

*Issues in Missouri Health Care 2009*

Treating the Whole Missourian: Mental Health and  
Substance Abuse

## **Acknowledgement**

This is one in a series of issue papers on critical health care issues facing Missouri and the nation prepared by Health Management Associates, Inc., a national health care policy research and consulting firm and made possible by funding from the Missouri Foundation for Health and the Healthcare Foundation of Greater Kansas City. The papers are intended to provide nonpartisan expert analysis in an accessible format that will contribute to the public dialogue on the state of health care in Missouri. Questions should be directed to Thomas McAuliffe, Policy Analyst, Missouri Foundation for Health, 314.345.5574, [tmcauliffe@mffh.org](mailto:tmcauliffe@mffh.org).

## **Issue Statement**

While reports of the Surgeon General and numerous academic studies have supported the notion that mental health is fundamental to health<sup>1</sup>, behavioral health issues are often ignored or marginalized in health care policy discussions. As Missouri addresses the issue of how best to care for individuals, including the uninsured, whose needs include behavioral health services, a number of questions need to be addressed, including:

- What are behavioral health disorders?
- How large is this problem?
- What are the options for change?

## **Background**

Behavioral health commonly refers to the health issues related to an individual's mental well being. While everyone has shifts in mood or thinking, behavioral health issues significantly interfere with a person's ability to function and with their interpersonal relationships. Problems related to behavioral health are often referred to as mental disorders. The most significant of these mental disorders fall into two main categories:

- Mental illnesses
- Substance abuse disorders

## **Types Of Mental Illnesses**

*Mood disorders.* Mood disorders include both depression and bipolar disorder. Depressive disorders are illnesses characterized by a persistent sad, anxious or "empty" mood; feelings of hopelessness, pessimism; feelings of guilt, worthlessness, or helplessness; loss of interest in activities that had been viewed as pleasurable. Bipolar disorder, also known as a manic-depressive illness, is characterized by dramatic mood swings from overly "high" and agitated and/or irritable to sad and hopeless, often with periods of normal mood in between. These mood swings are often accompanied by severe changes in energy and behavior.

*Anxiety disorders.* Anxiety is a normal reaction to stress. However, when a person's anxiety becomes excessive or irrational, it can be disabling. Among the common anxiety disorders are panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder and phobias. Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which the individual has experienced or been threatened with grave physical harm. PTSD is seen in children and adults who have experienced abuse, victims of violent crime, and individuals who have

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<sup>1</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<http://www.surgeongeneral.gov/library/mentalhealth/summary.html>

been in combat. PTSD has received increased attention lately because of its impact on individuals who have served in Iraq and Afghanistan.

*Schizophrenia.* Schizophrenia is a severe and chronic brain disorder. Symptoms commonly begin to appear in men in their late teens or early twenties and women in their twenties and thirties and can include hallucinations (e.g. hearing voices), delusions, disordered thinking, flat affect, cognitive deficits and social withdrawal.

*Attention Deficit Hyperactivity Disorder (ADHD).* ADHD is one of the most common mental disorders in children. Children with ADHD have difficulty functioning in school, at home and with peers. ADHD is characterized by impulsiveness, inability to focus on tasks, inability to sit still.<sup>2</sup>

## **Substance Abuse Disorders**

Substance abuse disorders, including alcoholism and drug abuse, are significant behavioral health disorders as well.

*Alcoholism.* Alcoholism, also referred to as alcohol dependence, is a disease that is characterized by craving for alcohol, inability to stop drinking once begun, and physical dependence on alcohol.

*Drug Abuse.* Drug abuse, including use of illegal substances (such as cocaine, heroin, and methamphetamines) and prescription substances (such as painkillers), takes a tremendous toll as well.

## **How Many People Are Affected?**

It is estimated that about one in four American adults experiences a diagnosable mental disorder in a given year. Even though mental disorders are common, a much smaller number of individuals – estimated to be about six percent – suffer from a serious mental illness each year.<sup>3</sup> Mental disorders are the leading cause of disability for those aged 15 – 44 in the US and Canada.<sup>4</sup> In addition, about 22.2 million Americans over the age of 12 have an addiction to alcohol and drugs.

Sadly, suicide is a common adjunct to behavioral health disorders. The most common underlying cause of suicide is depression; 30 to 70 percent of suicide victims suffer from major depression or bipolar disorder. Substance abuse is thought to be involved in half of all suicide situations. Each year, 30,000 Americans commit suicide; an additional

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<sup>2</sup> For more information about these and other mental disorders, see National Institute of Mental Health, *Mental Health Topics*, at <http://www.nimh.nih.gov/health/topics/index.shtml>. Retrieved 9/12/2008.

<sup>3</sup> National Institute of Mental Health, *The Numbers Count: Mental Disorder in America*. <http://www.nimh.nih.gov/health/publications>. Retrieved 9/12/08

<sup>4</sup> National Council for Community Behavioral Healthcare, *The Uninsured: The Impact of Covering Mental Illness and Addictions Disorders*. At: [www.nccbh.org](http://www.nccbh.org). Retrieved 9/20/08.

500,000 Americans attempt suicide in a year. Suicide is the eighth leading cause of death in the United States, accounting for more than 1 percent of all deaths.<sup>5</sup>

Based on national prevalence data, approximately 1.45 million of Missouri's 5.8 million residents are likely to experience a diagnosable mental disorder in a year. Of these, approximately 348,000 will likely have a serious mental illness.<sup>6</sup> In addition, the Missouri Department of Mental Health estimates that 485,000 Missourians have substance abuse disorders.

## **Issues in Access to Behavioral Health Care**

### **Access to Mental Health Care And Substance Abuse Treatment**

Although effective treatments are available, nearly two-thirds of people with a known mental disorder never seek help from a health professional.<sup>7</sup> This lack of intervention and treatment has clear financial costs for public systems and results in quality of life costs for people with behavioral health disorders. According to the landmark "Global Burden of Disease" study, commissioned by the World Health Organization and the World Bank, four of the ten leading causes of disability for persons age 5 and older are mental disorders.<sup>8</sup>

In recent years, significant attention has been paid to addressing unmet behavioral health needs through increased coordination and integration within primary care. This strategy is logical, given that the majority of people (65 percent) with behavioral health problems, particularly those with mild to moderate problems, are treated in primary care settings. Additionally, nearly 70 percent of all primary care visits have a psychosocial basis.<sup>9</sup> Substance abuse and mental health disorder, taken together, are by far the most frequently diagnosed encounters at health centers, outnumbering hypertension and diabetes.<sup>10</sup>

In addition to clinical services, individuals with serious and persistent mental disorders need access to ongoing services and supports in order to manage their illnesses. These

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<sup>5</sup> Mental Health America, *Factsheet: Suicide*, at <http://www.nmah.org/go/information/get-info/suicide>. Retrieved 9/23/08.

<sup>6</sup> Missouri prevalence figures extrapolated from national prevalence data cited in: National Institute of Mental Health, *The Numbers Count: Mental Disorder in America*. <http://www.nimh.nih.gov/health/publications>. Retrieved 9/12/08.

<sup>7</sup> World Health Organization, "Mental Health Disorders Affect One in Four People," Geneva, 2001.

<sup>8</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<http://www.surgeongeneral.gov/library/mentalhealth/summary.html>

<sup>9</sup> Fries, J, Koop C, and Beadle C. "Reducing Health Care Costs by Reducing the Need and Demand for Medical Services." 1993 *New England Journal of Medicine* 329(5):321-325.

<sup>10</sup> Based on 2004 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

supports may include supportive housing, supported employment, peer supports and care management services. People with serious mental illnesses who need such services and supports are likely to try to access them the public mental health system. In doing so, they are apt to encounter barriers to access. The Missouri Department of Mental Health reports having long waiting lists for services.<sup>11</sup>

## **Access To Physical Health Care**

In addition, people with mental disorders often lack access to the physical health care services they need. Linkages between the primary care and behavioral health systems, where they exist at all, are often ineffective. Research indicates that people with serious mental illness (major depressive disorder, bi-polar disorder and schizophrenia) die, on average, 25 years earlier than the general population. Sixty percent of these premature deaths occur, not because of the mental illness itself, but because of medical conditions such as those related to diabetes, hypertension and cardiovascular disease. A large percentage of people with mental illnesses have co-occurring physical ailments that go undetected in their behavioral health treatment.

Lack of access to health care services means that individuals are more likely to use hospital emergency departments (EDs) for care. Psychiatric patients remain in hospital EDs more than twice as long as other patients, with 42 percent spending nine or more hours in the emergency room. This is often due to the challenges associated with finding mental health services once the psychiatric crisis is stabilized. In one study, staff reported spending twice as much time to find beds for psychiatric patients as they did to find beds for non-psychiatric patients.<sup>12</sup>

## **Public and Private Health Care Benefits**

Among the major barriers to health care, and particularly behavioral health care, is the lack of access to health care benefits, either through private insurance or public programs. Individuals with mental illness are disproportionately represented among the nation's uninsured or underinsured, in many cases because they have difficulty obtaining and retaining employment that includes healthcare coverage or because of the lack of mental health parity in health insurance.

Nationwide, adults with serious mental illnesses and substance abuse issues have difficulty accessing and retaining Medicaid benefits. For most people with serious mental illnesses, access to Medicaid is tied to eligibility for federal Supplemental Security Income (SSI) benefits. Individuals who receive SSI because of a mental disorder are vulnerable to losing benefits when they obtain employment (which may not come with health insurance coverage, but likely does cause them to be ineligible for Medicaid due to their increased income), become incarcerated (since Medicaid is

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<sup>11</sup> Missouri Mental Health Commission, *Mental Health Issues and Priorities*. May 2008.

<sup>12</sup> Salinsky, Eileen and Christopher Loftis, PhD., *Shrinking Inpatient Psychiatric Capacity: Cause for Celebration or Concern?* National Health Policy Forum, Issue Brief No. 823, August 1, 2007, p.10.

terminated when clients enter criminal justice facilities) or homeless (which frequently leads to Medicaid termination when eligibility cannot be re-verified) or when the symptoms of their illnesses interfere with their ability to seek help.

The Missouri Department of Mental Health estimates that, despite the fact that their target population includes individuals with the most serious and chronic behavioral health disorders, only about 50 percent of the people they serve receive Medicaid benefits.<sup>13</sup>

## **Availability of Services/Health Care Professionals Shortages**

Throughout the nation, access to health care and behavioral health care in particular is hampered by workforce shortages. These shortages create significant barriers to the availability of services. Public sector providers note the challenges of recruiting and retaining adequate numbers of trained personnel for key positions. The Missouri Department of Mental Health reports that vacancy and turnover rates within the Department pose significant challenges to care and safety.

Throughout the country, initiatives to address workforce issues are taking place. For example, recently, there has been an increased attempt to incorporate psychiatry in primary care training programs as a means of improving access for the large numbers of people who receive behavioral healthcare services in primary care settings. Still, more needs to be done.

## **Stigma**

It is estimated that 50 percent of people with behavioral health disorders never seek help at all. Clearly, the barriers to access described above are contributing factors. Yet there remains a significant stigma associated with mental disorders. Negative portrayals of people with mental illnesses contribute to fear and mistrust and interfere with individuals' willingness to seek help for themselves or a loved one. Overcoming the stigma associated with behavioral health disorders requires effort to educate people that these are, in fact, illnesses which can be treated. It also requires ensuring that people who need services have access to timely, informed treatment.

## **Policy Options**

There are a variety of strategies to address barriers to behavioral health care and improved access to services for individuals experiences behavioral health disorders. The options include:

- Increasing the integration of behavioral and physical health care.
- Exploring strategies to increase access to health insurance benefits.
- Focusing on prevention, early intervention and disease management strategies.

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<sup>13</sup> Missouri Mental Health Commission, *op.cit.*

## **Integration Of Physical Health And Behavioral Health Care**

The need to develop better linkages and coordination between the behavioral health and physical health systems has become a major theme in recent years. Developing effective models to integrate behavioral and physical health care has received increased attention. Initially, many of these efforts focused on integration at the individual clinic and practitioner level through strategies such as locating mental health professionals in primary care clinics. For example, in recent years, funding has been made available to the nation's network of federally qualified health centers (FQHCs) to increase their ability to provide behavioral health services to Medicaid and uninsured populations through their primary care clinics. This development has had a positive impact on access and integration of care. While this and other clinic-level efforts have shown promising results and furthered the dialog on this issue, they have, by their nature, a limited impact.

An emerging trend in behavioral and physical health integration has been the development of models that insert integration at the system level, either through health plans or state-sponsored initiatives. Achieving broader system level integration often requires state policy support or modifications such as changes in regulatory requirements to enable co-location of services and changes in financing practices to allow primary care physicians to bill for behavioral health services and psychiatric consultations. These system level integration efforts have the ability not only to reach a broader population, but by their nature, to also address the various financial and structural barriers to integration that many clinic-level models have noted.

## **Access to Behavioral Health Care Benefits**

Millions of Americans with behavioral health disorders lack access to health insurance or have health insurance with limited or no behavioral health benefits. Initiatives to address access to insurance coverage for mental disorders have occurred at the federal and state levels.

While opponents of insurance parity fear a rise in insurance premiums, parity advocates believe that insurance parity is affordable and that premium cost increases are ultimately more than offset by increased productivity of workers, the overall reduction in medical costs and a lessened burden on other sectors of the economy.

Parity legislation recently was enacted in Congress. The legislation closes major loopholes that existed in previous federal parity initiatives.

The State of Missouri has taken some steps toward parity with requirements for plans to offer the option of mental health coverage that is equal to coverage for other medical conditions (although buyers are not required to take it); limited substance abuse coverage;

but allowance for different co-pays, deductibles and co-insurance are permitted.<sup>14</sup> Now that federal legislation is finalized, a new look at Missouri policy will be warranted.

## **Focus On Prevention, Early Intervention And Disease Management Strategies**

Currently, behavioral health services are crisis-driven and focus on traditional clinical interventions. Yet, like other chronic diseases, behavioral health disorders benefit from a public health approach that emphasizes wellness, prevention, early intervention and disease management. Examples of approaches include:

### **Suicide Prevention**

Suicide is a serious but preventable public health problem. Addressing the problem involves a multi-prong strategy that includes:

- Increasing awareness about suicide as a serious and preventable public health problem.
- Strengthening collaboration among public health, mental health and other leaders with a focus on the issue.
- Making information available to healthcare providers, educators and others about suicide, its risks and prevention strategies.
- Ensuring access to crisis prevention and intervention services for those most at risk.

### **Early Intervention**

There is growing evidence that early stressful childhood experiences increases the risks faced by adults of health risk behaviors and diseases, such as alcoholism, drug abuse, depression, suicide attempt, and others. The Adverse Childhood Experiences (ACE) Study found a relationship between stressful childhood experience such as abuse or violence and a variety of measures of adult risk behaviors and disease. The ACE Study resulted in recommendations for:

- Primary prevention of adverse childhood experiences.
- Secondary prevention to ameliorate or heal the impairments associated with adverse childhood experiences.
- Tertiary intervention to address these problems in children and adults.<sup>15</sup>

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<sup>14</sup> Insure.com, *Mental Health Parity Laws by State*. At <http://insure.com/articles/healthinsurance/mental-laws-by-state.html>. Retrieved 9/24/08.

<sup>15</sup> Vincent Felitti, et al, "[The relationship of adult health status to childhood abuse and household dysfunction](http://www.ajpm-online.net/article/PIIS0749379798000178/abstract)," *American Journal of Preventive Medicine* Volume 14, (May 1998) pages 245-258. <http://www.ajpm-online.net/article/PIIS0749379798000178/abstract>

## **Disease Management**

Disease management is defined as a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant.<sup>16</sup> Despite the prevalence of Disease Management (DM) programs, few have focused specifically on behavioral health. However, the same forces that have prompted the growth of DM programs for physical health also exist in the behavioral health arena – specifically:

- The gap between research and practice.
- The high cost of care for clients with chronic disorders.
- The need to better manage how care is delivered to high need and high cost clients.

Behavioral health disease management practices focus on:

- Using evidence-based and promising practices that have a track record for improving consumer outcomes.
- Incorporating assessments that ensure the matching of individual need with service.
- Focusing on individual and system outcomes.
- Insuring that individuals have the support they need – through peer support and care coordination strategies – to self-manage their illnesses.

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<sup>16</sup> Center for Health Care Strategies, Inc., *Disease Management for Chronic Behavioral Health and Substance Use Disorders*. Center for Health Care Strategies, Inc. 2005. At [http://www.chcs.org/publications3960/publications\\_show.htm?doc\\_id=261072](http://www.chcs.org/publications3960/publications_show.htm?doc_id=261072). Retrieved 9/24/08.