

SENATE HEALTH & WELFARE COMMITTEE
Tuesday, February 9, 2016

ATTACHMENT 1

Behavioral Health Priorities in an Integrated Health Setting

January 18, 2016

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2003 The President's New Freedom Commission Achieving the Promise: Transforming Mental Health Care in America

**"Our country must make a commitment.
Americans with mental illness deserve our
understanding and they deserve excellent
care."**

April 29, 2002, President George W. Bush



2003 The President's New Freedom
Commission

THREE OBSTACLES

- Stigma that surround mental illness.
- Unfair parity in health insurance coverage.
- Fragmented mental health service delivery system.



TRANSFORMATION?

Transformation is:

- Changing the way we think about mental illness
- Changing the way mental health services are delivered.
- Transformation is revolutionary and at times scary. It implies profound change-not at the margins but at the very core.



Why is Transformation important

- Behavioral health is an essential part of health;
- Prevention works;
- Treatment is effective; and
- People can recover from mental illness



No Health Without Mental Health

- People with serious mental illness (SMI) die on average between age 53-56. 2/3 of premature deaths are due to preventable/treatable medical conditions
- 70% of individuals with significant MH/SUD had at least 1 chronic health conditions, 30% have 3 or more.
- (SAMHSA)



No Health Without Mental Health

- 12 million visits annually to ERs by people with MH/SUD (SAMSA)
- One out of every five community hospital stays today involves a principal or secondary diagnosis of mental illness. (NAMI 2010)



Medical issues

- “An cautious estimate places the direct and indirect financial cost associate with mental illness in the United states at well over \$300 billion annually and it ranks as the third most costly medical condition in terms of overall heath care expenditure, behind only heart condition and traumatic injury.”

(Dr. Thomas Insel, M.D. Director of NIMH, Jan. 24, 2013)



Primary Care: A Crucial Setting for Suicide Prevention

- Up to 45% of individuals who die by suicide have visited their primary care physician within a month of their death.
- And yet 81% do not seek prior psychiatric help.
- At any given time, between 2-4% of patients in a primary care setting are having thoughts of suicide.

(Suicide Prevention in Primary Care/SAMHSA/HRSA and Suicide Prevention Toolkit for Rural Primary Care)



Why Trauma Matters in Primary Care Trauma is Common

- 59% of men and women experience at least one adverse childhood experience in their life and 9% experience five or more.
- 35.6% of men and 14.5% of women witness someone being badly injured or killed.
- 18.9% of men and 15.2% of women are involved in a fire, flood or other natural disaster.
- 25% of men and 13.8% of women experience life-threatening accident/assault.

(National Council for Behavioral Health December 2015)




Mental Health Statistics

- Each year 1 in 4 adults and 1 in 5 children experiences a mental health disorder
- 1 out of every 17 people lives with a serious mental illness
- That means approximately 54,000 adults and 18,000 children in Idaho live with mental illness



Children's Mental Health


- Half of all mental illness emerges by age of 14 and three quarters by age 24.
- In the US, there is an average lag of 8 to 10 years between the onset of a mental health condition and the start of treatment.
- While nearly 1 in 5 American youth live with a mental health condition, less than half receive any services.
- (NAMI, December 2015)



“Today, recovery is the expectation for people who experience mental illness. We know that treatment works—if you can get it. However, there is an average delay of eight to 10 years between onset of mental illness and when people typically get treatment.”

(NAMI, January 2011)

The good news is that

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- Today, for people with mental illness recovery is a real possibility
 - Treatment outcomes for people with even the most serious mental illnesses are comparable to outcomes for well established general medical or surgical treatments for other chronic diseases.

Integrated healthcare

- "...in essence integrated health care is the systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served."

(Hogg Foundation for Mental Health, Connecting Body & Mind: A Resource Guide to Integrated Health Care in Texas and the U.S.)

Seeking behavioral health care in primary care

- Most people seek help for BH problems in primary care settings
- ½ of all care for common psychiatric disorders happens in a primary care settings
- Uninsured or underinsured
- Limited access to public mental health services
- Cultural beliefs and attitudes
- Availability of MH Services, especially in rural areas.

(Understanding Primary and Behavioral Healthcare Integration, Mental Health America and National Council)

Care issues in a primary setting

- Mental health problems often go undetected and untreated.
- When detected mental health problems tend to be undertreated.
- Are less likely to receive preventive services.
- Behavioral Health consumers report difficulties in establishing relationships with primary care providers.

(Understanding Primary and Behavioral Healthcare Integration, Mental Health America and National Council)