This newsletter is published to provide you with important information that can stimulate your thinking, and motivate your actions to improve NH’s mental health care system; to demonstrate that NH is a state that cares for its most vulnerable populations.

Mental Health is Essential to Overall Health

Mental health may be thought of as successful mental functioning that results in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenging situations. It is basic to thinking and communication skills, learning, emotional growth, resilience and a sense of self-worth. Mental health is important for individual, family and community health, well-being and productivity.¹

Integrating mental health, substance abuse and primary medical care service comes down to this: individual treatment is more effective when you have a complete picture of a person’s life. It makes good sense that health care is enhanced when medical, psychological and social factors are all on the table for consideration. On a systems level, health delivery should be designed to eliminate barriers and fragmentation. Insurance should treat mental health and substance use disorders as part of overall health and eliminate arbitrary restrictions to necessary care. We can do better! To achieve total wellness an individual must have access to comprehensive, cost-effective and integrated health care; the right treatment at the right time in the right place.²

A Comprehensive System Works Best

- **Interconnected** - Treatment and support services are interconnected. Changing a level of care or eligibility has consequences; increasing service demand and costs to other sectors. These changes can result in negative consequences (inappropriate use of emergency rooms or increased severity of medical conditions) or positive consequences (appropriate services and improved treatment outcome).

- **Coordinated and Integrated** - Effective mental health treatments work best when they are coordinated and integrated with other treatment supports or services. “Medical homes” can integrate physical health, oral health and substance use treatment. Supported employment, supported housing services, Assertive Community Treatment teams and peer and family supports, are examples of coordinated and integrated care.

- **Public/Private partnerships** are critically important for sustainable comprehensive, high quality, cost-effective mental health and health care programs and support services.

Impact of Mental Illness

- Mental illness is the leading cause of disability in North American adults; substance use is the second leading cause.³ These illnesses are more significant contributors than are other non-communicable diseases, such as heart disease or cancer to health care costs.⁴

- In New Hampshire an estimated 254,000 adults and 55,756 children are likely to have experienced mental illness in the past year.⁵

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

**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
Veterans - The impact of “today’s” war is that post traumatic stress disorder (PTSD), alcohol dependency and depression are the three most common health issues reported. 38% of service members and 31% of the U.S. Marine Corp. report having psychological symptoms. This percentage rises to 49% of the National Guard members.6

Veteran suicide rates are more than twice the rest of the population.7

Suicide rates are a dramatic indicator of the impact of mental illness, as well as of substance abuse. More than 90% of those who die by suicide have a diagnosable mental disorder and/or an underlying substance use disorder.8

The highest rates of suicide in New Hampshire are among older adult males aged 70 and over.9

Suicide is the second leading cause of death for 15-34 year olds, second only to unintentional injury. In NH the suicide rates become nearly 5.5 times greater from ages 10-17 to 18-24, revealing that this transition age is particularly vulnerable.10

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.11

Almost one-fourth of the stays in US hospitals - 7.6 million - involved schizophrenia, depression, bipolar disorder and other mental health disorders or substance use disorders.11 NH hospitals are now burdened with a high rate of emergency department visits because of the high rates of uninsured and those without primary care physicians.

Although less than 5% of the population suffers from severe mental illness, an estimated 20-40% of the homeless population suffer from severe mental illness.12

Access to Care is Critical

Social Stigma and Discrimination Prevent People from Seeking Help

Most people learn what they know about mental illness from the mass media accounts. These inaccurate accounts perpetuate unfavorable stereotypes, which can lead to the rejection and neglect of people with psychiatric disorders.13 In fact, most persons with mental illness never behave violently, and the vast majority of those people who do behave violently are not mentally ill. Research shows that people with mental illness are much more likely to be victims than perpetrators of violent crime.14 Negative reactions to psychiatric disorders lead to discrimination, which can be as hard to deal with as the disorder itself. For people with mental illness, stigma can

we can help
be a barrier to finding a place to live, finding a job, finding friends, building long-term relationships and connecting to the broader community - things that everyone needs for mental health.\textsuperscript{15}

\textbf{Community Mental Health}

\begin{itemize}
  \item The number of individuals served by New Hampshire Community Mental Health Centers (CMHCs) in FY2009 is 47,727.\textsuperscript{16}
  \item Of the 10 NH CMHCs, budget cuts indicate a loss of hundreds of clients to each center, over 3,000 clients across the state, shifting costs to local communities and further burdening families.\textsuperscript{17}
  \item \textbf{Staff Turnover} - The turnover rate at CMHCs 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 and inadequate pay.\textsuperscript{5}
  \item \textbf{Hospitals} - New Hampshire Hospital, the state’s only psychiatric hospital, has reduced the number of beds from 230 to 202.\textsuperscript{18} Total admissions to NH Hospital were 2,380 in FY10, up from 2,278 in FY09. Over the last 10 years, admissions have increased 104%, expenditures only 61% and staffing has decreased, delaying admissions of individuals, including children.\textsuperscript{19,20}
  \item New Hampshire’s community hospitals are seeing a marked increase in emergency room visits that are behavioral health-related.\textsuperscript{20}
  \item \textbf{Shortages of Psychiatrists} - NH 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 Administration.\textsuperscript{21}
  \item \textbf{Full Access to Medications} - According to the National Institute of Mental Health (NIMH), 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.\textsuperscript{22,23}
\end{itemize}

\textit{In regard to my trying to seek help, it was a multi-pronged journey. By the time the client comes into treatment, the problem tends to have progressed to the point that it is no longer a problem, but an overwhelming catastrophe. I myself was no exception to the rule. I was not looked at as the person with the problem, but the problem itself -- and I had only six visits to learn how to manage something that goes back years.}

\textit{In regard to things that did help, it was those who took a global perspective with me, asked me about my family and even talked with them as well as school officials. I applaud any attempt at advocacy for dignity of those marginalized in our society, along with therapists being versed in different types of therapy to meet different types of clients where they are at. This type of thing spoke volumes for me when I had to stand before a police officer or judge. While office-based therapy is beneficial in many ways, we need more options or clients like who I once was, will end up in jail, which will cost our society more than what it would take to fund mental health centers.}

~ David Chmielecki, Manchester, NH
I have a beautiful daughter, Rachel, who is a young MD in ophthalmology residency as a Captain in the US Air Force. I also have a handsome son, David, who has been diagnosed with Attention Deficit Disorder, Social Anxiety Disorder and Post Traumatic Stress Disorder and thus far has been unable to work. At age sixteen, our intelligent, smiling, vigorous son, suddenly became an introverted, silent, distant, disorganized young man with anti-social behavior.

It took many years and various counselors to finally admit something beyond normal experimenting was going on. Time in jail, homelessness, residential treatment facility, geographic moves and countless addresses ensued.

If a week or two goes by without a crisis, that is considered great. Dave has been hospitalized, in jail, homeless, and is plagued by unpaid bills, bad credit, hunger, confusion and indecision. His mind is unable to let him believe that he is severely mentally ill. Chaos ensues. I do not reckon to know how he spends his days in such turmoil and yet survives. I am on 24 hour call.

As his mother, I have a bridge that cannot be broken unlike so many other people in his life. I feel blessed to have these two wonderful children. Through years of counseling, attending NAMI NH support groups and prayer, our family is getting through this. We don’t know what the future will bring but we all appreciate the people we have met who understand mental illness and know our loved ones mean everything to us!

~ Monique P. Jevne - New London, NH

Children at Risk

♦ One in five NH children between the ages of 5 and 19 has a diagnosable mental health disorder. That’s an estimated 56,000 kids. Mental health disorders are more common than childhood asthma or obesity, yet most children in need of care don’t receive it.²⁴

♦ Child and Family Services - NH reports that requests for mental health services through Medicaid have increased 13% in 3 months, at the same time as reimbursements were reduced by $2 million.²⁵

♦ The stress of homelessness, family dysfunction and mental illness will have long-term consequences for children’s well-being.²⁵

Juvenile Justice

♦ In NH, many youth with mental health needs end up in the juvenile justice system, not because of the seriousness of their offenses, but because of their need for mental health treatment that is otherwise unavailable to them in the community.²⁶

♦ According to the Division of Juvenile Justice Services’ Medical Director, 68-80% of children in the juvenile justice system have a mental illness. He also estimates that 60-70% of the boys and 70-90% of the girls at the Sununu Youth Services Center have been physically and/or sexually abused and are dealing with Post Traumatic Stress Disorder (PTSD).

Transition-Age Youth

♦ The NH Department of Health and Human Services (DHHS) indicates that transition-age youth with mental health disorders have a 40-60% school dropout rate, high rates of unemployment/underemployment, and higher rates of substance use disorders than any other age group with mental illness.²⁷

Older Adults - Depression is NOT a Normal Part of Aging.

♦ Depression often co-occurs with other serious illnesses, such as heart disease, stroke, diabetes, cancer and Parkinson's disease. Depression can and should be treated when it co-occurs with other illnesses, for untreated depression can delay recovery from, or worsen the outcome of, these other medical illnesses.²⁸
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.

♦ 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.29

♦ Healthcare must include policy to improve the management of chronic disorders. While individuals with long-term disorders represent a small proportion of those who use health services, they account for roughly 75-80% of healthcare spending. Yet much of this cost is thought to be avoidable. A 2007 study estimated that even modest improvements in prevention and treatment for the seven most common conditions, including mental illness, could reduce healthcare costs by 27%, or $1.1 trillion annually.30

Treatment Works, Early Intervention is Effective, Recovery is Possible

Recovery

♦ Mental health recovery enables a person 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.31

♦ The early treatment success rates for mental illnesses are 60-80%, well above the approximately 40-60% success rates for common surgical treatments for heart disease.32

What Works

♦ Evidence-based practices are interventions for which there is strong, consistent evidence that client outcomes are improved.33

♦ When there are scarce resources, decision makers should choose programs that work. Assertive Community Treatment (ACT), leads to greater success in the community and reduced incidence of psychiatric hospitalizations, homelessness and criminal justice involvement.32

When our son was diagnosed with a form of schizophrenia, we had already suffered with him through many confusing and alarming experiences. He grew up in New Hampshire and was a student at Plymouth State University when he was first evaluated for mental illness. Now, 17 years later, he depends upon a Community Mental Health Center supported by public funds for the medications and guidance that keep him able to work and support himself. Because of this support, he works and lives on his own.

His life has never been easy but he is able to live a respectable and independent life. Our experience was that the first years of his illness were vitally important because that is when he learned that he could work and could cope. Without the Mental Health Center he would not have achieved that strength and independence. I will never stop being grateful that we have these wonderful and vital services.

~ Margaret Campbell, Wilmot, NH
Illness Management and Recovery (IMR) refers to teaching individuals with severe mental illness how to work with professionals and significant others to manage and achieve personal health goals.34

Evidence-Based Supported Employment (EBSE), developed by Dartmouth Psychiatric Research Center, provides a proven model that assists people with mental illness diagnoses who are interested in obtaining meaningful employment.35

Supported Housing for homeless people with serious mental illnesses relieves the burden on publicly funded systems, resulting in a marked reduction in shelter use, hospitalizations (regardless of type) and involvement with the criminal justice system. These reductions offset virtually all (95%) of the costs of supportive housing, including operating, service and debt service costs.32

In the last several years, we have seen a broader implementation of Evidence Based Practices (EBP) in children mental health here in New Hampshire. Research has indicated that use of these practices improves the treatment outcomes for children and also decreases the need for out of home placements.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents.36

Positive Behavioral Interventions and Supports (PBIS) implementation serves as a structure for the early identification and implementation of effective interventions, and of referral to mental health services.37

**School Mental Health Programs**

A coordinated effort on the part of mental health and primary care providers, social services, schools and communities will be needed to deliver mental health care to NH’s most vulnerable children. Less stigma is associated with mental health care provided in schools and students are more likely to participate in treatment, a critical component of successful outcomes.38

**Criminal Justice Interventions Lead to Treatment**

The Second Chance Act Grant and the Justice Reinvestment Project work together to improve funding and resources to improve offenders’ successful return to the community. Expected outcomes of this project is a reduced prison population, savings to the community and community safety.39

**Police Crisis Response Training** - Assuring and maintaining standardized police training to respond to a mental health crisis will enable officers to more effectively deal with emergency situations and will result in more appropriate case dispositions. Enhanced intervention skills improve the overall public safety of residents and law enforcement officers.15 NH police officers, mental health professionals and the Police Standards and Training Academy working together will reduce the cost of crisis intervention and improve safety.

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

**Burden on Medicaid Insurance**

Hospital emergency rooms, juvenile courts, child welfare agencies, local jails and homeless shelters are reporting bulges in the number of mentally ill people who end up on their doorsteps after failing to get help elsewhere. In addition, a recent national survey showed the weak economy is taking a toll on the mental health of Americans, with unemployed people four times as likely as those with jobs to report symptoms of severe mental illness.40
Indeed, research on child and adolescent mental health indicates that no other illness has such damaging effects on children as does mental illness.41

- Medicaid is NH’s primary public insurance source for mental health care.
- Mental health disorders accounted for more than 4.2 million hospital emergency room visits nationally in 2006.42
- Patients with diabetes and depression together, have health care costs that are 4.5 times higher than those without depression.42
- As a nation we lose one life to suicide every 15.8 minutes because of undertreated and untreated mental illness.42
- 50% of mental illnesses are diagnosed begin by age 14, 75% are diagnosed by age 24. Treating cases early could reduce disability before mental illnesses become more severe.42

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% have a history of substance abuse.43
- The Community Mental Health Centers Act (CMHCA), passed almost 50 years ago, initiated the process of deinstitutionalization of the US mental health system. Between 1955 and 2005, the national ratio of available public hospital (state and county) beds per 100,000 population decreased by 95% from 340 to 17 per 100,000. As psychiatric hospitals reduced their patient population, the number of inmates in jails and prison rose due to the lack of community resources.44

For a list of related reading materials, please visit our website at www.naminh.org.
New Health Care Services Can Make a Difference for the Poor and People Living with Mental Health Needs

With close to 50 million uninsured people, including those in NH who lost insurance due to a job loss and those family members whose breadwinner is in the National Guard or Reserves, many children and adults with serious mental health needs have little or no access to care. For those that are insured, pre-existing condition exclusions create barriers to getting mental health and co-occurring disorder treatment. Several features of the Federal changes to private and public insurance hold promise for improving health care. The expansion of Medicaid will likely help reduce financial barriers to accessing medical care for those with mental illness, a large proportion of whom are poor and uninsured. The medical home movement, which is seeking to develop a financing and organizational structure to support primary care, has considerable potential to improve care for persons with serious mental illness both in primary care and specialty settings.45

The right healthcare service system provided in the new federal law can make NH citizen’s lives better:

* Insurers may not deny coverage, charge a higher premium or provide coverage that excludes coverage of essential health benefits due to a pre-existing medical condition or past history for children under age 19.

* Insurance coverage may not be cancelled to avoid paying claims for enrollees who get sick.

* Insurance plans may not set lifetime limits on benefits or annual limits for group plans and new plans.

* The new federal law makes free preventive care available in all new insurance plans.

* The new law provides a $250 rebate for all Medicare beneficiaries reaching the Part D drug benefit coverage gap (doughnut hole), with a 50% discount on branded medications.

* Medicaid eligibility expansion will include nonelderly adults who earn up to 133% of poverty level. Plans will be required to offer mental health and substance use benefits; enhance Federal match funding (known as FMAP) for those newly eligible for Medicaid, which starts at 100% in 2014.

* Under the new federal law, mental illness and addiction treatment, consistent with federal parity law, are included on the list of essential benefits that will be covered in health plans offered to the uninsured through state Exchanges.

* Rehabilitative services and prescription drugs will also be included in any health plan offered through an Exchange.

* A new Medicaid state plan option will permit enrollees with at least two chronic conditions or at least one serious mental health condition to designate a provider (which could be a Community Mental Health Center) as a health home.