



Mental Health Matters...

Quality Information Helps You Make Informed Decisions

This newsletter is published to provide you with important information that can stimulate your thinking and action to improve NH's mental healthcare system; to demonstrate that NH is a state that cares for its most vulnerable populations.

A Comprehensive System Works Best

- ◆ **Interconnected** - Systems of care are interconnected, changing one part impacts another, shifting service provisions and costs to other sectors. These changes can result in negative consequences (reducing coverage, cutting eligibility) or positive consequences (improved effectiveness and efficiency leading to improved treatment outcome).
- ◆ **Coordinated and Integrated** - Effective mental health treatments work best when they are coordinated and integrated with other treatments; physical health and substance use treatment services, supported employment, supported housing services and peer and family supports, among others.
- ◆ **Public/private** - Public/private partnerships are critically important for sustainable comprehensive, high quality, cost effective mental health and health care programs and support services.

Mental Health is Essential to Overall Health

People with mental illness can and do recover to live full and meaningful lives. Coverage for and access to quality mental health care is critically important to assure a healthy population that contributes to the quality and productivity of the state. Prevention and early intervention reduces the negative impact of mental illness for all ages. Lack of coverage and access to mental health care services results in burdens to the state's other systems; hospital emergency rooms, courts, county jails, law enforcement, prisons, juvenile facilities, homeless shelters, schools and local governments. By strengthening the infrastructure of the mental health system we are strengthening all systems of care.

Impact of Mental Illness

- ◆ **The Real Numbers** - An estimated 254,000 of NH adults and 55,756 children are likely to have experienced mental illness in the past year.^{1,2}
- ◆ **Veterans** - Guard and Reserve members who return home unattached to a military base are at the highest risk for post-deployment problems. Reservists and National Guard make up over 50% of the active military serving in Iraq and Afghanistan with anticipated increases in deployments over the next two years. NH service personnel and their families are expected to increase the need for mental health services. In NH over 5,000 service members fall into this high risk category.^{3,6}
- ◆ The military's expertise is in commanding our armed forces and keeping us safe. The expertise of the civilian social service system is the provision of community services, this system can offer clinical treatment and social support infrastructure to address the unique needs of NH's military families.³

We can help!

If you or someone you know needs help, please call our toll free number at 800/242-6264 or visit our website at www.naminh.org

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Improving the Lives of All Persons Affected by Mental Illness

- ◆ **Suicide** - Suicide rates are a dramatic indicator of the impact of mental illness, as well as substance abuse. More than 90% of those who die by suicide have a diagnosable mental disorder and/or underlying substance use disorder.¹³
- ◆ Though the actual number of deaths is small, when extrapolated to a rate per 100,000 the highest rates of suicide in New Hampshire are among older adult males aged 70 and over.¹⁴

“My beloved wife of 25 years and the mother of our two children passed away two years ago from suicide after dealing with mental illness for 17 years. In 1990 she was diagnosed with bipolar disorder. With treatment she was stable for the first 14 years, able to raise our two children to adulthood without them ever knowing she had a mental illness. The last three years of her life were a downward spiral of medication changes, hospitalization, mania and depression. As a Survivor of Suicide, I channel my rage at this illness by supporting and educating other families and helping to raise awareness that mental illness is a serious illness just like cancer.”

Reid Cooper
Rochester, NH

- ◆ Suicide in New Hampshire is the second leading cause of death amongst 15-24 year olds.⁴
- ◆ **Uninsured** - More than one in four adults who are uninsured have a mental illness, substance use disorder or co-occurring disorder. Almost 80% of the people with these disorders (mental illness/substance use disorders) who needed mental health treatment but did not receive it cited cost of treatment as the reason.⁵
- ◆ Almost one-fourth of all stays in US community hospitals - 7.6 million of the nearly 32 million stays - involved depression, bipolar disorder, schizophrenia and other mental health disorders or substance use disorders.⁵

Access to Care is Critical

- ◆ **Social Stigma and Discrimination** - The stigma surrounding mental health and mental illnesses is strong and persistent. It perpetuates prejudice against individuals living with mental illnesses and those close to them. Stigma and fear of discrimination prevent people from recognizing the signs of mental illnesses, understanding the prevalence of mental illnesses, and comprehending the importance of mental health to overall health.

◆ Community Mental Health

The number of individuals served by Community Mental Health Centers has been increasing, from 34,103 in FY98 to 47,463 in FY07, an increase of 13,360 (39%) or averaging 3.3% across 10 years.⁸ Based on current projections, the demand for community-based services to treat those with severe mental illness is anticipated to grow by 8% in fiscal year 2010.⁶

Research demonstrates that decreasing outpatient services may contribute to the person’s disengagement from treatment and increase in symptoms and ability to do everyday tasks like care for oneself or working, all of which may result in increased frequency of visits to expensive emergency departments and often the need for hospitalization.⁸

Staff Turnover - The staff turnover rate at Community Mental Health Centers exceeds 20% creating waitlists for services. There is potential that in a five-year period the entire staff (especially at the entry level) of a center will have turned over. Reasons for high turnover include: stress associated with the work, inadequate pay.¹

- ◆ **Inpatient Beds** - According to the New Hampshire Hospital Association, there were 236 voluntary inpatient beds in 1990; currently there are 186 beds across the state. A cost for a year of care for an individual at New Hampshire State Hospital is \$275,000.¹⁷
- ◆ **Shortages of Psychiatrists** - New Hampshire is experiencing shortages of psychiatrists and other treatment staff. The Northern third of NH is designated a “mental health professional shortage area” by the Health Resources Services Administration.¹²
- ◆ **Full Access to Medications** - According to the National Institute of Mental Health, full access to medications is important because individual patients have unique responses to medications and need more, not fewer, choices. In contrast, restrictive formularies, lack of coverage and cost sharing for vulnerable populations can result in poor health outcomes, increased emergency room visits, hospital care and institutionalization.^{10,11}

*“Depression was a gray, lonely, painful place that hurt from the core of my being. For over twenty years I battled with depression, not knowing how to manage it and having it manage me. It stole valuable time from my life. It impacted by children, my family and friends. It intruded on my thoughts and my sleep. It took me down a road far away from my goals in life where I lost my health, my job and almost my life. I was scared that if I told someone what I really was thinking then they would lock me up and take away my children. It was a battle I did not know how to fight. I never believed it would change direction or come to an end. Well meaning people would say “snap out of it”, “look at all you have to live for” or “for the children’s sake do something”. If only it were that easy. Do they honestly think, I would choose the battle for over twenty years. Today I can say, I won my battle against depression and took a different road in the right direction and found happiness I never believed was possible. I can tell others it is possible to find **your** road to happiness.”*

Cabrinna Kulish
Loudon, NH

- ◆ **Children at Risk** - When women are incarcerated, their children are profoundly impacted. The Bureau of Justice estimates that the children of inmates are 6 times more likely than other children to be incarcerated when they get older. They are also more likely to leave school and to fall prey to depression, substance abuse, anxiety, and delinquency.¹⁸
- ◆ **Juvenile Justice** - Effective treatment and diversion programs would result in better outcomes for the youth and their families and less recidivism back into the juvenile and criminal justice systems.¹⁹
- ◆ **Transition-Age Youth** - The state department of Health and Human Services indicates that transition-age youth with mental health disorders have a 40-60% dropout rate, high rates of unemployment/underemployment, and higher rates of substance use disorders than any other age group with mental illness. They are more likely to be involved in criminal activity than adolescents without mental illness.²⁰
- ◆ **Older Adults** - Symptoms of depression in older Americans can be overlooked and untreated because they often coincide with other medical illnesses or life events that occur as people age - e.g., loss of loved ones.⁹

Mental Health Is Inseparable from Physical Health

The NH Mental Health Commission Report of 2008, indicates that persons with severe mental illness die, on average, 25 years earlier than their age cohorts in the general population. Persons with severe mental illness suffer from medical conditions that shorten their lives including, diabetes, coronary artery disease, hypertension, obesity and immune deficiencies. In fact, 60% of the premature deaths in persons with schizophrenia are due to medical conditions including cardiovascular, pulmonary and infectious disease.

- ◆ Health care for physical health, mental and substance use problems and illnesses must be delivered with an understanding of the inherent interactions between mind/brain and the rest of the body.¹²
- ◆ **Integrated care** with mental health practitioners co-located with general health care practitioners - achieves better treatment results, better practitioner satisfaction and is cost-neutral.”⁷
- ◆ **Primary Health Care** providers now provide services to over 100,000 people each year with mental health diagnoses. But there is still significant work to be done in improving public recognition that good mental health is fundamental to overall health.^{2,7}
- ◆ An estimated 54% of people in New Hampshire receiving treatments for mental health issues are treated by their family physician or in hospital emergency departments.²
- ◆ A medical home is a hub providing comprehensive care in a primary care setting. It is accessible, continuous, comprehensive, family centered, coordinated, compassionate and culturally effective. Individuals and families are connected to community health services and supports to improve mental health and health outcomes.²¹

“It has been five years since my son was diagnosed with a serious mental illness. In those years I have seen what works, what doesn’t work and what was lacking for him. My son’s recovery is happening now because he wants it and works towards it. It has not happened overnight; but rather as a slow, continual process. He has learned that it is possible to be well and that here is hope. He received services that were very important in his recovery at the local Community Mental Health Center as well as several other agencies. We are grateful that these services were in place and available to him. I believe what was lacking is social interaction. Part of recovery for him was changing ways and making new friends. He had become socially isolated. Where are the opportunities for people with mental illness to make friends and be connected to the community? I’m happy to hear about NAMI NH Connections to help fill the gap for consumers.”

Ellen Malloy
Goffstown, NH

Treatment Works, Early Intervention is Effective, Recovery is Possible

- ◆ **Evidence-Based Practices** - Multiple treatments have been shown to effectively reduce mental illness symptoms and improve the functioning of people suffering from a mental illness. There are evidence-based practices for adults and for children and their families that have been recognized by the federal Substance Abuse and Mental Health Service Administration and the National Alliance on Mental Illness as having a strong base for promoting recovery and building resilience.^{7,22}
- ◆ **Recovery** - Mental health recovery is a journey of healing enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. NH reaps the benefits of the contributions individuals in mental health recovery can make, ultimately becoming a stronger and healthier NH.²³



Improving the Lives of All Persons Affected by Mental Illness

- ◆ Person-centered planning is an approach focusing on people with disabilities and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them; person-centered planning ultimately leads to improved outcome and greater inclusion of the individual with mental illness as valued members of both community and society.²⁴
- ◆ Prevention and early intervention successfully reduces the impact and burden of mental illness.
- ◆ **Effective Treatment and Support** - The importance of providing effective treatment and support services for individuals (youth and/or adults) with both mental illness and substance use conditions should be a high priority for mental health care providers. The failure to provide effective treatment will have a range of long-term costs to NH, both financial and social.¹
- ◆ **School Mental Health Programs** - While the desire of most communities is to meet the needs of its youth, school personnel operate in one manner and mental health providers in another. The various systems do not work together despite significant expenditure of effort and resources. Information on the diagnoses, the types of services provided, and perhaps most important, the outcomes associated with services are not well documented.²⁵
- ◆ **Police Crisis Intervention Training** - Assuring and maintaining standardized police training to respond to individuals experiencing symptoms of mental illness will enable officers to more effectively deal with tense situations and will result in more appropriate dispositions of these cases. Enhanced intervention skills improve the overall public safety of residents and law enforcement officers.¹⁵ NH police officers, mental health professionals and Police Standards and Training Council working together will reduce the cost of crisis intervention and improve safety.

“My sister, Linda, suffered from mental illness for the last 10 years of her life. Like many with mental illness, she functioned well when she took her medication, but did not stay on her meds consistently. When she didn’t take them, she became psychotic, homeless and had no job or money. She lost all her possessions. Linda had great insight into her illness when she was taking medication. She often told me that she knew she needed to take medication for the rest of her life in order to function, but that was no big deal; it was like being a diabetic. Unfortunately, by the time anyone realized she had stopped her medication; it was too late. She was past the point of being rational. Sadly, Linda died alone in a most tragic way. It was not suicide but a long, painful death that was caused by her fractured thoughts. It is my hope that no one else ever has to go through what she and our family had to face.”

Joan Bishop
Goffstown, NH

Inadequate Response Burdens NH’s Health, Social and Legal Systems

- ◆ **Burden on Medicaid Insurance**- For New Hampshire residents covered by Medicaid, the average claim payments for those without mental illness was \$3,485. Those living with mental illness, but with no substance use condition had an average claim of \$13,804 (a 296% increase). For individuals with both a mental illness and substance use condition, the average claim per member was \$16,036 (360% greater than those without mental illness or substance use diagnoses).²⁶
- ◆ **ER Utilization** - While inpatient hospitalizations for mental illness continue to rise with population growth, the utilization of hospital emergency departments by those with a primary mental illness diagnosis is increasing at a much faster rate. When effective supports for mental health care are not available in the community, many of those needing treatment may delay seeking care until they are in crisis and then turn to their hospital emergency departments, often repeatedly.⁶

- ◆ **Cost of Housing Prisoners** - The cost of housing prisoners has risen sharply and will continue to do so as the prison population ages and medical needs escalate. Developing state standards for mental health care in prisons and jails would provide a consistent framework for delivery of such care, and could result in lower recidivism rates.¹⁵
- ◆ **Incarcerated Population** - 40% of NH's incarcerated population are living with a mental illness (for female inmates the rates are even higher at 71%) and 75% having a history of substance abuse.¹⁵
- ◆ **Lack of Housing** - Rising housing costs make affordable housing difficult for consumers to find. As people go without adequate shelter or treatment, criminalization of mental illness becomes more of a concern.²⁷
- ◆ NH families make the devastating decision to give up legal custody of their children to state agencies for the sole purpose of obtaining intensive mental health services. No family should have to do this.¹⁶
- ◆ Mental illnesses in both men and women often begin at a young age, with half occurring before age 14 and three quarters by the age of 24. If left unrecognized or untreated, mental illnesses that occur in childhood frequently persist into adulthood. In addition they may lead to conditions such as more risk taking behaviors, low self-esteem, and school failure that can set forth a downward spiral of poor outcomes that reduce an individual's quality of life and ability to meet his or her full potential. Indeed, research on child and adolescent mental health indicates that no other illness has such a damaging effects on children as does mental illness.²⁸

“As a single mother of a 15 year old child with bipolar disorder and obsessive compulsive disorder my daily life is much different than a Mom with a “normal” 15 year old boy. My son can not be left alone because of his anxiety and the fact that he can become suicidal. He cannot attend a regular school because the daily school environment is too overwhelming for him. He therefore does not have the same social opportunities given to mainstream students. At his age most children are participating in school sports and activities, he can not. I see the real need for recreational programs where children like my son can participate and succeed. I feel the knowledge that I have gained as a student and teacher of the NAMI NH program Parents Meeting the Challenge was and is the best tool to help me, help him to succeed. Not a day goes by that I do not mourn the loss of normal childhood, adolescent and teen life. Will he attend a prom? Will he be able to get a driver's license? Will he have a girlfriend? Will he attend college?”

These are questions I don't yet have the answers for but I do believe that with the right support all children with Emotional Disorders can have a chance to be successful.”

Heidi Matthews
Strafford, NH

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For a list of related reading materials, please visit our website
at www.naminh.org and click on **Mental Health Matters**.

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Improving the Lives of All Persons Affected by Mental Illness



We can help!

NAMI NH and its partners are always available to provide accurate information along with personal stories to help leaders and public policy makers draft and implement legislation; make rules and regulations; and create state budgets and programs that meet the basic needs of NH residents.

Please call NAMI NH for additional information to assist you in your efforts to build a quality mental health care system.

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The National Alliance on Mental Illness (NAMI) New Hampshire is a 501(c)3h nonprofit organization dedicated to improving the quality of lives of those living with mental illness, their families and communities through educational programs, support and advocacy. - December 2009