



Science and Services: Transforming Mental Health in New York

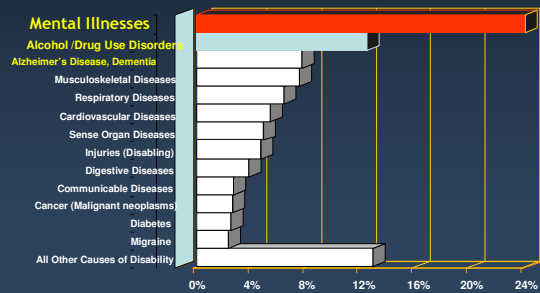
April 2008

The Realities in Mental Health: Generally

- High Incidence and Prevalence
- With Early and Good Treatment, Good Outcomes
- Persistent Delays in Entering Suboptimal Care
- As a Result, High Levels of
 - Distress and Disability

President's New Freedom Commission on Mental Health: The Disability Impact of Mental Illness

Illness Related Disability in the US, Canada, and Western Europe, 2000 (WHO, 2001)



Looking More Closely: Has Mental Health Advanced or Declined?

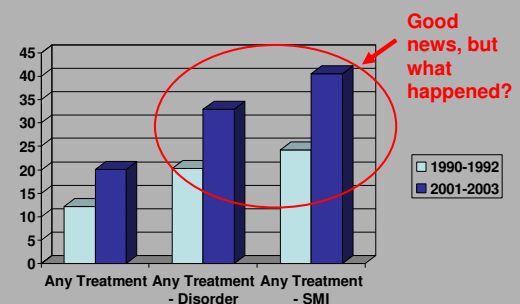
- Recent Treatment Advances and Policy Attention
 - New Treatments (SSRI's, Atypical Antipsychotics)
 - First Surgeon General's Report on Mental Health (1999)
 - President's Commission on Mental Health (2001-2002)
- Persistent problems remain
 - "Deinstitutionalization" and the homeless
 - Jails as the new psychiatric hospitals
 - Public (media) perceptions—and the reality—of violence
- How are we really doing in America? What is the status of people with a mental illness today vs. a generation ago?
- What are the particular challenges in NYS?
- What contributions can research, policy, and fortitude make to change?

The Data: People with Mental Illness ARE Better Off, But Far From Doing Well: Examples...

- More likely to be receiving treatment...but...
- Quality of care is better...but...
- Patients bear less of the cost of care
- More resources to people with mental illness...but persistent poverty
- The living circumstances of people with mental illness have improved...for some

Better But Not Well: Mental Health Policy in the United States since 1950
Richard G. Frank and Sherry A. Glied
Johns Hopkins University Press, July 2006

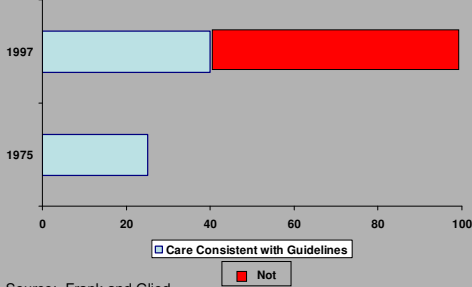
More People Receive MH Treatment



Source: NCS and NCS-R

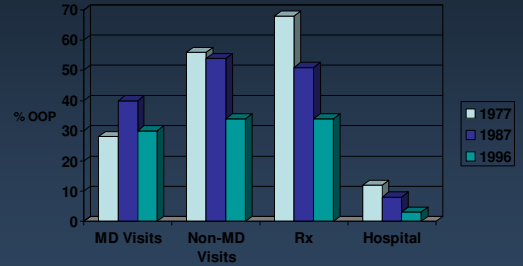
The Quality of Care has Improved Example: Treatment for Schizophrenia

But Care for Most Patients Does Not Meet Guidelines



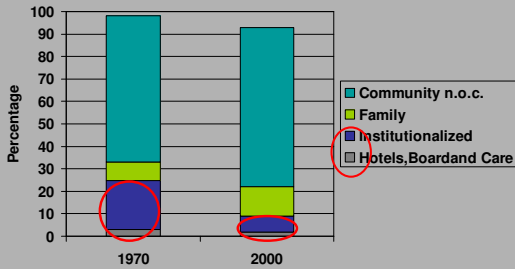
Source: Frank and Glied

Reduced Financial Burden (Out-of-Pocket Share of Expenses per Person with Dx)



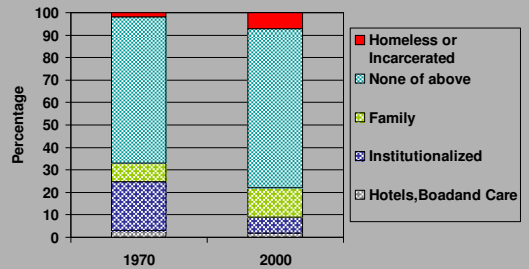
Frank and Glied, 2006

Fewer People with SMI are Living In Inappropriate Settings



Source: Frank and Glied

But More People are Homeless or Incarcerated



Source: Frank and Glied

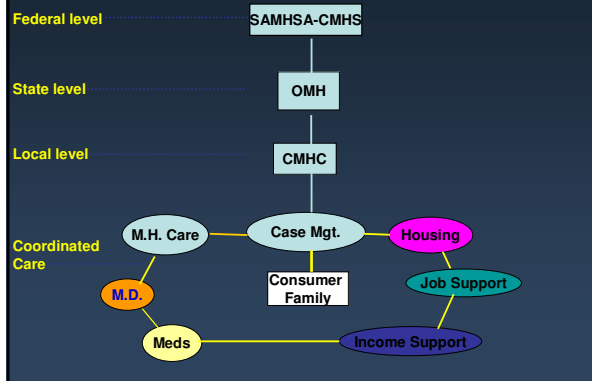
Resources to People with SMI have Increased

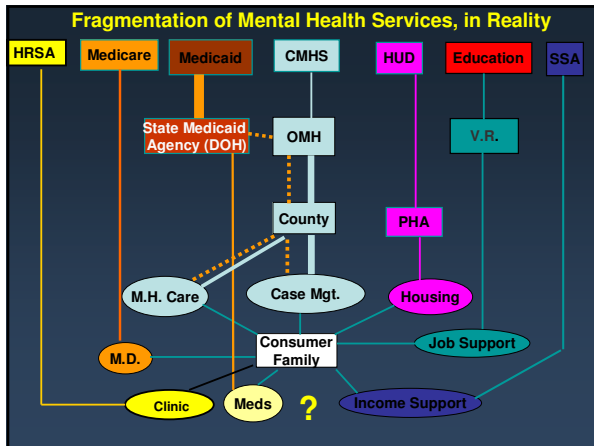
1972	1998
- 31% receive food stamps	- 63% receive food stamps
- 33% on Medicaid	- 60% on Medicaid
- No SSI	- 41% receive SSI
- 7% receive SSDI	- 30% receive SSDI
- No section 8 housing	- 4% have housing voucher

The improvements in resources and benefits came largely from mainstream federal programs. They contributed to increased—if still marginal—well being...AND to complexity and fragmentation.

Frank and Glied, 2006

Coordinated Mental Health Services in Theory





Scientific Advances Have Produced Less than Advertised: Compare the Best Treatments Then and Now

	1955-1969
Schizophrenia	Neuroleptics
Depression	MAO inhibitors Tricyclic anti-depressants Interpersonal, Behavioral Therapy
ADHD	Psychostimulants
Anxiety Disorders	Minor tranquilizers Imipramine desensitization therapy
Bipolar Disorder	Neuroleptics MAOIs & TCAs Lithium (Europe)

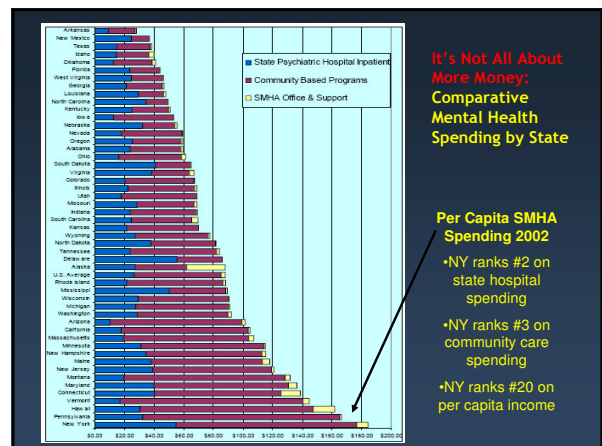
Less Improvement in Efficacy Than Advertised

Source: Frank and Gied

- ### While the Quality of Care has Improved... Via "Exnovation"!
- Insulin shock
 - Psychosurgery
 - Unproductive institutionalization
 - Miltown
 - Minor Tranquilizers

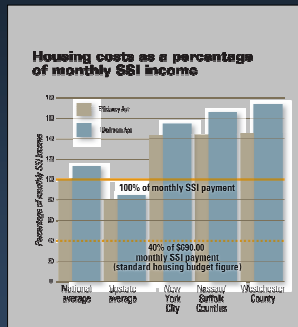
- ### So Oriented in Time, Place, and Context...We Find:
- A very broad view shows some improvements in the well-being of people with a mental illness
 - The most robust improvements are from macro "mainstreaming" strategies or "sequentialism" in major programs
 - The promise of research and indeed the "mental health system" to make a discernable difference in the public's mental health is still a promise
 - The circumstances of people with a mental illness in NYS should give us pause...and strengthen our resolve
 - The "degree of difficulty" in making change is increased by both stigma/current events and dysfunctionalities unique to NYS

- ### MH Challenges Prominent In NYS
- Despite an Abundance of Resources, Poor Access...everywhere
 - Outpatient Clinic Care
 - Inpatient Care
 - Housing



NYS Challenges continued...

An especially severe housing crisis for people with SMI



MH Challenges Prominent in NYS

- Despite an Abundance of Services, Poor Access
 - Outpatient Clinic Care
 - Inpatient Care
 - Housing
- Unusually Strong “Silos” and High Levels of Unmet “Co-Occurring Needs”
- No one is Responsible and Care is Fragmented
- Financing is “Over-Medicaided”
- Oh So Bureaucratized

Multiple Change Strategies: 1-A Sample of “Conventional” Means

- Earlier Intervention:
 - Improve Access to Outpatient Clinic Care
 - Child and Family Clinic Plus
- Improved Access to and Focus of Intensive Care
 - Shifting the Focus/Mission of OMH Hospitals
- Improved Housing Opportunities
 - In the Housing Marketplace
 - Specialty Supportive Housing
- Bridging Gaps
- Improving Quality
 - Continuing to Assist with EBP’s/Practice Improvement
 - Sustaining Current Services so They Can Adapt

Change Strategies 2: Methods and Messages that Motivate and Empower

Resilience and Recovery Mission:
21st Century

Treatment Mission—
20th Century

Safety Mission—
19th Century

How Has Our Understanding Shifted?

“The biggest change in mental health from 1978 to today is that...

... we now know that recovery is possible for any individual with a mental illness”

Rosalyn Carter



But what does **Recovery** mean and how do we support it?

One Meaning of Recovery: over the long term, many people achieve substantial relief from severe mental illness

Study	Sample Size	Follow-Up (in years)	% Significantly Recovered
Bleuler (1972)	208	23	53%-68%
Huber et al. (1979)	502	22	57%
Ciampi & Muller (1976)	289	37	53%
Tsuang et al. (1979)	186	35	46%
Harding et al. (1987)	269	32	62-68%

1. Bleuler (1978). The Schizophrenic Disorders. New Haven, Yale Press
2. Huber et al (1979). Long-term follow-up... Acta Psychiatrica Scand. 53:49-57.
3. Ciampi & Muller (1976). Lebensweg und alter... Berlin. Verlag Springer.
4. Harding et al. (1987). Vermont longitudinal study... Am. J. of Psychiatry 144: 718-735.
5. Tsuang, M. et al (1979). Long-term outcome... Arch. Gen. Psych. 36:1295-1301

An Evolving Perspective on “Recovery”: A Meaningful Life Despite Disability

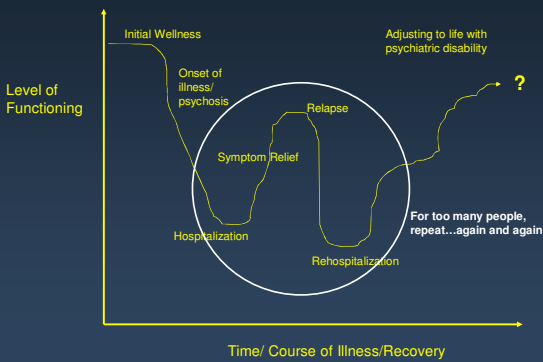
...the overarching message is that hope and restoration of a meaningful life are possible, despite serious mental illness. Instead of focusing primarily on symptom relief, as the medical model dictates, recovery casts a much wider spotlight on restoration of self-esteem and identity and on attaining meaningful roles in society. (Surgeon General, 1999)

Recovery builds on and extends our focus

To Improve Quality AND Shift Toward A Commitment to Resiliency and Recovery

- Requires an Accurate and Contemporary View of the Experience of Mental Illness and of the Goals of Consumers and Families

To Facilitate Recovery, Get Real About The Reality of Life with Serious Mental Illness

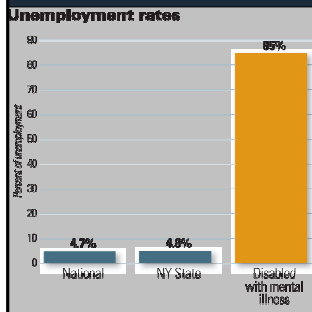


The Evolving Goals of Mental Health Care. Guidance From President's Executive Order Creating the NFC, April 2002

- "The Commission's goal shall be to recommend improvements to enable adults with serious mental illness and children with severe emotional disturbance to *live, work, learn, and participate fully in their communities.*"



Example: Impact of Mental Illness (and Our System of Care) on Employment



Striking pattern of failure regarding employment for individuals with mental illness.

The evidence:

- Core services do not affect employment
- Virtual irrelevance of MH/VR services
- The quagmire of benefits defeats people looking for a way out (in?)

Change Strategies 3: Research that Moves From Characterization to Cure

- While we wait for fundamental breakthroughs, what knowledge and methods aid and advance a recovery paradigm?
- What's made a discernable difference? Can we have more of that?
- Where will the science take us?

So, We Must:

- Manage well
- Work on “universal” challenges (e.g. late access, quality of care)
- Work on challenges particular to NYS (e.g. poor access, highly siloed care)
- Explore and Embrace the requirements of recovery-focused care
- Lead and Participate in the Transformation of NYS’ Mental Health System

Thank You