Mental Health Care in Cities: Charting a Brighter Future

MAYORS INNOVATION PROJECT
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WE ARE

National Alliance on Mental Illness

an association of hundreds of local affiliates, state organizations and volunteers who work in communities across the country. We are the nation’s largest grassroots mental health organization providing advocacy, education, support and public awareness so that individuals and families affected by mental illness can build better lives.
Get to know your local, state and national NAMI

As a nonprofit organization of and for people with mental health conditions and families, we collectively serve as a resource to the community for education, support and policy.
Fact: 43.8 million adults experience mental illness in a given year.

1 in 5 adults in America experience a mental illness.

Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.

One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

Prevalence of Mental Illness by Diagnosis

1.1%  
1 in 100 (2.4 million) American adults live with schizophrenia.

2.6%  
2.6% (6.1 million) of American adults live with bipolar disorder.

6.9%  
6.9% (16 million) of American adults live with major depression.

18.1%  
18.1% (42 million) of American adults live with anxiety disorders.

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Consequences

- 10.2m: Approximately 10.2 million adults have co-occurring mental health and addiction disorders.¹
- 26%: Approximately 26% of homeless adults staying in shelters live with serious mental illness.¹
- 24%: Approximately 24% of state prisoners have "a recent history of a mental health condition".²

Impact

- 1st: Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.¹
- -$193b: Serious mental illness costs America $193.2 billion in lost earning every year.³
- 90%: 90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the U.S.³
Mental health conditions are common, the rate of treatment is low and the cost to cities is extremely high.

IMPROVING MENTAL HEALTH CARE IS AN INVESTMENT IN THE FUTURE
With early and effective mental health services and supports, recovery is possible.

Disability and poor outcomes should be thought of as avoidable treatment and system failures.
Understanding the challenges: 
**Stigma**

• Over one in four Americans *think they can handle* their mental health problem without treatment

• Concerns about *what others may think* or negative effects at work also keep many from seeking services
Charting a brighter future: Normalize mental health care

- Promote public awareness of mental health conditions and recovery
- Support workplace mental health initiatives

Photo courtesy ThriveNYC
Understanding the challenges: 

Access barriers

• Following cost, **not knowing where to go** for help is the most common barrier to getting mental health care

• Half of U.S. counties **lack licensed mental health professionals**, such as psychiatrists and psychologists
Charting a brighter future: Promote integration of care

Integration of health and mental health care can improve efficiency, access and outcomes

• Convene stakeholders to develop a behavioral workforce pipeline

• Finance changes to clinic spaces that support integrated care and telehealth
Understanding the challenges: 
*Gaps in intensive services*

Many communities have gaps in intensive mental health services and supports that result in avoidable:

- Arrests
- Emergency services
- Hospitalization
- Housing instability
- Suicide
- Disability
Charting a brighter future: Develop effective intensive services

• First Episode Psychosis (FEP) programs
• 24/7 crisis response teams
• Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) teams
• Subacute and respite care
• Supported Housing
• Supported Employment
• Crisis Intervention Teams (CIT)
Medicaid often provides effective services not covered by most insurance plans, like First Episode Psychosis (FEP) programs, Assertive Community Treatment (ACT) and peer support services, as well as better access to mental health providers

- **Does not adequately cover** outreach and engagement, mental health facilities with more than 16 beds or all components of effective programs, like FEP and ACT
- **Eligibility** is tied to federal disability for single adults, except in expansion states, leaving many with serious mental illness not enrolled
**Understanding the challenges: Medicare**

Medicare provides services that are similar to commercial insurance, such as medications, hospitalization and therapy

- **Does not cover** recovery-oriented services, such as peer support services and programs like FEP and ACT
- **Limits mental health care**, including a 190-day lifetime cap on psychiatric hospitalization
- **Eligibility** is tied to a 24-month wait period for individuals who are eligible through SSDI, including people with severe mental illness
Understanding the challenges: *Health insurance*

**Commercial health insurance** provides traditional services, such as medications, hospitalization and therapy

- **Does not cover** recovery-oriented services, such as peer support services and programs like FEP and ACT

**Affordable Care Act** requires individual and small group plans to:

- Cover mental health conditions—and at the same level as other health conditions (parity)
- Extend coverage for family members through age 26
- Not exclude, remove or fail to renew coverage for people who have a mental health condition
Charting a brighter future: Fill coverage and eligibility gaps

• Provide financing for non-billable services and supports and individuals who fall through eligibility gaps

• Promote Medicaid enrollment assistance and expansion

• Bring insurers and providers to the table to diversify funding
Understanding the challenges:  

Lack of data

Data (especially comparative data) on how the health system is performing for people with mental illness is often lacking. For example:

• Emergency department wait times for psychiatric hospitalization
• Rates of arrests involving a person with mental illness
• Rates of screening and assessment for mental health disorders
Charting a brighter future:
Use performance and outcome data
Charting a brighter future

• Normalize mental health care
• Promote integration of care
• Develop effective intensive services
• Fill coverage and eligibility gaps
• Use performance and outcome data
Thank you

Angela Kimball
National Director, Advocacy & Public Policy
NAMI
akimball@nami.org