

## Failure To Respond Burdens Other Systems

- ❑ The cost of no treatment or ineffective treatment for mental illness is shifted to hospitals, prisons, juvenile facilities, courts, homeless shelters, school special education programs and county governments.
- ❑ In a recent New Hampshire study 48% of a population of 802 male inmates self-reported previous mental health treatment.<sup>10</sup>
- ❑ An estimated 50-60% of people with severe mental disorders also have a substance abuse disorder. The link between mental illness and substance use disorders - and its burden on police, courts and prisons - is clear.
- ❑ Mental disorders are the leading cause of disability in the US for ages 15-44.<sup>11</sup>
- ❑ Upon admission 24%-30% of inmates in New Hampshire state prisons are referred for some type of mental health service and 25-41% of county jail inmates receive one or more prescriptions for a mental health disorder.<sup>12</sup>
- ❑ 95% of college Counseling Directors report significant increase in the number of students coming to them already in psychiatric care. Only 36% of these counselors say they are able to adequately respond and provide service.
- ❑ Nationally, 66% of boys, 75% of girls in juvenile detention centers have at least one mental illness.<sup>11</sup>

“I’ve lived with mental illness all my life. Both my mother and brother were diagnosed with serious mental illness and I was no exception. In 1990, I was diagnosed with three different mental illnesses. I was hospitalized and medicated for several years. Work became almost impossible. The medications were making it really hard to keep any form of concentration. I kept falling through the cracks for what seemed like forever. I called anybody and everybody but somehow I didn’t qualify for anything. Beginning in 2002, my entire life would change. I found a support system that helped me to gain confidence in recovery and allowed me to grow as a person. Today I am well. I have a degree and I am furthering my degree. I am also a homeowner and feel I am able to take on any challenge life may throw at me.”

*Carol L’Italien - Derry, NH*

## Here for You

NAMI NH and its partners are always available to provide accurate information along with their personal stories to help public policy makers draft and implement legislation; make rules and regulations; and create state budgets. Please call NAMI NH if you want additional information to assist you in your efforts to support mental health matters.

Michael J. Cohen MA, CAGS  
Executive Director

**For more information or to obtain materials, please contact:**



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*Improving the Lives of All Persons Affected by Mental Illness*



## Mental Health Matters...

### Transforming Mental Health Care in New Hampshire

Mental health is essential to overall health. People with mental illness can and do recover to live full and meaningful lives. Early intervention reduces the negative impact of mental illness for all ages. Our experience shows that easy accessibility and quality mental health care is not always available. This results in burdens on our other systems such as hospital emergency rooms, courts, county jails, prisons, juvenile facilities, homeless shelters, schools and county governments.

The New Freedom Commission Report on Mental Health published in July 2003 called upon states to create a new vision of mental health care and to take action to identify the needs of their residents affected by mental illness. In 2005 the NH Legislature responded by creating the Mental Health Commission whose mission it is to develop a comprehensive State Mental Health Plan. The Commission has developed a set of key principles which will guide the Commission’s recommendations and steps for implementation.

The Commission’s Key Principles are:

- ◆ **Good mental health is fundamental to overall health;**
- ◆ **Ideal mental health services are person and family centered, science based and of high quality;**
- ◆ **All mental health, medical, and substance use treatment services are integrated and use technology safely and effectively; and**
- ◆ **All persons will receive individualized mental health services which promote recovery and build resilience to enable them to live, work and participate in their communities.**

The Commission’s Interim Report identifies action steps needed to realize important and needed changes in New Hampshire’s mental health care system. The initial steps are to educate the government officials and decision makers in order to reduce the myths and misconceptions that surround mental illness and demonstrate that a recovery based system of care is possible to create. It will take strong, dedicated leadership and partnership of all the key stakeholders, and systems of care leaders to transform New Hampshire’s mental health system.

## A Comprehensive System Works Best

- ❑ Effective treatments work best when they are accompanied by physical health care, supported employment and/or housing and transportation and/or other social services.
- ❑ Public/Private partnerships are critical for assuring sustainability of comprehensive mental health programs.
- ❑ The Dartmouth Psychiatric Research Center’s work with the Bureau of Behavioral Health (BBH) has led the way in positively shaping New Hampshire and National Mental Health Services.
- ❑ 11% of New Hampshire state residents received some form of treatment for a mental illness that was paid for with private insurance or Medicaid.<sup>1</sup>

“A mental illness is a **health condition** that is characterized by alterations in thinking, mood, or behavior (or some combination of these symptoms) which is associated with distress and impaired functioning... Good mental health affects every person’s ability to lead a fulfilling life, including the ability to work, study, have fun and make daily personal and household decisions.” - Mental Health Commission Report

*Improving the Lives of All Persons Affected by Mental Illness*



## Impact of Mental Illness in NH

- ❑ Each year an estimated 20% of New Hampshire citizens will cope with mental illness.<sup>2</sup>
- ❑ Approximately 56,000 children in New Hampshire suffer from a mental health disorder.<sup>2</sup>
- ❑ Over 20% of those age 65 and older have mental health disorders which are **NOT** part of the normal aging process.<sup>3</sup>
- ❑ The highest rates of suicide in New Hampshire are among older adult males aged 70 and over.<sup>4</sup>
- ❑ Suicide in New Hampshire is the second leading cause of death amongst 15-24 year olds.<sup>4</sup>
- ❑ Depression in elders accounts for a majority of inpatient admissions, medical outpatient visits, emergency room use, and medical morbidity.
- ❑ One in four of America's servicemen and women returning from Iraq and Afghanistan have a mental illness.<sup>5</sup>

## Mental Health Is Part of Overall Health

- ❑ Mental health is inseparable from physical health.
- ❑ An estimated 54% of persons receiving treatments for mental health issues are treated by their family physician or in hospital emergency departments.<sup>1</sup>
- ❑ 92% of elderly patients receive mental health care from their primary care physician.
- ❑ New Hampshire Hospital is currently functioning at the limits of its capacity, while NH's general population is growing and the need for acute care capacity is rising.
- ❑ There are three major obstacles preventing persons with mental illnesses from getting the timely and adequate care they deserve. They are stigma, unfair treatment limitations and the financial restrictions placed on mental health benefits.
- ❑ Persons with severe mental illness have significantly higher morbidity and mortality rates than those without mental illness. Persons with mental illness die at a rate of 25 years sooner than the average person without serious mental illness and if their mental illness is inadequately treated they use more health care resources than for other illnesses.<sup>6</sup>

“Dave, an intelligent, likeable outdoorsman was the person everyone admired for colorful recounts of his on-the-trail adventures. Dave hiked 2,100 miles along the Appalachian Mountain Trail scaling the most difficult peaks. An Appalachian Trail map still hangs on the wall in our home. On the top is penciled “Dave Moore’s Walk in the Woods” handwritten by a proud father. Over the holidays in late 2005, Dave dropped out of sight. The police found him dead in his home in January 2006, a victim of suicide. His planned method of execution was so gruesome that his story was highly sensationalized and carried by national newspapers. In the months following, my family has wrestled with many emotions in trying to understand his pain and feelings of hopelessness. We never saw it coming. What were the warning signs we missed? What could we have done or said to make a difference? How could he have done this to people who loved him? If only we could turn back time and be there for him and somehow pull him back from the dark place where he had gone. If only... Until January 2006, the story of mental illness was a story about someone else’s family. Today, I am no longer so naïve. We who have our health are truly blessed. Once I thought I was exempt, but not any more.”

*Nancy Preisendorfer-Falzone - Boscawen, NH*

## Access to Care is Critical

- ❑ Treatment only works for those who can get it.
- ❑ A shortage of trained mental health workers is negatively impacting access to services.
- ❑ Fewer than one-third of adults and half of children with a diagnosable mental disorder receive any mental health services in a given year.<sup>7</sup>
- ❑ In FY 2007, 183 children in the public mental health system were wait-listed over a week for intake. 151 children waited significantly longer to see a psychiatrist.<sup>8</sup>
- ❑ In FY 2007 New Hampshire Hospital had 2,123 admissions total. Of these 2,123 admissions, 1,619 were adults, 172 were adolescents, and 332 were children.<sup>9</sup>
- ❑ Including New Hampshire Hospital there are currently 499 psychiatric beds in New Hampshire, yet it remains difficult to get timely acute care services.<sup>9</sup>

## Treatment Works - Recovery is Possible

- ❑ Recovery oriented treatment and timely access to services improves the quality of life for individuals with serious mental illness.
- ❑ Effective, science-based treatments are money well spent. The person with mental illness receiving effective treatment is a contributing member of society - at work, at school, at home and in the community.
- ❑ Recovery is an individual and self-empowering process. It is about ably managing a mental illness. It is not about cure.
- ❑ An individual’s access to effective medications that meet their clinical needs increases their ability to recover and become active in their family and community.
- ❑ Promoting early intervention reduces the impact of mental illness and promotes resilience and the capacity to endure stress.
- ❑ Focusing on strength based systems, reducing risk and building protective factors, promotes resilience in the person, the family and the community.
- ❑ Fundamental for recovery from mental illness is a system that promotes informed consumer and family choice and a continuum of services and supports.

“Three years ago it became clear that our oldest child had some emotional/behavioral issues. Over the summer of 2005 Johnny was hospitalized. While he was there, testing showed several serious emotional disorders. I can’t begin to explain how I as a mother was feeling. I experienced thoughts of guilt, anger, and sadness. I hated myself, life, and yes, even Johnny. Our home was a complete disaster. Our other children were scared of their own brother. A month after Johnny’s hospitalization we learned about NAMI NH and it changed our lives. Through support and training we could finally see a light at the end of the tunnel. NAMI didn’t heal our son, but it went a long way towards healing us as wounded parents and helped us to understand what was happening to our child and our family... I now co-teach a NAMI NH class and support group. I am able to lend others an ear to hear them, some training to prepare them, and a map to guide them. Our son’s struggle is not over, nor is ours, but what a difference it makes to give back and know we aren’t alone.”

*Rebecca Ladd – Piermont, NH*