

Mental Health Care in 2016: Opportunities and Challenges



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Presentation Contents

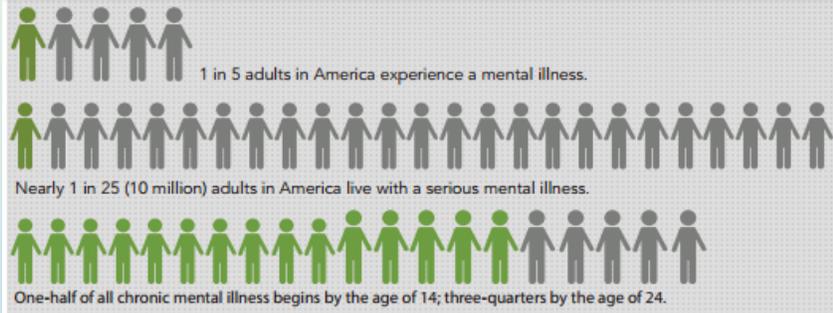


- The current landscape in mental health care;
- The promise of recovery;
- Decriminalizing mental illness;
- Opportunities in federal legislation;
- Mental illness and violence: myths and facts;
- The potential impact of the 2016 elections.

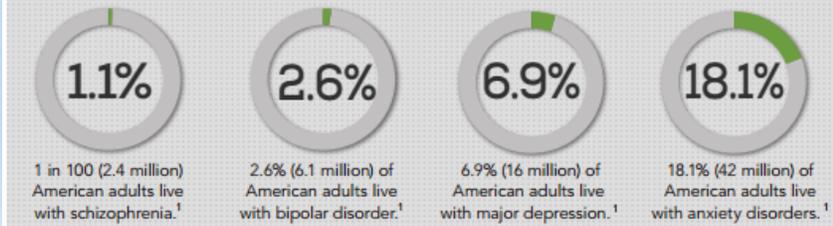


The Current Landscape

Fact: 43.8 million adults experience mental illness in a given year.



Prevalence of Mental Illness by Diagnosis



Ensuring that our young people engage in, rather than withdraw from, life.



20% of youth ages 13-18 live with a mental health condition.

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.

Suicide is the **3rd** leading cause of death in youth ages 10 - 24.

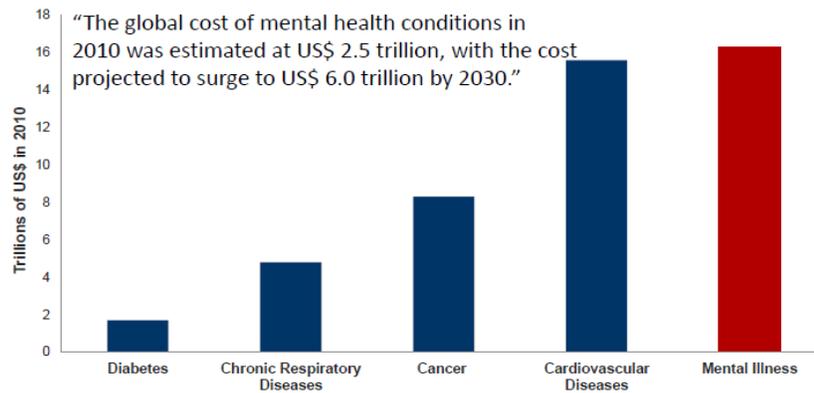
NAMI has embraced early identification and intervention of youth and transition age youth as a priority by:

- Cultivating an educated and informed grassroots leadership that is advocating for a comprehensive array of services for first episode psychosis (FEP)
- Advocating to achieve significantly increased access to FEP services across the country
- Developing and providing education and information to assist youth, young adults and their families to identify and act earlier in their own mental health care

The Most Costly Conditions



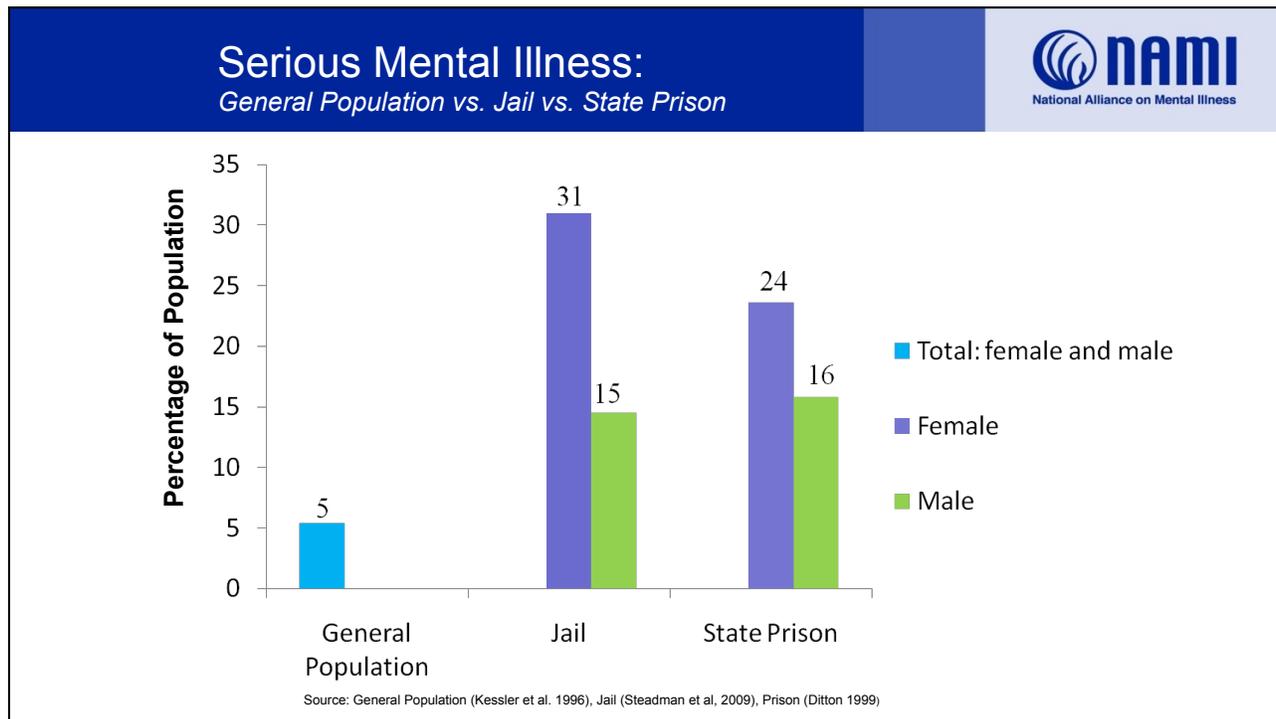
Economic Burden of Noncommunicable Diseases 2011-2030



US Annual Costs > \$300B for SMI
(Insel, AJP, 2008)

SOURCE: The Global Economic Burden of Noncommunicable Diseases. WEF, 2011

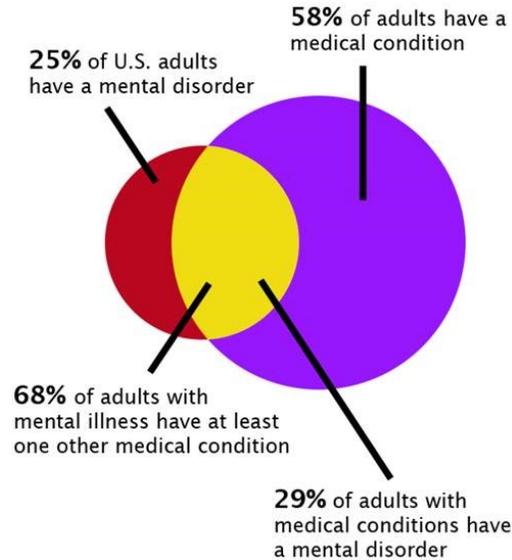




High Rates of Mortality and Morbidity

- General life expectancy: **79 years** (81 women, 76 men)
- Life expectancy, people with mental illness: **68.9 years**
- Life expectancy **lower among inpatients** than those in community
- People with mental illness have a **mortality rate** that is **2.22 times higher** than the general population.
- Cardiovascular disease and respiratory diseases leading causes of premature deaths among people with mental illness

Mental and Non-Mental Illness in the U.S.: Comorbidity

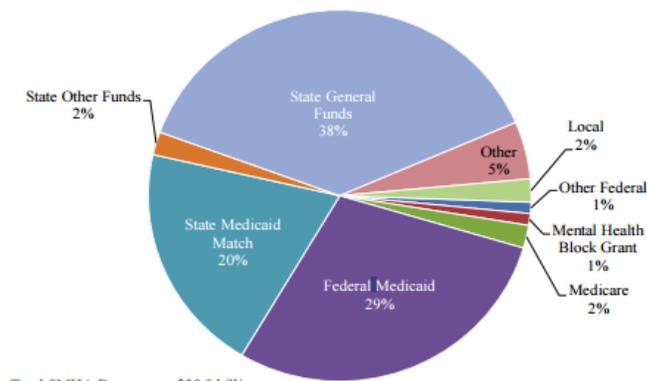


A.K. Parekh, M.B. Barton, "The Challenge of Multiple Comorbidity for the U.S. Health Care System," JAMA 2010: 9 1303-1304

Sources of State Mental Health Funding



Figure 16. Percentage of SMHA-Controlled Revenues for Mental Health Services, by Funding Sources, 2012



Total SMHA Revenues = \$38.9 billion
(50 states, the District of Columbia, and Puerto Rico reporting)



With the right services, recovery is very possible



- Early intervention is key;
- Blended, coordinated services are essential;
- Medical services must be coupled with social services (housing, case management, employment, etc.).
- Insight, engagement may change over time;
- Peers and caregivers play a vital role.

Early and First Episode Psychosis Programs



Coordinated array of specialty care:

- **Outreach**– to schools and communities
- **Family support and education**
- **Peer support**
- **Supported education and employment**
- **Case management**
- **Cognitive behavioral therapy (CBT)**
- **Low doses of anti-psychotic medication**

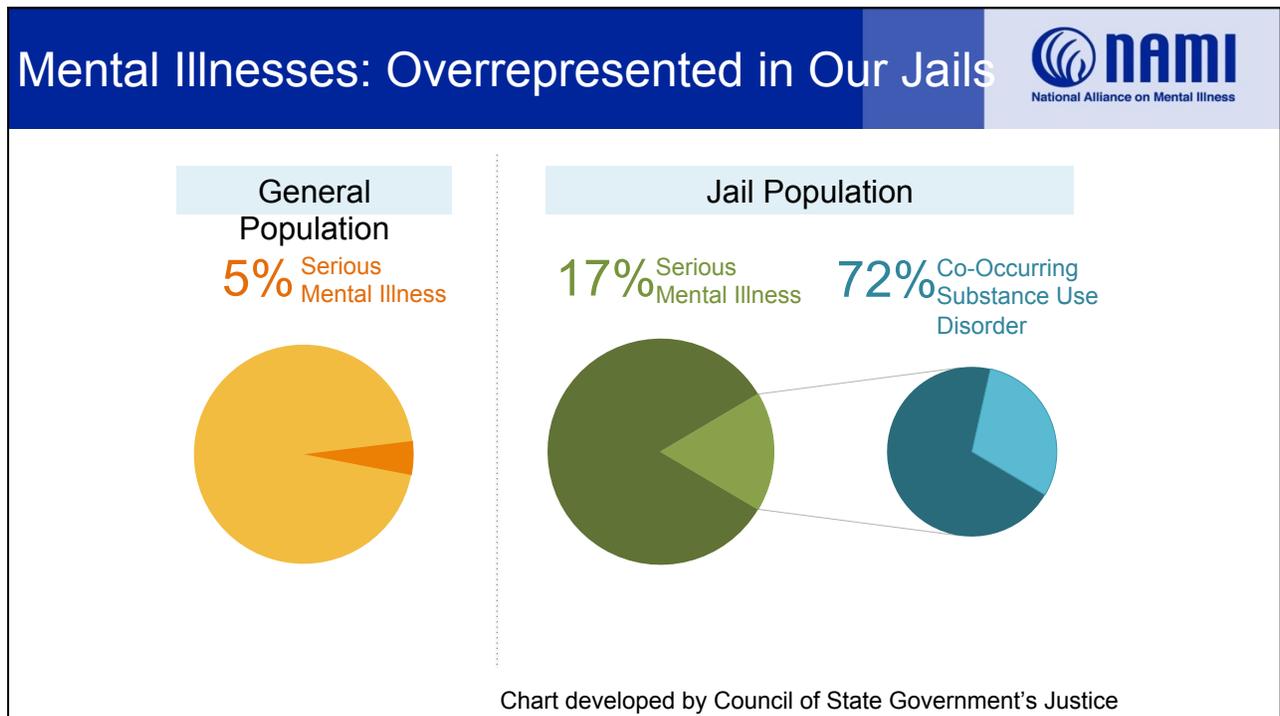


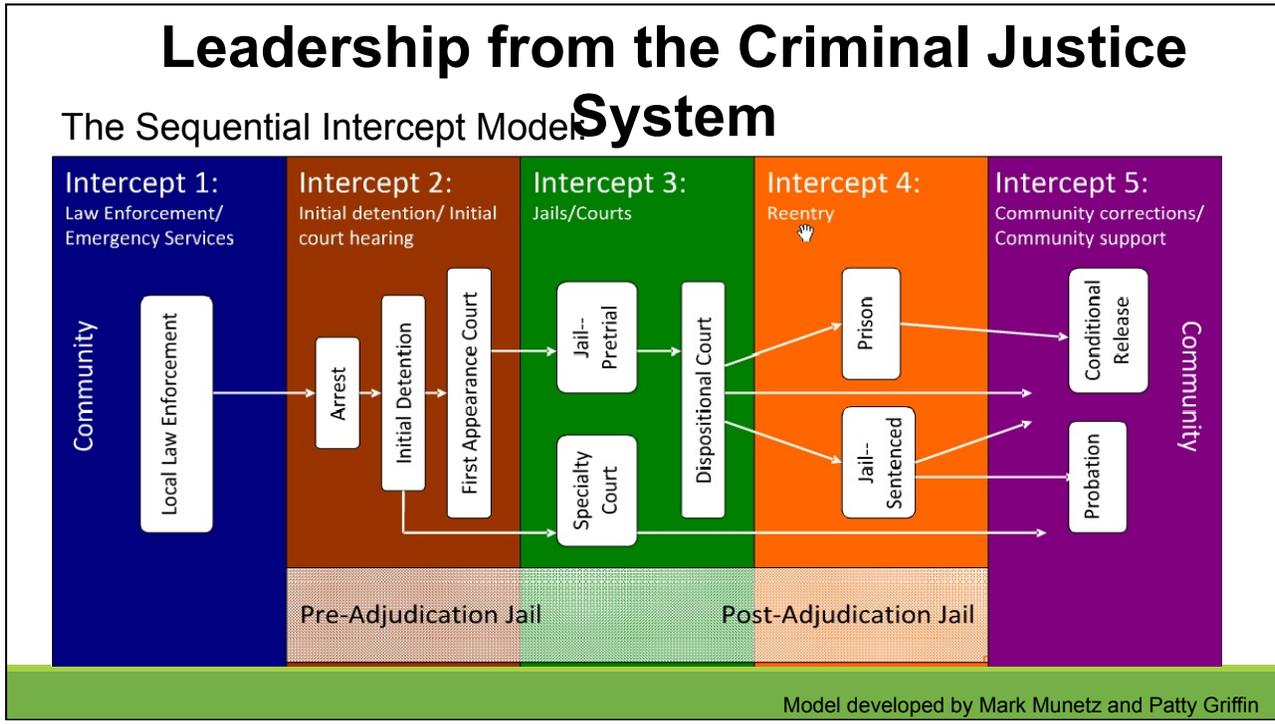
Patient-centered care and shared decision making are central to early and FEP programs

Assertive Community Treatment (ACT)



- Targeted for people most at risk of homelessness, hospitalizations, incarceration
- Multi-disciplinary approach;
- Small caseload sizes;
- 24/7 mobile crisis capacity;
- Strong evidence base showing:
 - Reduced hospitalizations;
 - Fewer arrests;
 - Better engagement in services.





Judges and Prosecutors as Catalysts for Positive Outcomes





“Judges and prosecutors should consider treatment alternatives to incarceration for defendants with mental disorders that might reduce the likelihood of recidivism and enhance public safety.” (7.1.5)

Benefits of Jail Diversion California's AB 2034 Program



Three County Data (Annualized)		
	12 Months Prior to Enrollment	Since Enrollment
Days Homeless	205,992	63,764
Days Incarcerated	60,438	9,287
Days Hospitalized	10,906	2,435

Source – National GAINS Center



- Call to Action to counties to reduce incarceration of people with mental illness in jails.
- Partners include:
 - CSG Justice Center
 - NACO
 - American Psychiatric Foundation
 - Major Sheriffs Association
 - NAMI
 - And others.



- Counties being asked to:
 - Pass resolutions (308 to date including Bell, Bexar, Brazos, Dallas, El Paso, McLennan, Tarrant, Travis, Waller and Wise Counties)
 - Form stakeholder groups
 - Gather baseline data
 - Assess current capacity
 - Implement effective practices
 - Measure outcomes

THE STEPPING UP INITIATIVE

Are the stars aligned?

Seize the moment to reform our failed prison system

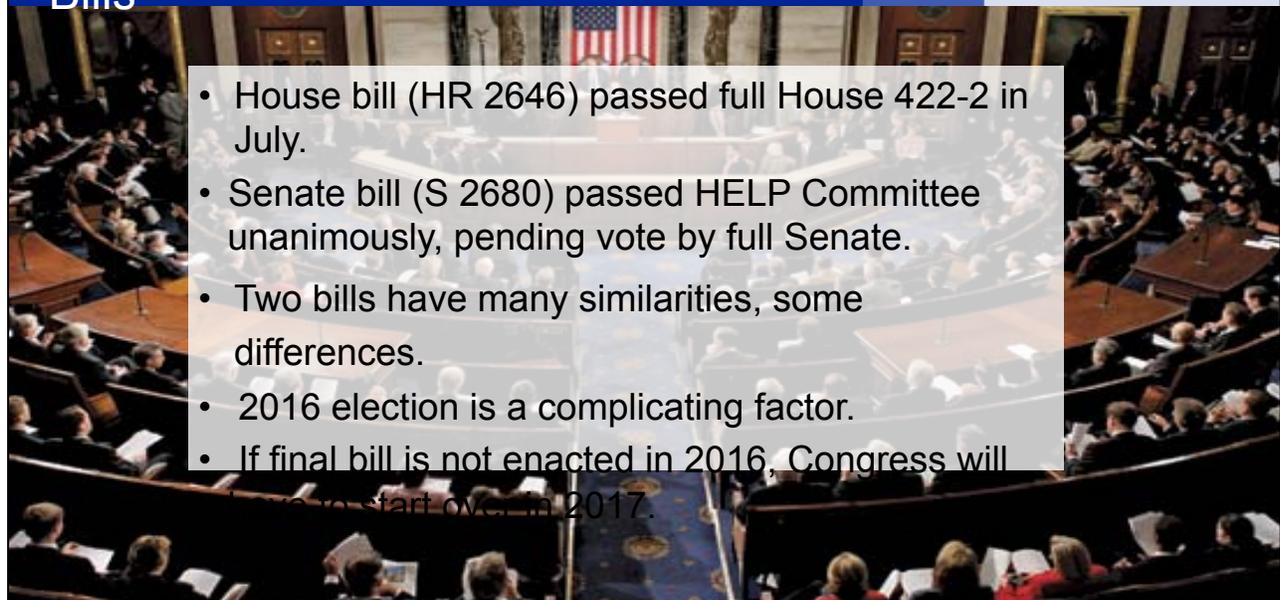
By Newt Gingrich and Van Jones

- Convergence of Conservatives and Liberals on need for criminal justice reform?





Federal Mental Health Reform Bills



- House bill (HR 2646) passed full House 422-2 in July.
- Senate bill (S 2680) passed HELP Committee unanimously, pending vote by full Senate.
- Two bills have many similarities, some differences.
- 2016 election is a complicating factor.
- If final bill is not enacted in 2016, Congress will have to start over in 2017.

Non-controversial



- Suicide prevention
- Strengthen enforcement of parity
- Improved integration of physical and mental healthcare
- Strengthen MH workforce
- Improve crisis responses
- Maintain or strengthen set aside for first episode psychosis (FEP) programs
- Improve translation of research into practice
- Same day billing in Medicaid
- Tele-mental health services



More Controversial



- Court-ordered outpatient treatment or Assisted Outpatient Treatment (AOT)
- Communications with caregivers (HIPAA)
- Institutions for Mental Diseases (IMD) exclusion in Medicaid
- Role of SAMHSA
- Federal protection and advocacy program

Criminal Justice Bills



- Mental Health and Safe Communities Act (S. 2002)
- Introduced by Senator Cornyn
- Provides resources for:
 - CIT
 - MH and Vets Courts
 - Forensic ACT programs
 - Enhanced correctional treatment
 - NCICS provisions have been controversial



Are people with mental illness
more violent than the rest of
society?



Serious Mental Illness and



- Generally, a serious mental illness diagnosis does not increase risk of violence.
- Risk does increase with:
 - Co-occurring substance use or dependence
 - Young and male
 - Past history of violence
 - History of physical abuse or victimization
 - Family criminal justice history
 - Perceived threats from others (sometimes characteristic of psychosis)
- Gun related **suicides** are a much higher risk than gun related **homicides**.

The Bottom Line



- Most people with mental illness are not violent, and most acts of violence (with guns or otherwise) are not committed by people with mental illness.
- Approximately 4% of violence in U.S. is attributable to mental illness.

The Impact of the 2016 Elections?



- Future of ACA and Medicaid expansion?
- Medicaid block grant?
- Criminal Justice Reforms?
- Comprehensive mental health reforms?
- Funding for research, housing, and services?

Questions and Discussion!



“I wish I had an answer to that because I’m tired of answering that question.”





Thank You!

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