Promoting Positive Mental Health

Mental health is as essential to well-being as physical health. Promoting mental health and improved integration of care with other medical health and social services can help promote better health, reduce rates of mental illness and improve management and treatment of mental illness.

The United States should invest in a broad strategy to improve mental health — stressing prevention, early identification and full support for treatment.

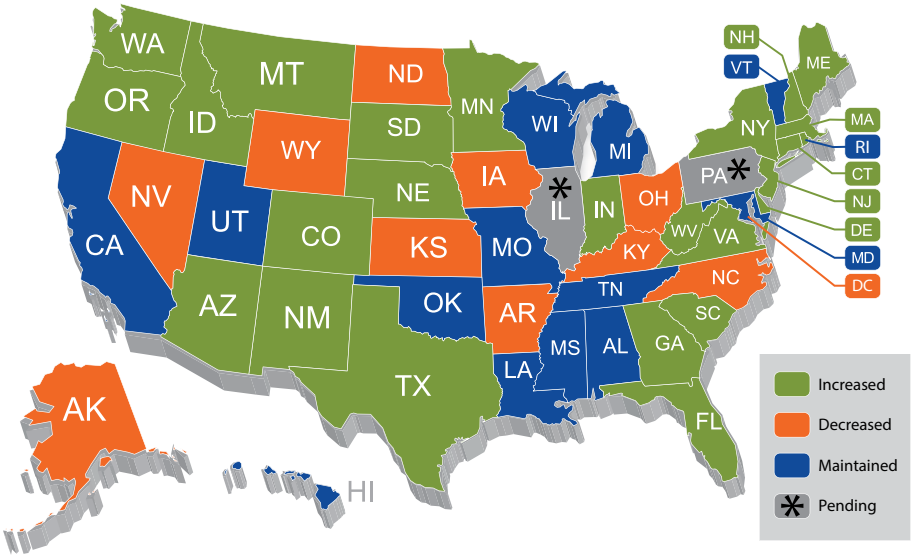
First, stronger prevention efforts — such as addressing cycles of toxic stress in low-income families and providing evidence-based social-emotional learning programs in child care and schools — are among the most important approaches to supporting positive mental health and well-being in the United States. For instance, toxic stress and traumatic experiences during childhood increase the risk for mental illness and behavioral problems, risky health behaviors, low academic and career performance and difficulty establishing fulfilling relationships.[830, 831]

Second, there is a need to improve screening and pathways to appropriately identify and address mental health issues and provide ongoing care for individuals.

And, third, while parity laws and measures in the Affordable Care Act require improved coverage and support for mental health, there are still many barriers to these being carried out in practice, including legacy healthcare systems and practices, shortages of trained professionals and ongoing social stigma.

Mental illness issues are widespread in the United States and are the fourth largest driver of medical expenses (at $77.6 billion annually), and are the top medical cost for children ($13.9 billion).[832, 833] In addition, serious mental illness accounts for $193.2 billion in lost earnings and 217 million lost days of work each year.[834, 835]

STATE MENTAL HEALTH BUDGETS FISCAL YEAR 2015-2016



Source: National Alliance on Mental Illness

- Each year, one in five adults in the United States experiences a mental illness.[836]
- One in five children and/or teens have a history of a serious debilitating mental disorder.[837] Half of all chronic mental illness begins by age 14 and three-quarters by age 24.[838, 839]
- Three out of every five adults and nearly half of youth ages 8 to 15 with a mental illness receive no mental health services.[840, 841]
- Untreated mental illness contributes to increased rates of homelessness, incarceration, violence and suicide.[842, 843]

- Around 20 percent of Veterans who severed in Iraq or Afghanistan suffer from depression or post-traumatic stress disorder, and around 20 Veterans commit suicide each day.[844, 845]
- Teens with untreated depression are at a higher risk to be aggressive, engage in risky behavior, die from suicide, misuse drugs or alcohol, do poorly in school or run away.[846]
- Suicide rates have increased 24 percent since 1999,[847] and 90 percent of those who die by suicide have an underlying mental illness.[848]
- Approximately 26 to 30 percent of homeless adults in shelters live with serious mental illness.[849,850]
- Roughly 15 percent of those below the poverty line experience depression, over twice the rate of those at or above the poverty line.[851]
- An estimated 56 percent of state prisoners, 45 percent of federal prisoners and 64 percent of jail inmates have mental health issues.[852] Among youth in the juvenile justice systems, 70 percent have at least one mental health condition.[853]
- Individuals with serious mental illness also have an increased risk of experiencing chronic medical conditions, injuries and cancer and die on average 25 years earlier than others.[854,855]

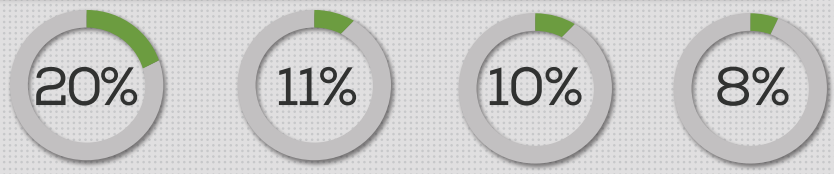
Stigma surrounding mental illness leads to prejudice and discrimination, which can limit access to care, discourage people from pursing treatment and contribute to self-stigmatizing attitudes.[856]

Another reason for the gap in care is there is a shortage of trained mental health professionals. More than half of U.S counties — all rural — have no practicing psychiatrists, psychologists or social workers.[857] More than three out of every four counties have a severe shortage of mental health workers and 96 percent of counties do not have sufficient numbers of professionals licensed to be able to prescribe mental health medications.[858] Schools also have a shortage of counselors — with an average counselor-to-student ratio of 1:471 (whereas 1:250 is the recommended level).[859]

Nearly half of all Medicaid spending is on care for the 20 percent of Medicaid beneficiaries who have a behavioral health diagnosis (mental illness and/or substance use). Annual expenditures are nearly four times higher for Medicaid patients with a behavioral health diagnosis than without a diagnosis ($13,303 versus $3,564).[860] Despite the high amounts spent on mental healthcare, states cut $4.35 billion from the mental healthcare system from 2013 to 2015.[861]

Mental Health Facts
CHILDREN & TEENS

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.[1]



20% of youth ages 13-18 live a with mental health condition[1]

11% of youth have a mood disorder[1]

10% of youth have a behavior or conduct disorder[1]

8% of youth have an anxiety disorder[1]

Impact

50% 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.[1]

10 yrs The average delay between onset of symptoms and intervention is 8-10 years.[1]

37% 37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.[1]

70% 70% of youth in state and local juvenile justice systems have a mental illness.[1]

Suicide

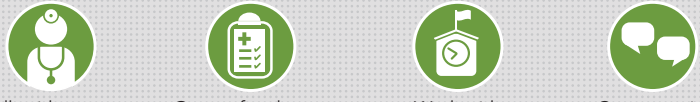
3rd Suicide is the 3rd leading cause of death in youth ages 10 - 24.[1]

90% 90% of those who died by suicide had an underlying mental illness.[1]

Warning Signs

- Feeling very sad or withdrawn for more than 2 weeks (e.g., crying regularly, feeling fatigued, feeling unmotivated).
- Trying to harm or kill oneself or making plans to do so.
- Out-of-control, risk-taking behaviors that can cause harm to self or others.
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing.
- Not eating, throwing up or using laxatives to lose weight; significant weight loss or gain.
- Severe mood swings that cause problems in relationships.
- Repeated use of drugs or alcohol.
- Drastic changes in behavior, personality or sleeping habits (e.g., waking up early and acting agitated).
- Extreme difficulty in concentrating or staying still that can lead to failure in school.
- Intense worries or fears that get in the way of daily activities like hanging out with friends or going to classes.

4 Things Parents Can Do



Talk with your pediatrician

Get a referral to a mental health specialist

Work with the school

Connect with other families

Source: National Alliance on Mental Illness

RECOMMENDATIONS

- **Support social and emotional development, especially in early childhood.** Building positive protective factors and reducing risks can help improve the mental health of all children. Research by the National Institutes of Health, National Academy of Medicine and other experts have demonstrated that early interventions — including home visits, mental health consultations and family and parenting skills training — can be effective in preventing or delaying the onset of mental, emotional and behavioral disorders, as well as enhancing social and emotional skills and well-being. Federal and state policies should encourage integration of these interventions into early childhood settings such as schools and childcare.

- **Identify and intervene to address mental and behavioral illness as early after onset as is feasible.** Mental health screenings should be guaranteed to children — and parents — as part of well-child exams and to adults as part of annual physicals.[862] In addition to routine screenings, early intervention programs should be implemented, including public education programs that teach participants skills to aid others with mental health issues and treatment programs for those at risk for a psychotic episodes or immediately after their first psychotic episode.[863, 864] Resources for suicide prevention should be targeted to high-risk settings and populations.

- **Improve insurance coverage for mental and behavioral healthcare.** Despite significant advances in accessibility and affordability of mental health services, coverage is often limited and does not match what is needed to provide effective and ongoing treatment. Insurance coverage can be improved by expanding parity laws to include all employers; better enforcing parity laws; covering a broader range of mental healthcare services and medications; reducing out-of-pocket costs; and increasing transparency, including publishing clinical criteria used to approve or deny care and accurate lists of mental health providers participating in insurance plans.[865]

- **Promote payment and care models to support mental and behavioral healthcare.** Scaling up value-based care and payment models that promote flexible, team-based care — including community-based supports — can help expand services and integrate with primary care.[866] Solutions should include adequate funding for community health centers that have the capacity to address behavioral and mental health prevention and treatment needs.

- **Expand, improve and modernize the mental and behavioral health workforce.** Federal and state policymakers should incentivize the training of new behavioral health providers, including compensating providers fairly for their services. Providers should be trained in evidence-based models; to that end, curriculum reform should keep pace with emerging evidence-based practices and guidelines, quality improvement approaches and models of care based on interprofessional teams.[867] Policies are needed to promote sharing of knowledge and skills, effective team functioning, common standards of care and consensus on core competencies between physical and behavioral health and within behavioral health disciplines. Policymakers should broaden the behavioral health workforce to include peer support, social workers, and non-traditional health workers — and develop the capacity of these providers to identity and address mental health needs.

- **Implement effective treatment practices.** All states should adopt — and all payers should cover — the latest evidence-based treatment methods, including cognitive behavioral therapy, peer and family support programs and targeted approaches for high-intensity patients, youth transitioning to adulthood and partnerships between law enforcement and mental health services. Currently, only limited numbers of states have all of these policies. Criminal justice reform efforts should consider the role that healthcare, public health, and other partners can play in addressing mental health needs.

Examples of Early Childhood and Education Programs to Support Positive Mental Health, Build Resiliency and Reduce Risks

- Nurse-Family Partnership Home Visiting
- Social/Emotional Learning and Life Skills Training, e.g. Incredible Years, Good Behavior Game, Positive Action — including support for teachers, caregivers, parents and children
- "Early Warning" Identification Strategies to track chronic absenteeism — paired with early treatment support
- Anti-bullying programs involving parents and implementing a whole-school approach, e.g. Positive Behavioral Interventions and Supports
- Big Brothers/Big Sisters Mentoring Programs
- LBGT supportive programs such as the Safe Schools Program

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