

Treatment Works

By Leon Evans

Public Comment: Parity, Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Parity Act of 2008 (MHPAEA)-Public comment .

The Challenge:

- We have tens of thousands non-violent mentally ill persons who find themselves in our emergency rooms, jails and prisons that should be treated in our state hospitals and other appropriate community settings.
- Family, friends, law enforcement, the business community, and tax payers are all burdened with the behaviors of these persons going untreated.
- We all struggle with a population whose illness is so debilitating and their personal health seeking ability is almost non-existent, therefore; treatment seems to be impossible
- There is a lack of resources to address the needs for early intervention and treatment available for persons on the road to being hopelessly addicted to alcohol and drugs.
- It is a known fact that persons with severe mental illness die 25 years earlier than the general population.
- There is a lack of education and services

The Nature of Mental Illness and Substance Abuse

Mental illnesses are costly. The failure to treat them affects not only an individual's overall health but the cost of health care, including costs that must be borne by public systems.

- Mental illness is the leading cause of disability in the United States for people between the ages of 15 and 44.2
- The nature of severe mental illness is such that it renders you so dysfunctional that you do not know how to access services then you have an impossible time actually getting treated, even if some type of benefit is available.
- The Global Burden of Disease study indicates that the burden of disease from mental disorders for countries like the U.S. exceeds that of any other health condition.³
- Many times the person starts self medicating with alcohol or drugs
- Because of the pain and suffering, personal ties are cut

- For troubled kids there is no early Intervention; treatment is fragmented
- Virginia Tech, Columbine and others are places where no early identification and limited to no resources produced tragic results

Data

- Federal studies show that the best drug treatment programs pay for themselves 12 times over.
- Re-vocation rates show significant decrease when treatment is available
- 2003 President's Freedom Commission On Mental Health – Final Report “ In addition to the tragedy of lost lives, mental illnesses come with a devastatingly high financial cost. In the US, the annual economic, indirect cost of mental illness is estimated to be \$79 billion”.
- Mental illnesses and substance use disorders resulted in \$193 billion in lost productivity in 2002. By 2013 this loss is estimated to rise to more than \$300 billion. (1,2,3,and 4 -Integrating Mental Health in Healthcare, The Bazelon Center)
- One in 100 are behind bars, a large number of which are non violent mentally ill offenders: Behind Bars in America, 2008 Pew Research Report
- 75 to 90 % of people with psychiatric disabilities are outside the labor force in the US. Anthony and Bianch, 1987
- Drug abuse costs hit \$468 Billion, NYTimes, May 2009
- Cost Avoided if One Criminal Career is Prevented -\$ 976,217.81

Essential Needs

- It is critical that the right leadership be identified to ensure a workable and sustainable plan—“Who's going to make us work together”
- There is a need for “health navigators”, persons who could facilitate access to treatment through the maze of what we now call our healthcare system
- Need for early identification and intervention for children exhibiting behavioral problems or for children who have been diagnosed with severe mental illness
- The need to provide support for their families
- Need to address the elderly who are abusing prescription drugs and or alcohol

- Without special supports, wraparound services, care coordinators, patient navigators this population wouldn't get the kind of services or rehabilitation they need

Summary:

- Leadership to so that we can get effective outcomes for these fragile folks
- Community based solutions
- Early intervention and prevention
- Treatment, Housing, Employment
- Collaboration based on outcome driven data