Mental Health In America: The Need to Act B4Stage4

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Mental Health America

- Founded in 1909 by Clifford Beers.
- Formerly the National Mental Health Association.
- Gave birth to the mental health advocacy movement of the 20th century.
- 200+ affiliates in 41 states and DC (all independent nonprofits).
- 6,000 employees, <$300 million in total budgets among MHA and all of its affiliates.
What We Didn’t Know In 1979

We needed to….

• Focus on children.
• Invest more, not less.
• Eliminate the revolving door, not just create a new one.
The Current Policy Landscape: Just Like ‘79

- States cut $4.6 billion from mental health budgets between 2009 and 2013.
- Medicaid expansion gap disproportionately affects adults with SMI.
- Serious mental illnesses are most frequently diseases of childhood, but children with serious mental illnesses rarely receive integrated health and education services.
When Budgets Get Cut, Who Gets Harmed?

ACA Medicaid Expansion Coverage Gap and Mental Illness (millions)

- Total in "Coverage Gap" (KFF): 4.8
- Total in "Coverage Gap" with Mental Illness (AMHCA): 3.7
How about Kids? Only 1 in 28 with SMI is ID’ed for Special Ed; the Lowest in 20+ Years

Source: US DOE, 2015
Mental Health Conditions...

...are the only chronic conditions...

...that as a matter of public policy...

...we wait until Stage 4 to treat, and then often only through incarceration.

We’re Trapped in Stage 4 Thinking
We’re Losing Too Many of Our Children.
What’s the Alternative? The 21st Century Asylum?

People with Serious Mental Illnesses

- 6% of Overall Population
- 15% of Men in Prison
- 31% of Women in Prison
It’s Time for a Change.

Advancing the National Dialogue

It’s Time for a Change.
MHA: Working in Four Areas

- Recovery
- Prevention
- Integrated Services and Care
- Early Identification and Intervention
Strategy #1: Focus on Access to Health

Parity or Disparity: The State of Mental Health in America 2015
Strategy #2: Make MH Screening Ubiquitous

- Screening in primary care perceived as helpful 93% of the time;
- PCPs 3 times more likely to recognize MI symptoms and follow up;
- Post-screening treatment changes were made 40% of the time;
- Positive benefits persist one year later.

# MHA Online Screening Tools

<table>
<thead>
<tr>
<th>Depression (PHQ-9)</th>
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<tr>
<td>Anxiety (GAD-7)</td>
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<tr>
<td>Bipolar</td>
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<tr>
<td>PTSD (PC-PTSD)</td>
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<td>Youth Screen (PSC-YR)</td>
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<td>Parent Screen (PSC)</td>
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<td>Alcohol and Substance Use Screen (CAGE-AID)</td>
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<td>Psychosis Screen (Ultra-High Risk) (PQ-B)</td>
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<td>Work Health Survey</td>
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MHA Screening Accessed by 800,000 Since April, 2014

Inner Circle
Apr 14-Apr 15
n= 242,204

Outer Circle
May-Jul 15
n= 116,054

- "11-17": 8%
- "18-24": 9%
- "25-34": 12%
- "35-44": 22%
- "45-54": 18%
- "55-64": 5%
- "65+": 5%

- "11-17": 28%
- "18-24": 37%
- "25-34": 50%
- "35-44": 5%
- "45-54": 2%
- "55-64": 3%
- "65+": 1%
Screening Summary Breakdown

- **Female**: 75%
- **Male**: 25%
- **White**: 69%
- **Non-White**: 31%
- **Positive**: 66%
- **Negative**: 34%
- **Never Been Diagnosed**: 65%
- **Been Diagnosed**: 35%

Source: [www.mhascreening.org](http://www.mhascreening.org)
Of Those Who Are Positive, Percent Positive* for Each Condition in Yr 1

- **Moderate Anxiety**: 7%
- **Severe Anxiety**: 10%
- **Moderate Depression**: 19%
- **Moderately Severe Depression**: 24%
- **Severe Depression**: 25%
- **Positive Bipolar**: 9%
- **Positive PTSD**: 6%

N=173,418

* "Moderate" to "Severe" = "Positive"
Almost All of Those Taking Psychosis Screening in Yr 2 Are At Risk

N=2517, May-August, 2015
14 Percent Have Other Chronic Conditions

Source: MHA Screening, May-August, 2015
People Reporting Chronic Pain Who are Positive for a Mental Illness

77% Positive
23% Negative

N=10353, May-August 2015
Children and Mental Illness: Early Warning Signs

- Anxiety Screening: 6%
- Bipolar Screening: 16%
- Depression Screening: 70%
- PTSD Screening: 1%
- Youth Screening: 7%

80.4% of youth taking youth screen were positive/at risk. Results of other screens not validated for youth.

N=36,346 (May-July 2015). PTSD, SUD, and Parent Screens were <1% combined.
Implement the Free Care Rule

As of December, 2014, schools can now bill Medicaid for ubiquitous screening offered free to all students, for those students who are Medicaid-eligible.


“As a result, Federal Financial Participation (FFP) is available for Medicaid payments for care provided through providers that do not charge individuals for the service, as long as all other Medicaid requirements are met.”
Strategy #3: Care Integration

• 80% of people with mental illnesses have a primary care provider.
• 70% of MH prescriptions are written by PCPs.
• Must address provider shortage.
• Reimbursement strategies – will strategic rate increases lead to more providers?
• Reform 42 CFR Pt.2 – you can’t treat a whole person with half a record.
• Don’t use police and sheriffs as EMTs, courts and jails as health care centers, or lawyers and judges as clinical care teams.
Strategy #4: Recovery as the Goal

- Even when cure is not possible, recovery is (e.g. heart disease).
- Identify realistic goals with the individual.
- Don't wait for a crisis to act.
- Offer meaningful educational, employment, and housing supports.
- Provide family supports, wrap-around services, and social supports.
Strategy #5: Use Peers To Promote Recovery to Health

30 States permit peer reimbursement, but few use it extensively.

MHA initiative: nationally certified peers working in integrated health care settings as part of a clinical team.

Evidence-based: Cochrane Review, 2013 – found peers as effectively in promoting recovery as other clinical services.
What’s the Alternative? Hospitalization?

Mood disorders ranking by age group as principle inpatient diagnosis:

Age 1-17  #1

Age 18-44  #3
Note: 4 of top 5 related to delivery

Age 45-64  #5
Note: top four related to aging

Source: “Most Frequent Conditions in US Hospitals, 2010,” AHRQ, January 2013
What’s the Alternative? Homelessness?

- Serious MI: 33%
- Alcohol Dependency: 38%
- Drug Dependency: 26%
MHA’s Call to Action: Intervention #B4Stage4.
B4Stage4 Is MHA’s Overarching Message Frame

Approximately 1 in 5 U.S. adults has a mental health disorder.

Mental Health America
#B4Stage4


1. TEXT
Gather 3-4 people and text “START” to 89800. Standard rates may apply.

2. TALK
Talk with your group using the text-enabled questions.

3. ACT
Be part of the change!

For more information go to: www.creatingcommunitysolutions.org/texttalkact

B4Stage4 Mental Health America
Why Intervene B4 Stage 4?

Stages of Mental Health Conditions

Stage 1
- Mild symptoms and warning signs

Stage 2
- Symptoms increase in frequency and severity and interfere with life activities and roles

Stage 3
- Symptoms worsen with relapsing and recurring episodes accompanied by serious disruption in life activities and roles

Stage 4
- Symptoms are persistent and severe and have jeopardized one’s life
What Everyone Wants

- help
- mental health
- insurance
- doctor
- therapy
- medication
- depression
- counseling
- screening
- diagnosis
- treatment
- self-care
- support
- family
THANK YOU!

Paul Gionfriddo
Still a handsome guy!