

Mental Health Policy: Achieving Value and Addressing Values



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Why History Matters

The Bell of Hope



Mental Illness: A Global Threat of Great Importance to States

More common than conditions that receive significantly more attention:

Worldwide prevalence:

- Mental Illness 13%
- Cardiovascular 10%
- Cancer 5%
- Diabetes 1%

But has a much higher burden of disease: (23% of worldwide prevalence), defined as interfering with normal living.



If you only remember one statistic

50% of mental health conditions begin in childhood

50 % of affected youth become adults who struggle with behavioral issues

50% of all sick days and 50% of all disability benefits in wealthy countries are caused by mental ill health

50% percent of all US prisoners have one or diagnosable more mental illnesses when they are sent to prison.

50% of young people with mental illness 14 and older drop out of high school.

A large, three-dimensional graphic of the number '50%' in a vibrant red color. The numbers are thick and blocky, with a slight shadow underneath, giving them a 3D appearance. The percentage sign is also large and red, positioned to the right of the '0'.

If left untreated

Mental health conditions increases costs for all other health conditions by **50 %**.

People with depression are **50%** more likely to develop heart disease, stroke, and respiratory illnesses.

And are and **50%** more likely to die from those conditions!



Who has access, who needs access?

1 in 5 adults have a mental health need

- Fewer than 1/3 get treatment

1 in 10 kids have a mental health need

- About 1 in 10 get any intervention at all

Just over 9% of the US population has diabetes

- **90 %** of them get treated!

Mental health conditions are the only chronic conditions that as a matter of public policy we wait until Stage 4 to treat, and then often only through incarceration.

When you think about someone with a mental illness do you think about.....

- People cycling in and out of ER's in crisis?
- People ending up in the criminal justice system?
- People losing their housing, and ending up on the streets?



How's our public policy working?

- Services go only to people that have been diagnosed as being “seriously mentally ill”
- But only after they've had many crises, or long periods of acute illness.
- But before they can access any publicly funded services, they usually have to be declared “disabled”
- Then they end up using the most expensive public systems





Shifting the paradigm

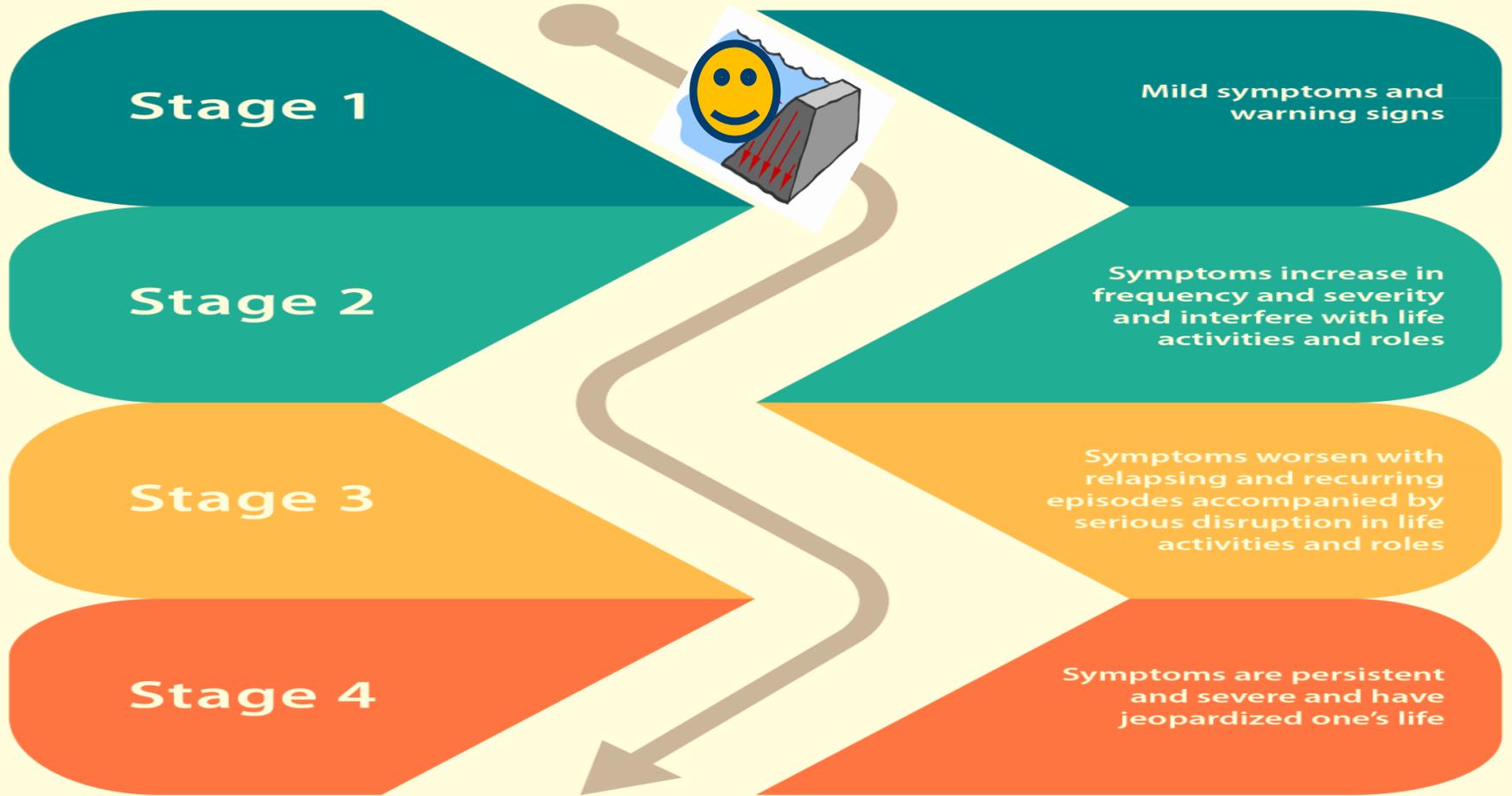
Creating policy based on value and values

MHA's Mental Health Model



Intervention B4Stage 4

Stages of Mental Health Conditions



MHA Online Screening Tools

Depression (PHQ-9)

Anxiety (GAD-7)

Bipolar

PTSD (PC-PTSD)

Youth Screen (PSC-YR)

Parent Screen (PSC)

Alcohol and Substance Use Screen (CAGE-AID)

Psychosis Screen (Ultra-High Risk) (PQ-B)

Work Health Survey

Overall Screening Numbers: Fast Facts

Screening Web site: www.mhascreening.org

- **Number of Screening Tools Available: 9**

Number of Screens completed (since May 2014): 1.5 million

- **% Female: 75%**
- **% Under Age 25: 54%**

Current Monthly Average: 85,000

- **% Positive or Moderate-to-Severe (all conditions): 66%**
- **% Never Been Diagnosed (of everyone taking a screen): 67%**

MHA's Advocacy for Screening

- **Mental health screening should be as commonplace as vision, hearing, dental, and blood pressure screening.**
- **It should be conducted in clinicians' offices, communities, schools, and workplaces.**
- **Revision of the Free Care Rule (December 2014) makes free screening in schools reimbursable by Medicaid.**

Integration saves capital—human and fiscal

- It must include payment systems
- All states should implement EPSDT for all Medicaid children and youth
- Private insurers to do so also
- From pediatrics to geriatrics: All checkups must assess Adverse Childhood Experience (ACES) score
- 10 questions regarding physical, emotional, sexual abuse; domestic violence; mental illness, substance or alcohol abuse; parental incarceration or neglect, and lack of care or being cared for.

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



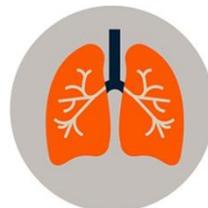
Heart disease



Cancer



Stroke



COPD



Broken bones



ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



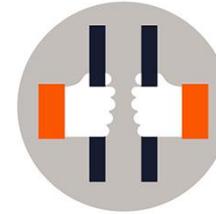
Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



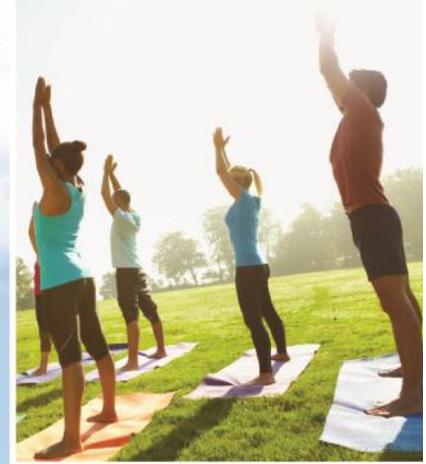
Substance Abuse

Access to any services (let alone quality services) depends on these and more....

- Who you are
- Where you live
- What insurance programs you qualify for
- What programs and resources exist in your community
- Work force issues
- Network adequacy
- Parity

Legislators are essential for bringing what works for communities and budgets to their states

- **Proven Interventions provide a many-fold return on investment**
 - **CBT: Fast, cheap, and effective**
 - **50%** of those with depression and anxiety recover, remaining **50%** improve significantly
 - Offers protection against relapse
 - **Parenting and School Programs**
 - Early Years, Nurse Family Partnerships, Good Behavior Game
 - **Peer Support Services**



Good Models to Follow

A very brief overview

Temple Collaborative Domains of Community Inclusion: a foundation for a complete behavioral health system

Housing – housing first initiatives ,community development agencies, home ownership programs

Employment – workforce development training programs, supported employment

Friends – community mentors from agencies – knitting classes and sports teams and civic groups

Education - community and career colleges, supported education

Health and Wellness – community health clinics, gym memberships

Religion – participation in the full life of the congregation - bible study groups, trips, food drives

Family – re-establishing normalized roles within existing family settings – child, parent, sibling, uncle/aunt

Intimacy – romantic relationships, sexual relationships, marriage and child rearing

Philadelphia is building a complete behavioral health system

10 Core Values

Strength-based Approaches that Promote Hope:

Community Inclusion, Partnership and Collaboration:

Person- and family-directed approaches:

Family Inclusion and Leadership:

Peer Culture, Support and Leadership:

Person-First (Culturally Competent) Approaches:

Trauma-Informed Approaches:

Holistic Approaches toward Care:

Care for the Needs and Safety of Children and Adolescents

Partnership and Transparency

Philadelphia is building a complete behavioral health system

Four Domains:

Assertive Outreach and Initial Engagement:

The many obstacles people face in entering and staying in services make this domain essential to the success of the system and the people it seeks to serve. Human tragedy has shown that many people die before they receive the help they need, but empirically supported practices have given us many ways of increasing motivation; eliminating obstacles; and making services more accessible, more acceptable and easier to navigate.

Screening, Assessment, Service Planning and Delivery:

There is a wealth of concepts and resources that can be used to make care more effective and to lay a better foundation for ongoing recovery. These include emphases on individual, family and community strengths, and on resilience and recovery capital, from the initial screening and assessment process through the interventions chosen. These emphases also extend to the integration of services for mental health, primary care, substance use and trauma-related issues and the mobilization of professional and community-based recovery support structures from the earliest days of treatment.

Continuing Support and Early Re-intervention:

Although recovery is a significant reality, some behavioral health challenges are chronic conditions that can move into and out of remission. Effective professional, peer and community support can, not only help individuals and families achieve their dreams and goals, but also prevent, identify and address recurrence of the symptoms of mental health and substance related challenges. This support can take many forms and occur at many times throughout the recovery process.

Community Connection and Mobilization:

The forging of a meaningful life in the community must be driven by the true hopes and dreams of individuals and families—hopes and dreams that may have been worn down by years, decades or even generations of poverty, prejudice, trauma, illness and hopelessness. Traditionally seen as sources of danger, temptation and deprivation surrounding the treatment refuge, communities must instead be seen for and cultivated as sources of support, fellowship, civic engagement and healing. Behavioral health organizations and providers must recapture their roles as members of and contributors to their communities, so they can foster the exchange of resources between those communities and the individuals and families they serve.

New York is building a complete behavioral health system

Guiding Principles of Recovery:

- ◆ Recovery emerges from hope
- ◆ Recovery is person-driven
- ◆ Recovery occurs via many pathways
- ◆ Recovery is holistic
- ◆ Recovery is supported by peers and allies
- ◆ Recovery is supported through relationship and social network
- ◆ Recovery is culturally-based and influenced
- ◆ Recovery is supported by addressing trauma
- ◆ Recovery involves individual, family, and community strengths and responsibility
- ◆ Recovery is based on respect

New York is building a complete behavioral health system

Medicaid Redesign includes:

- Rehab counseling, support & skills building to restore and develop skills to improve self management and functioning in community
- Community Psychiatric Support and Treatment
- Goal-directed supports, strength based planning/treatment and solution-focused interventions to assist individual, family, collaterals
- Habilitation
- Crisis Intervention, Short-Term Crisis Respite, Intensive Crisis Intervention, Mobile Crisis Intervention
- Support Services, including Education Support, Peer Supports, Family Support and Training
- Training and Counseling for Unpaid Caregivers
- Non- Medical Transportation
- Employment Support Services, Prevocational , Transitional Employment Support, Intensive Supported Employment
- On-going Supported Employment
- Self Directed Services
- Rehabilitation Psychosocial Rehabilitation

Connecticut is building a complete behavioral health system

Parents, Children and Families

- Evidence-based maternal, infant and early childhood home visitation services, designed to improve health outcomes for pregnant women, postpartum mothers and newborns and children, including, but not limited to, for maternal substance use disorders or depression and relationship-focused interventions for children with mental or nervous conditions or substance use disorders
- Intensive, home-based services designed to address specific mental or nervous conditions in a child while remediating problematic parenting practices and addressing other family and educational challenges that affect the child's and family's ability to function
- Intensive, family-based and community-based treatment programs that focus on addressing environmental systems that impact chronic and violent juvenile offenders
- Evidence-based family-focused therapy that specializes in the treatment of juvenile substance use disorders and delinquency
- Short-term family therapy intervention and juvenile diversion programs that target at-risk children to address adolescent behavior problems, conduct disorders, substance use disorders and delinquency, other home-based therapeutic interventions for children

Connecticut is building a complete behavioral health system

Substance Use Disorders

Chemical maintenance treatment, as defined in section 19a-495-570 of the regulations of Connecticut state agencies

Nonhospital inpatient, medically monitored and ambulatory detoxification

Inpatient services at psychiatric residential treatment facilities

Extended day treatment programs

Rehabilitation services provided in residential treatment facilities, general hospitals, psychiatric hospitals or psychiatric facilities

Observation beds in acute hospital settings

Screening

Psychological and neuropsychological testing conducted by an appropriately licensed health care provider

Trauma screening conducted by a licensed behavioral health professional;

Depression and Substance use screening screening, including maternal depression screening, conducted by a licensed behavioral health professional



Why should you believe me?

Personal and Professional Experience

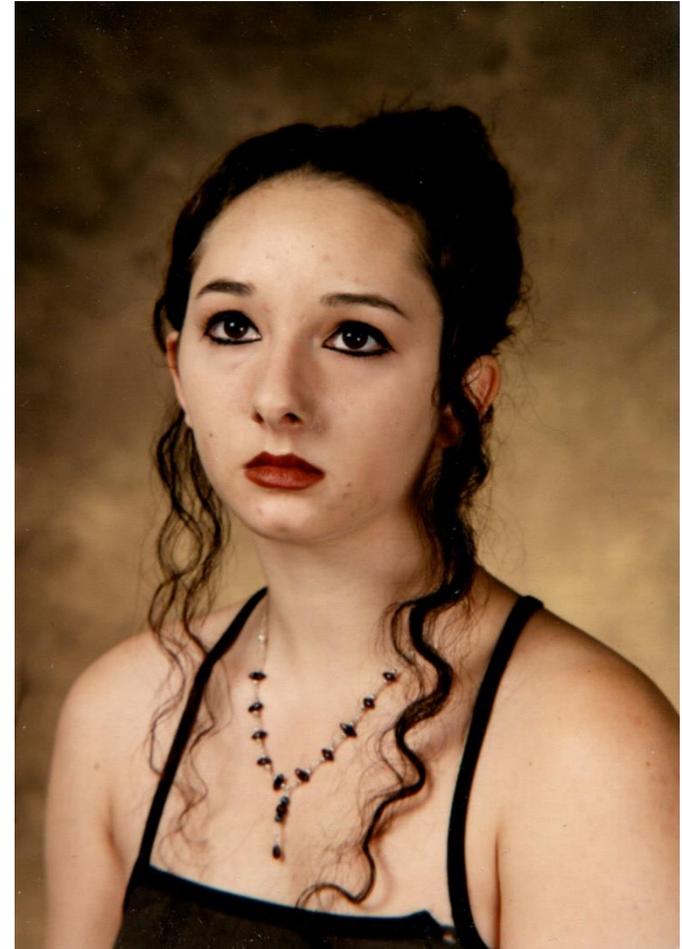
How do I know it's hard, how do I know recovery is real?

• Acknowledging the difficulties

- Living with someone with serious mental health needs who is an adult (my daughter was considered a legal adult at age 14)
- Cobbling together treatment, and paying for it: pre-parity for my family
- Balancing the needs of caregivers, and those of other family members too

• What makes a difference

- In getting help—and getting it early
- Getting it right out the outset—not so easy
- Perspectives and goals might: But it is essential for person's goals to be at the center—shared decision making!







Thank You!