

The Health/Mental Health Imperative

Integration is the Only Sensible Alternative

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 System Transformation in the Era of
 Recovery Oriented Services
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Who is Mental Health America


- Formerly known as the National Mental Health Association
- Country's oldest and largest mental health advocacy group focused on all aspects of the public's mental health
- Founded in 1909 by Clifford W. Beers, a young businessman who had a mental illness and experienced horrific treatment
 - Adolf Meyer
 - William James among founding members
- Distinguished by a Public Health/Population Perspective



The Mental Health Bell



*"Cast from shackles which bound them,
 this bell shall ring out hope
 for the mentally ill and
 victory over mental illness."*



About Mental Health America

- Recently repositioned ourselves to lead the push past the tipping point.
- New name and wellness framework to reflect the strategic importance of 'mental health' in the health and overall well-being of each American, especially those with mental illnesses, and the country as a whole
- Our goal is to create a national movement together with our many partners that has the power to build and sustain the public and political will for our shared mission to achieve wellness for everyone
- Explicitly integrates general health and mental health



Our Challenge

Generate Appropriate Outrage at the Pathetic State of Behavioral Health in Our Nation to Motivate Focused Action



Our Methods

- Attack the Deep Resignation that Characterizes Behavioral Health Professionals – Practitioners and Researchers
- Launch a Multi-Channel Community Activation Movement
 - Business
 - Education
 - Health
 - Community Leaders
 - National Leaders



Why Outrage?



U.S. Has Highest Rates of Mental Illness

- U.S. has the highest prevalence rates (26%) in the world in a comparison of 14 developing and developed countries. (JAMA, 2004)
- For U.S.-born Mexican-Americans, the lifetime risk of being diagnosed with any mental disorder was similar to that for non-Hispanic whites – 48.1 percent, or almost one in two people. But for new immigrants and Mexican nationals, the rate was only 24.9 percent. (MAPPS, 1998)
 - After 13 years in residence Mexican immigrants rates equal those of other Angeleans.

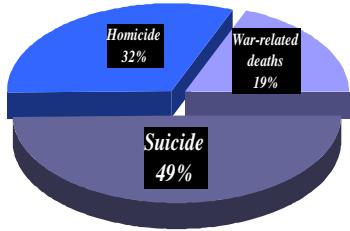


People Are Still Not Getting the Help They Need

- While approximately 80 percent of all people in the U.S. with a mental disorder eventually seek treatment at some point in their lives,
 - The median age of onset for persons who will have a disorder during their lifetime is 14.
 - the median delay across all disorders is nearly a decade. (NCS-R, 2005)
 - less than one-third of people who seek help receive minimally adequate care. (NCS-R, 2005)



**The Impact of Behavioral Disorders Illustrated:
Suicide is the Leading Cause of Violent Deaths
Worldwide
(World Health Organization, 2002)**



In the United States

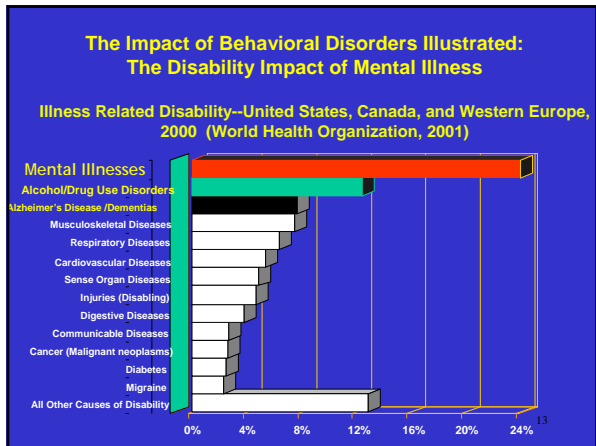
A Person takes His/Her Life
Approximately Every 16
Minutes



Taking Lives


- People with serious mental illnesses served in the public system are dying, on average, 25 years early, from a full range of preventable health problems, such as heart disease and diabetes. (NASMHPD, 2006)





Consequence of Untreated Mental Illness

- Depressed children are more likely to perform poorly in the classroom, engage in aggressive behavior, and have poor peer and teacher relationships
- Children with depression and anxiety disorders are
 - more likely to miss school and subsequently drop out
 - Abuse drugs and alcohol
- Children with anxiety disorders are more likely to have poorer occupational attainment



Our Case

- The United States has the Most Expensive Health Care System in the World that produces Poor to Mediocre Health Outcomes
- Lack of Attention to Behavioral Factors is Fundamental to Improving these Outcomes



Very Expensive – Poor Outcomes

- U.S. citizens spent \$5,267 per capita for health care in 2002—53 percent more than any other country. (Health Affairs, 2005)
- U.S. ranks 42nd for life expectancy down from 11th in 1987 (Census Bureau, National Center for Health Statistics, 2007)
- U.S. ranks an average of 12th among 13 industrialized nations for 16 health indicators, including:
 - 13th for low birth weight percentages
 - 13th for neonatal mortality and infant mortality overall
 - 11th for post-neonatal mortality
 - 13th for years of potential life lost (excluding external causes)
 - 10th for life expectancy at 15 years for females, 12th for males
 - 10th for life expectancy at 40 years for females, 9th for males
 - 7th for life expectancy at 65 years for females, 7th for males
 - 3rd for life expectancy at 80 years for females, 3rd for males (JAMA, 2000)





PARTNERSHIP TO FIGHT
CHRONIC DISEASE

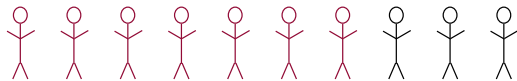


Truth #1: Chronic diseases are the #1 cause of death and disability in the U.S.



133 million Americans, representing 45% of the total population, have at least one chronic disease

Chronic diseases kill more than 1.7 million Americans per year, and are responsible for 7 of 10 deaths in the U.S.



Truth #2: Chronic diseases account for 75% of the nation's health care spending

During 2005, the U.S. spent almost \$2 trillion on health care

Of every dollar spent...



...75 cents went towards treating chronic disease

In public programs, treatment of chronic diseases constitute an even higher portion of spending:

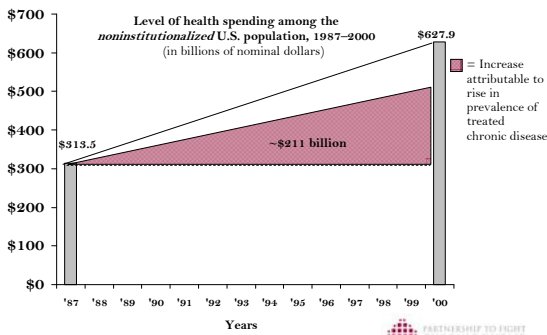
More than 96 cents in Medicare... and 83 cents in Medicaid

"The United States cannot effectively address escalating health care costs without addressing the problem of chronic diseases."

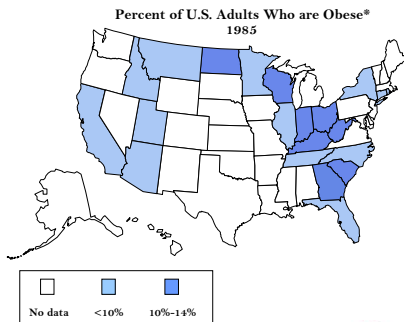
— Centers for Disease Control and Prevention



Truth #3: Two-thirds of the increase in health care spending is due to increased prevalence of treated chronic disease



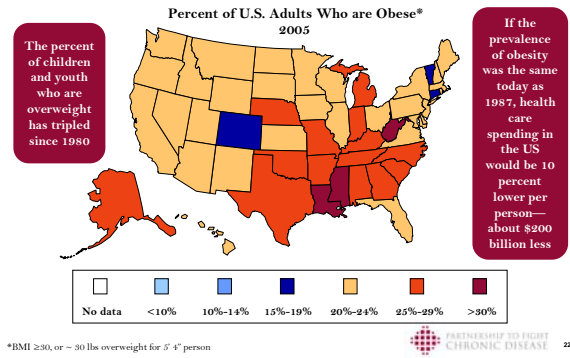
Truth #4: The doubling of obesity between 1987 and today accounts for nearly 30% of the rise in health care spending



*BMI ≥30, or ≥30 lbs overweight for 5'4" person



Truth #4: The doubling of obesity between 1987 and today accounts for nearly 30% of the rise in health care spending



Truth #5: The vast majority of cases of chronic disease could be better prevented or managed

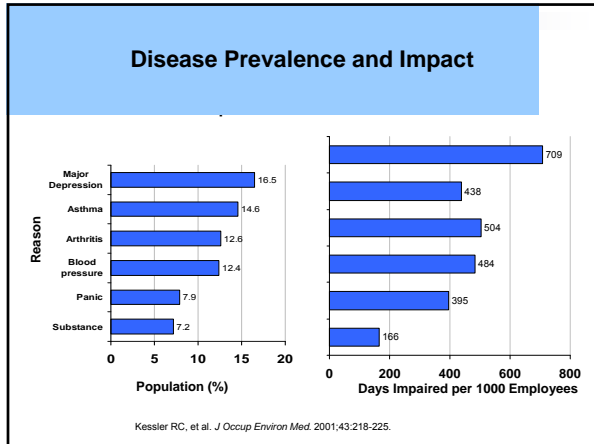
- The Centers for Disease Control and Prevention (CDC) estimates...
 - 80% of heart disease and stroke
 - 80% of type 2 diabetes
 - 40% of cancer

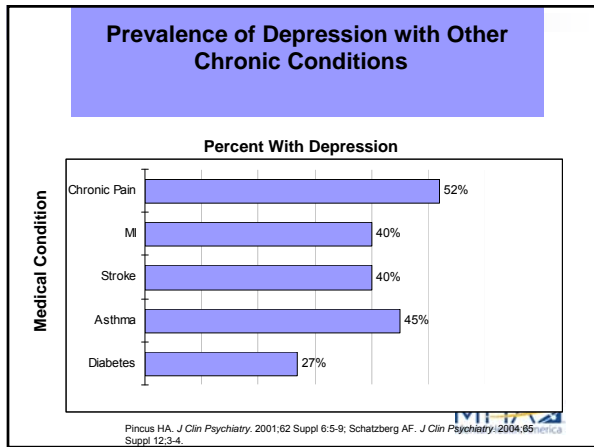
...could be prevented if only Americans were to do three things:

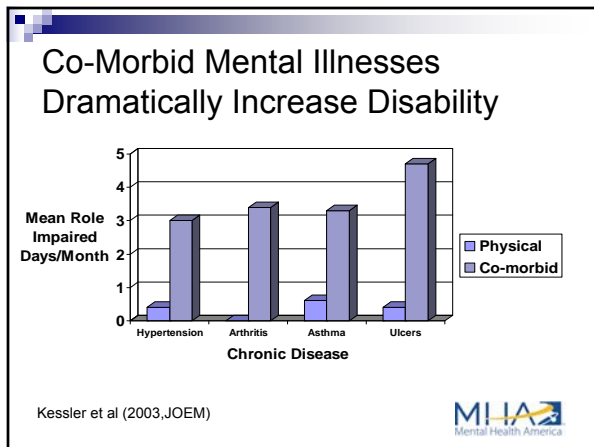
- ✓ Stop smoking
- ✓ Start eating healthy
- ✓ Get in shape

- Management of chronic disease could also be significantly improved: Chronically ill patients receive only 56% of the clinically recommended preventive health care services

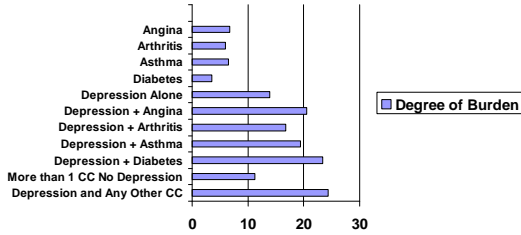
Behavioral Health Interventions are
Central to Preventing and
Effectively Managing Chronic
Disease







Impact on Health Chronic Illnesses and Depression Co-morbidity



WHO World Health Survey,
Moussavi, et al, (2007) Lancet



Impact of Depression on Medical Cost

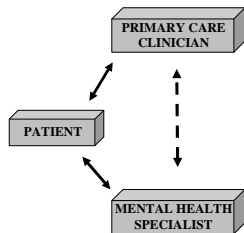
Condition	Annual Medical Costs per Patient Without Depression (\$)	Annual Medical Costs per Patient With Depression (\$)
Heart failure	2.56	6.74
Allergic rhinitis	3.27	8.46
Asthma	3.73	10.56
Migraine	3.82	15.47
Back pain	11.61	33.25
Diabetes	13.06	27.28
Hypertension	13.38	27.16
Ischemic heart disease	62.40	110.94



Actual annual medical costs per patient based on claims data for 229,776 patients, 1995-1998. SOURCE: OCI 2001

Aetna's PCP Depression Initiative

Usual Care



Collaborative Care



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Integrated Medical/Behavioral Health: Clinical Outcomes

Member response to intake and discharge questions:

SF12 Mental Health

Condition	Intake	Discharge	Outcome
Depression	79%	44%	35% drop in Depression
Energy Level	49%	75%	26% increase in energy
Work Limitations	63%	29%	34% drop in work limitations
Social Limitations	71%	41%	30% drop in social limitations

SF12 Physical Health

Condition	Intake	Discharge	Outcome
General Health	5%	9%	4% increase in General Health
Work Limitations	61%	48%	13% drop in work limitations
Does Less Work	64%	45%	19% increase in work
Bodily Pain	12%	5%	7% decrease in bodily pain



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Medical Psychiatric Case Management: Medical Cost Outcomes

- ER Utilization Reduction
- Inpatient Length of Stay Reduction
- Outpatient Visits – No change
- Total Pharmacy Cost – Increase
 - Antidepressant accounted for 28% of increase
- **Aetna Estimates a Net Medical Cost Reduction with 2:1 ROI**



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Co-Morbidity and Outcome

- Mortality Risk nearly Double for Co-morbid Cardiac Disease and Depression
- Depression and Diabetes increases Difficulty in Clinical Management and Adverse Outcomes including Death
- Many Other Examples of Increases in Costs, Greater Problems with Care Management and Poor Outcomes



Collaborative Care and Depression Outcomes

- Meta Analysis of 37 Randomized Trials
- N = 12,355
- Significant Between Group Differences at
 - 12, 18 & 60 months
- Higher Fidelity trend toward Improved Outcomes
- More Supervision of Case Managers > Outcomes
- Case Managers with MH Background > Outcomes

Gilbody et al (2006) Arch Int Medicine



For Persons with More Severe Illnesses

- People with serious mental illnesses served in the public system are dying, on average, 25 years early, from a full range of preventable health problems, such as heart disease and diabetes.

(NASMHPD Research Institute, 2006)



Premature Mortality Among Persons with SMI

- 66 Studies between 1934 – 1996
 - Many published in the late 70s and 80s
 - Why the delay in attention?
- Recent Meta-Analysis Shows Situation Worsening for People with Schizophrenia
- Compelling rationale for better integration between general and specialty care



Cardiovascular Disease (CVD) Risk Factors

Modifiable Risk Factors	Estimated Prevalence and Relative Risk (RR)	
	Schizophrenia	Bipolar Disorder
Obesity	45-55%, 1.5-2X RR ¹	26% ⁵
Smoking	50-80%, 2-3X RR ²	55% ⁶
Diabetes	10-14%, 2X RR ³	10% ⁷
Hypertension	≥18% ⁴	15% ⁵
Dyslipidemia	Up to 5X RR ⁸	

1. Davidson S, et al. *Aust N Z J Psychiatry*. 2001;35:196-202. 2. Allison DB, et al. *J Clin Psychiatry*. 1999; 60:215-220. 3. Dixon L, et al. *J Nerv Ment Dis*. 1999;187:496-502. 4. Herran A, et al. *Schizophr Res*. 2000;41:373-381. 5. McElroy SL, et al. *J Clin Psychiatry*. 2002;63:207-213. 6. Ussak A, et al. *Psychiatry Clin Neurosci*. 2004;58:434-437. 7. Cassidy F, et al. *Am J Psychiatry*. 1999;156:1417-1420. 8. Allebeck. *Schizophr Bull*. 1999;15(1):81-89.



Mental Health America Schizophrenia Study

- Interviewed 250
 - Persons with Schizophrenia
 - Psychiatrists
- Web Recruited Panels
- Questions Regarding
 - Wellness/Health Status
 - Scope of Practice



Demographic Characteristics People with Schizophrenia

Characteristic	Sample	General Population
Sex		
Female	56%	51%
Income		
Over \$50K	28%	49%
Employment		
Unemployed	48%	35%
Race/Ethnicity		
Hispanic	11%	15%
African Amer	9%	13%
Insured	88%	84%



Health Status

Characteristic	Sample	General Population
Obese	44%	26%
High Cholesterol	36%	16%
High Blood Pressure	34%	23%
Ulcers/Other Digestive	30%	6%
Diabetes	23%	8%
Hepatitis C	10%	2%
HIV	5%	.02%



Consumer Psychiatrist Dialogue

Do You Regularly Talk about	Consumer	Psychiatrist
Sleep	92%	97%
Medication for Other Conditions	84%	97%
Other Health Conditions	83%	96%
Alcohol Use	83%	99%
Smoke or Chew Tobacco	79%	94%
Consumer Ideas re: Recovery	76%	95%
Body Weight	66%	92%




Consumer Psychiatrist Dialogue

Do You Regularly Talk about	Consumer	Psychiatrist
Tips for a Healthy Life	62%	87%
See Other Physician	58%	98%
Blood Pressure	49%	75%
Blood Sugar	49%	75%
Cholesterol	40%	82%



Conclusions

- Improve Dialogue between Psychiatrists and Consumers about Full Range of Health Issues
 - Psychiatrist Link to Medical Community
- Critical to Treat to Whole Person – Not Just the Psychiatric Illness
 - Aggressively Manage Metabolic Side Effects
- Life Style and Wellness Supports Essential



Overall Conclusions

- Mental Health is Clearly Integral to Health
- Managing Health Care Expenditures will
 - Require Managing Chronic Illness
 - Co-morbid Mental Illnesses are a Key
- Behavioral Health Issues Underlie the Development of Chronic Conditions
- Persons with Severe Mental Illnesses are a Special Concern
 - Require Focused Care for the Whole Person



What You Can Do

- Get passed resignation and into action.
- Join Mental Health America in its movement
- Sign up at <http://takeaction.mentalhealthamerica.net>.
- Connect with your local MHA affiliate.
- Give me your email or get a card from me and send me an email.

