

The State of Mental Health in America and Public Health Efforts to Improve Mental Health and Well Being

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for

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Mental Illness in America

- Mental illness is the number one cause of disability in the U.S. It directly affects between five and seven percent of adults each year. Serious emotional disturbances directly affect an additional five to nine percent of children.
- The National Mental Health Association (NMHA) estimates that 10 to 15 percent of employees have severe personal problems, characterized by mental and emotional disorders.
- According to the World Health Organization (WHO), four of the 10 leading causes of disability in the U.S. are mental disorders, including major depression, bipolar disorder, and schizophrenia.
- Suicide claims 30,000 lives each year in the U.S., or 49.1 percent of violent deaths compared to 31.3 percent of violent deaths attributed to homicide.

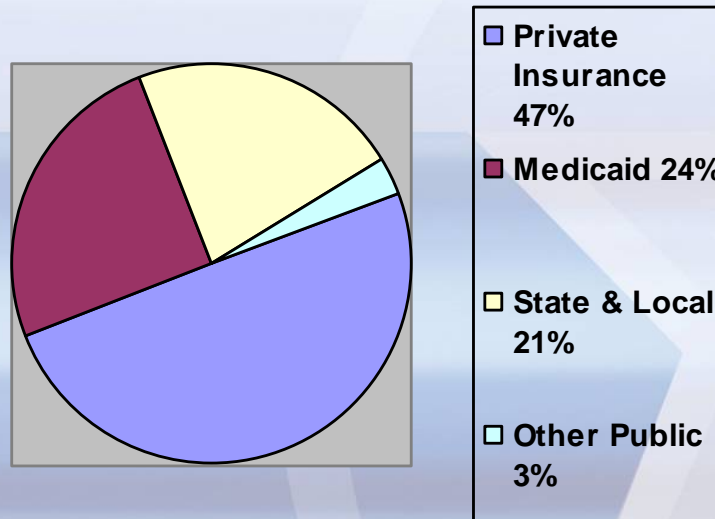
The Cost of Mental Illness

- In 1997, the U.S. spent \$71 billion on treatment. Indirect costs attributed to mental illness cost another \$79 billion—\$63 billion on lost productivity, \$12 billion on mortality, and \$4 billion in productivity losses for incarcerated individuals and for those who care for their families while they are away.
- Spending on mental health treatment for children was estimated at \$11.68 billion, or \$172 per child, in 1998. Uninsured children, primarily those with family income too high to qualify for public insurance but too low to afford private insurance, represented five percent of costs.

The Cost of Mental Illness

- Mental disorders contribute to direct costs for states on health care expenditures and workers' compensation claims. They also contribute to indirect costs like workplace absenteeism and presenteeism (lack of performance). However, the number of employers offering mental health benefits dropped eight percent from 1998 to 2002.
- It is estimated that between five and 10 percent of the U.S. gross national product is lost due to stress-related illnesses that result in absenteeism or presenteeism. Annual estimates show that mental disorders cost employers approximately \$300 billion a year in absences and lost productivity. Anxiety disorders alone contribute \$42 billion to these costs annually. Depression accounts for close to \$12 billion in lost work days annually and an estimated \$11 billion in other costs associated with decreased productivity.

Funding Resources for Mental Health Treatment



- In 1997, public financing (Medicaid, Medicare, state and local resources) covered 57 percent of mental health care costs. Private resources, including private insurance and out-of-pocket expenditures, covered 43 percent.
- For children, spending on mental health treatment was estimated at \$11.68 billion, or \$172 per child, in 1998. (See chart for funding sources.)

A Public Health Approach to Mental Health

- Mental illness is a chronic condition that can and should be treated much like diabetes or heart disease—a treatable, manageable disease. The mind and the body are inseparable.
- For a depressed person, the risk of dying from a heart attack is three and a half times greater than the risk for a person not suffering from depression. Depressed individuals with a history of heart disease are 1.5 to 2 times as likely to develop a heart condition. Medically speaking, depression contributes to an increase in platelet formation, which increases the risk of arterial blockages that can lead to a cardiac event. Conversely, one in four people who have experienced a heart attack suffer from depression during recovery.

A Public Health Approach to Mental Health

- HIV prevalence rates are significantly higher in the population of persons with mental illness than in the general population. This is due to high-risk behaviors; lack of safe sex education; and an increased vulnerability to sexual assault and abuse. Conversely, persons who are HIV-positive are at an increased risk of suffering from adjustment disorder and depression.
- Co-occurring disorders (mental illness and substance use combined) affect seven to 10 million adults each year.
- “Mental disorders collectively account for more than 15 percent of the overall burden of disease from *all causes* and slightly more than the burden associated with all forms of cancer.”

Why Invest in Mental Health?

Early Intervention

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Return on Investment (ROI)

How Risk Reduction and Health Promotion Strategies influence Health Development

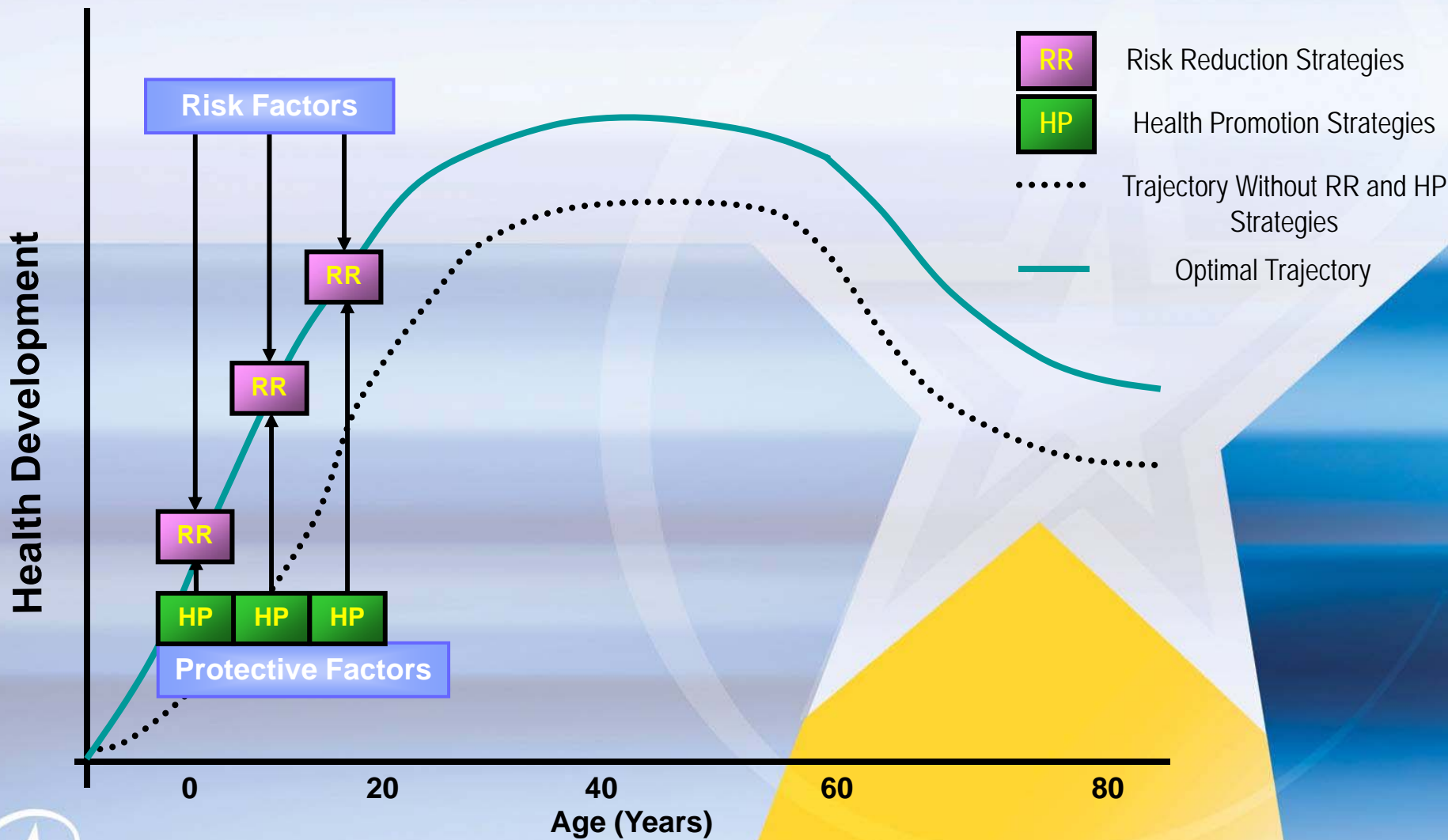


FIGURE 4: This figure illustrates how risk reduction strategies can mitigate the influence of risk factors on the developmental trajectory, and how health promotion strategies can simultaneously support and optimize the developmental trajectory. In the absence of effective risk reduction and health promotion, the developmental trajectory will be sub-optimal (dotted curve). From: Halfon, N., M. Inkelas, and M. Hochstein. 2000. The Health Development Organization: An Organizational Approach to Achieving Child Health Development. *The Milbank Quarterly* 78(3):447-497.



“De facto” Mental Health Providers

Due at least in part to a lack of community-based care, mental illness cuts across social service and public health systems because:

- People with mental illness often end up on the street (one-third of the more than half million homeless people) or in contact with the criminal justice system (16 percent, according to the Department of Justice). Prisons and jails have, in essence, become “de facto mental hospitals”. (Medicaid does not cover mental health costs incurred during incarceration.)
- As many as one in five parents who seek treatment for their child are forced to choose between forgoing the care or relinquishing custody to the state so that the child is covered by Medicaid.
- Parents have placed more than 12,700 children in either the child welfare or juvenile system in order to get them necessary treatment. An estimated 50 to 75 percent of youth housed in detention centers have at least one mental disorder.
- People present in acute care settings, such as emergency rooms, which leads to costly treatment and increased stress in an often inappropriate place.
- Mental health also interfaces with early childhood education, school-based services, supportive housing, and employment.



Building Systems of Care

- Decision Making and Oversight of Policy
- Benefit Design
- Evidence-Based Practices
- System Entry/Access
- Screening, Assessment, and Evaluation
- Care Management and Care Coordination
- Crisis Management and Service Delivery
- Family Involvement, Support and Development at All Levels (including cultural competence)
- Quality Improvement and Evaluation

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