms of mental and addictive disorders
- Effective treatments are available
- Early interventions reduce disability



... recommendations

5. Persons with severe disability require ongoing, integrated services and continuity in relationships.

- Individuals will be enrolled in programs to access range of treatment, support and rehabilitative services.
- Service model should promote consumer choice, ensure dignity and autonomy, provide information about care alternatives and promote recovery.
- Accountable entity assesses and enrolls ongoing care program.



... recommendations

7. Coordinating Council emphasize persons who are served in the criminal justice and legal systems

- Diverting persons with mental and addictive disorders from incarceration and providing treatment
- Ensuring that incarcerated persons with mental and addictive disorders receive effective treatment



... recommendations

8. Focus on the problems of access and choice in the MHSA system

- Floridians must be assured of timely access to state-of-the-art pharmaceutical treatment
- Parity in insurance coverage with general health
- Pilot programs that promote choice:
 - Consumer directed care
 - Full choice of licensed and qualified providers



... recommendations

9. Coordinating Council should promote the development of post-secondary educational programs

Provide state-of-the-art knowledge for Florida's professional and para-professional service providers that is responsive to the environments in which they will practice.

Synthesis of State Mental Health Commissions

Consensus Opinions from State and National Leaders

David L. Shern, Ph.D & Nancy Bell, Ph.D
Louis de la Parte Florida Mental Health Institute, University of South Florida in collaboration with
National Association of State Mental Health Program Directors
Supported by Substance Abuse and Mental Health Services Administration
May 30, 2002

Findings

- Consumerism Major Trend Throughout Health
- Mental Health is Integral to Health – Not Separate Issues
 - Healthy Productive Families and Communities Should be an Expectation of Every Citizen
 - National Goal – Accessible and Effective Services for Everyone in Need
- Many Individuals and Families Experience Significant Barriers to Accessing Care
 - Particularly Problematic for Children, Elders and Persons of Color



Actions

- New Public Education Strategies Needed
 - Destigmatizing Mental Illnesses as with Cancer and AIDS
 - Fundamentally Related to Health
 - These Issues Affect Every Family
- Consumer Education and Demand Side Pressures for Quality Improvement are Key
 - Improve Recognition of Disorders
 - Effective Treatments are Available
 - Expect and Demand Good Health
 - Direct to Consumer Marketing Interesting Model



Actions

- Financial Incentives for Desired Outcomes
 - Fund Innovation within Evidence Based Framework
 - Promote Market Mechanisms through Meaningful Consumer Choices
 - Service Vouchers
 - Charter Programs
 - Prevention Good Investment
- Need to Focus on the Science of Implementation and Dissemination
 - Information Systems to Support Practice Improvement
 - Program Models with Explicit Outcome Expectations



Actions

- Exploit Natural Settings and Helpers
 - Primary Care is a Critical Venue
 - Educational and Work Settings
 - Faith Based Interventions
 - Law Enforcement Officers
- Leadership Continues to be Essential but Underemphasized
 - Establish Accountable Entities at National, State and Local Levels
 - Need for Commission Like Bodies to Monitor Diffuse, Defacto Mental Health System
 - Systematically Train New Leaders



Tensions

- ✓ Bold Plan
- ✓ Federal/State Leadership
- ✓ Science/Evidence
- ✓ Prescribe Means
- ✓ Careful Science
- ✓ Insider Perspective
- ✓ Target Population
- ✓ Programs

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- ✓ Realistic Objectives
- ✓ Locally Controlled Initiatives
- ✓ Practice/Policy/Politics
- ✓ Evaluate Outcomes
- ✓ Willful Political Action
- ✓ Outsider Perspective
- ✓ Integrated Perspectives
- ✓ Solutions



Principles to Proceed

- Keep It Simple
- Keep It Citizen Focused
- Develop New Allies – Incorporate New Perspectives
- Be Clear About What You Are Trying to Achieve
- Choose Outcomes that Everyone Can Endorse
- Develop New Leaders
- Higher Education Has Key Role

