

WHY MENTAL HEALTH CARE IS IMPORTANT AND WHO NEEDS IT

(San Diego County League of Women Voters Committee to Update Mental Health Care Position, February 2015)

1. Millions of Americans Are Living with Serious Mental Illness

While mental disorders are common in the United States, the greatest burdens are concentrated among those with serious mental illness (SMI); i.e., people diagnosed with schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, and borderline personality disorder. Someone with SMI is impaired in at least one major life activity.

- An estimated 9.6 million adults (4.1% of all U.S. adults) had a SMI in the past year (U.S. Health & Human Services 2012 national survey).
- More than 141,000 San Diegans are estimated to have SMI (2010 Health Needs Assessment).
- People who are unemployed, who have low or poverty level incomes, and those on probation or parole are overrepresented among people with SMI.
- One in five children will have a serious mental disorder, with half of lifetime cases of mental illness beginning by age 14, and three-quarters before age 24 (National Institutes of Health).

2. People with SMI Need Access to Good Quality Behavioral Health Care

Affordable, available, integrated health care and access to prescription drugs is ideal for SMI, with an adequate number of psychiatric specialists and other behavioral health providers to serve Medi-Cal, Covered California, and other low reimbursement populations.

- Adequate beds for acute, emergency treatment should be in dedicated psychiatric emergency centers.
- Patients with SMI should be diverted from other ERs ill-equipped for such costly care.
- Long-term care beds are needed since it takes weeks to determine the safety and effectiveness of meds.
- Some patients will require months of treatment in a residential facility to stabilize their condition.

Only 20% of children with mental disorders are identified and receive mental health services.

- With no treatment, children can experience serious consequences such as suicide, the third leading cause of death among youth 15 to 24 years old.
- States spend \$1 billion annually on completed and attempted suicides by youth up to 20 years of age.
- About half of students 14 and older with SMI drop out of high school.
- Youth with untreated mental disorders can end up in jails and prisons.
- According to the National Institute of Mental Health, 65% of boys and 75% of girls in juvenile detention have at least one mental illness.

More than one-third of the U.S. population has self-identified as members of racial or ethnic minority groups.

- Behavioral health is a critical need in many racial and ethnic minority communities.
- Minority individuals may experience symptoms that are undiagnosed, under-diagnosed, or misdiagnosed for cultural, linguistic, or historical reasons.
- Non-whites suffer higher rates of persistent mental disorders, lower rates of initiation of treatment, and lower rates of per capita spending on mental health care compared to white counterparts.
- Half of whites with SMI get care, one-third of Hispanics, one-fourth of Blacks, and one-fifth of Asians.

Anosognosia, or "lack of insight," prevents people with SMI from perceiving their own illness and symptoms.

- 50% percent of people with schizophrenia and 40% with bipolar disorder suffer from it.
- It is a leading reason why people stop treatment.
- Many with SMI who come in contact with the criminal justice system suffer from anosognosia.
- When severe enough, people are unable to make decisions about their care and their affairs.
- Non-adherence to treatment increases relapse, re-hospitalization, self-harm, and low quality of life.
- A 2005 study estimated re-hospitalization for non-adherent schizophrenia treatment at \$1.5 billion.

3. Integrated Care of Physical As Well As Mental Illness Is of Paramount Importance

According to the U.S. Department of Health & Human Services, mental illness has serious effects on physical health, contributing to poor outcomes for many who also have chronic physical diseases.

- Numerous studies over the last 30 years have found high rates of morbidity and mortality among people with SMI, who frequently suffer from diabetes, cardiovascular diseases, obesity, poor nutrition, high rates of smoking, stroke, arthritis, and certain cancers.
- On average, 35% of SMI patients have at least one undiagnosed medical disorder.
- SMI patients die 25 years earlier than others, largely due to smoking, obesity, substance abuse, and inadequate access to medical care (National Assn. State Mental Health Program Directors 2006 study).

4. Comprehensive Services And Programs Are Needed to Fully Address the Needs of People with SMI

- It's not enough to just give someone a pill. Mental health reform must include affordable and safe housing, job opportunities, transportation, access to affordable medication and evidence-based treatment programs, and getting people with SMI "out of our jails and prisons where they don't belong and back in society where they can live meaningful lives." (Pete Early, best-selling author & journalist.)
- The National Association of State Mental Health Program Directors and State Mental Health Authorities advocate for "people served by the public behavioral health system to have access to decent, safe and permanent affordable housing of their choice," linked to high quality support services.
- An estimated 22% of people with SMI are employed at any time, with a little more than half in full-time jobs, compared to 64.5% of the general population (80% in full-time jobs in 2009).

5. The Criminalization of People with Mental Illness Must Be Addressed

Rising numbers of SMI people end up in jails and prisons, due to a lack of beds, treatment, and services.

- When someone acts out due to SMI symptoms, police often respond and they end up in jails and prisons.
- Incarcerated, people with SMI don't receive services they need, are vulnerable to abuse, and have difficulty reconnecting with services upon release.
- A common result is cycling through jails, shelters, and emergency rooms, which is costly and tragic.
- More than 450,000 people with a recent history of mental illness are incarcerated, including 24% in state prisons and 21% in local jails, far more than patients in single psychiatric hospitals in the nation (Dept. of Justice, NAMI Fact Sheet).
- The costs of SMI incarcerations are enormous: \$15 billion a year, plus the traumatic cost to people with SMI who go untreated, deteriorate, and suffer from terrifying and isolating conditions (Dept. of Justice).

6. Family Support Is Critical and Should Be Supported

Not everyone with SMI has family support, but public health programs and the legal and regulatory system should be designed to encourage and help maintain that support whenever possible.

- When families help loved ones, whether it's with a place to live, help with treatment, transportation, or encouragement and hope, their assistance frees up public resources for other people and other needs.
- Estimates of SMI individuals living with family are as high as 40%. Without this family support, the burden on public resources for subsidized housing and homeless services increases.
- Families are often excluded from treatment and care plans. Families often encounter difficulties finding the right help. Families often face great challenges getting help in a timely manner for positive outcomes.
- Public investment in fostering family support is cost-effective and should be a priority of behavioral health programs. Providers should treat families as partners in care, and should coordinate with, support, and educate families so that everyone is working together towards the same goals.
- Legislation and regulations should be designed to bolster family support, as opposed to discouraging and constraining families' efforts to help, while safeguarding the rights of individuals living with SMI.