



National Alliance on Mental Illness

NAMI New Hampshire

March 27, 2018

Honorable Chairman John Hunt
House Commerce and Consumer Affairs Committee
Legislative Office Building Room 302
33 North Main Street
Concord, NH 03301

Dear Chairman Hunt and Members of the Committee,

Thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance on Mental Illness. I also have a family member with a serious mental illness and co-occurring substance use disorder. On behalf of NAMI NH, I am here to speak in support of SB 502.

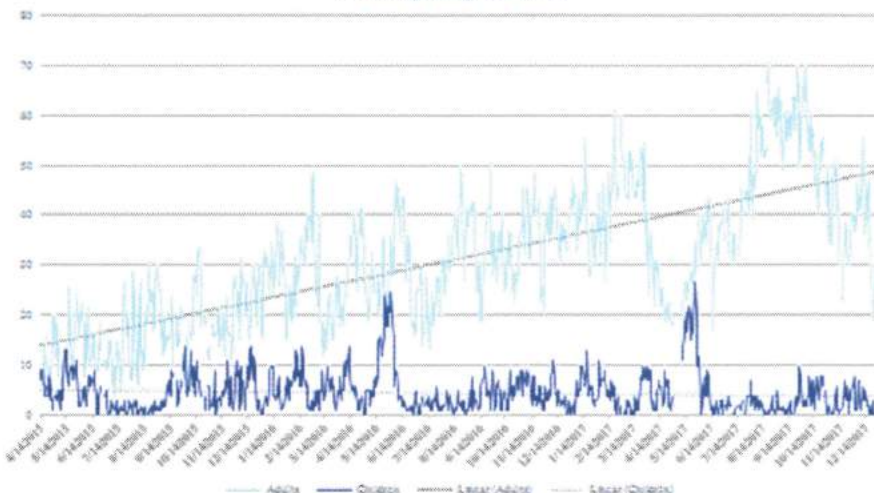
I would like to make some general comments about mental health services as well as suicide and tie them into why NAMI NH believes the residents of New Hampshire will be better served by the state taking a more active role in establishing standards for acquisition transactions in health care.

Governor Sununu has declared that New Hampshire is in the middle of a mental health crisis. One of the most visible symptoms of this crisis is the daily average of close to fifty adults and children in a mental health crisis who are being boarded in emergency departments waiting for an inpatient



NHH Waiting List

April 14, 2015 - December 31, 2017
Data Compiled by NAMI NH



NAMI New Hampshire

psychiatric bed. Some of these individuals wait weeks in conditions that can only be described as inhumane including small windowless rooms with nothing other than a bed or gurneys in hallways. This practice is wrong medically, legally, ethically, morally and economically and yet it has become progressively worse. The average number of people waiting tripled since April of

2015. There are a myriad of reasons and contributing factors to this problem. One of the factors

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is the reduction of inpatient hospital beds available for mental illness in New Hampshire. This includes both voluntary and involuntary beds as well as public and private hospitals.

Most of New Hampshire's regional hospitals are non-profit organizations with missions of providing health care for people in their region. Despite this, many hospitals apparently no longer consider "health care" to include mental health and they have left it to others to provide these services. One example of the impact of this is Concord Hospital which tends to be ground zero for people in a psychiatric crisis. Between 30-40% of the patients that walk into their emergency room in a psychiatric crisis are from outside of the Concord Hospital catchment area.

However, the real burden has fallen to the state of New Hampshire with the underlying belief being that it is the state's responsibility to provide inpatient psychiatric treatment. General hospitals have reduced or eliminated their inpatient psychiatric capacity over the past few years which have been a significant contributing factor in New Hampshire's mental health crisis.

Another important point to consider is that like any other serious medical condition, mental illness can kill. Suicide is the second leading cause of death in NH ages 10-34, the third leading cause of death ages 35-44 and the fourth leading cause of death ages 45-54 and the 10th overall. The US Surgeon General has described suicide as a significant public health issue which is largely preventable.

Emergency Departments (ED) are on the front lines for dealing with individuals at risk for suicide and as the last statistic indicates it is not just people coming to emergency departments with a stated mental health concern who are at risk. Yet lack of training and adequate screening means these people often go undetected and/or untreated. Relative to hospitals and mental health care, consider these statistics:

NH Top Ten Leading Causes of Death 2011-2015

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 44	Unintentional Injury 10	Malignant Neoplasms —	Malignant Neoplasms 11	Unintentional Injury 252	Unintentional Injury 458	Unintentional Injury 581	Malignant Neoplasms 953	Malignant Neoplasms 2,972	Heart Disease 10,178	Malignant Neoplasms 13,455
2	Short Gestation 41	Congenital Anomalies —	Unintentional Injury —	Suicide —	Suicide 199	Suicide 149	Malignant Neoplasms 207	Heart Disease 670	Heart Disease 1,195	Malignant Neoplasms 3,551	Heart Disease 12,120
3	Maternal Pregnancy Comp 29	Heart Disease —	Homicide —	Unintentional Injury —	Malignant Neoplasms 20	Malignant Neoplasms 76	Suicide 166	Unintentional Injury 453	Unintentional Injury 365	Chronic Low Respiratory Disease 2,938	Chronic Low Respiratory Disease 3,377
4	Placenta Cord Membranes 17	Homicide —	Cerebro-vascular —	Benign Neoplasms —	Heart Disease 14	Heart Disease 38	Heart Disease 115	Suicide 201	Chronic Low Respiratory Disease 328	Cerebro-vascular 2,082	Unintentional Injury 3,276
5	SIDS 11	Influenza & Pneumonia —	Congenital Anomalies —	Congenital Anomalies —	Homicide 14	Congenital Anomalies 14	Liver Disease 37	Liver Disease 166	Liver Disease 260	Alzheimer's Disease 1,924	Cerebro-vascular 2,319
6	Circulatory System Disease 10	Malignant Neoplasms —	Heart Disease —	Heart Disease —	Cerebro-vascular —	Homicide 12	Diabetes Mellitus 23	Diabetes Mellitus 100	Diabetes Mellitus 248	Unintentional Injury 1,349	Alzheimer's Disease 1,900
7	Respiratory Distress —	Benign Neoplasms —	Suicide —	Homicide —	Chronic Low Respiratory Disease —	Diabetes Mellitus —	Homicide 17	Chronic Low Respiratory Disease 85	Suicide 293	Diabetes Mellitus 1,083	Diabetes Mellitus 1,473
8	Neurological Infections —	—	—	—	Benign Neoplasms —	Chronic Low Respiratory Disease —	Cerebro-vascular 13	Cerebro-vascular 84	Cerebro-vascular 144	Influenza & Pneumonia 1,022	Influenza & Pneumonia 1,119
9	Neonatal hemorrhage —	—	—	—	Congenital Anomalies —	Liver Disease —	Chronic Low Respiratory Disease 13	Viral Hepatitis 27	Septicemia 73	Nephritis 762	Suicide 1,950
10	Unintentional injury —	—	—	—	Diabetes Mellitus —	Complicated Pregnancy —	Two Fall —	Influenza & Pneumonia 24	Viral Hepatitis 89	Parkinson's Disease 562	Nephritis 809

Terms for Causes of Death

Printer-Friendly Version

- The risk of a suicide attempt or death is highest within 30 days of discharge from an ED or inpatient psychiatric unit.
- Up to 70 percent of patients who leave the ED after a suicide attempt never attend their first outpatient appointment.
- Approximately 37% of individuals without a mental health or chemical dependency diagnosis who died by suicide make an ED visit within a year of their death.

NAMI NH believes that hospitals and health care facilities need to promote integrated models of care including mental illness and addiction. For this reason, NAMI NH strongly supports SB 502 because it will give the state increased ability during the acquisition process to hold health care systems and hospitals accountable for providing *health care* to the whole person including mental illness and addiction and not just care for the neck down.

Please vote SB 502 as ought to pass. Thank you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Kenneth Norton". The signature is fluid and cursive, with the first name "Kenneth" written in a larger, more prominent script than the last name "Norton".

Kenneth Norton, LICSW
Executive Director