

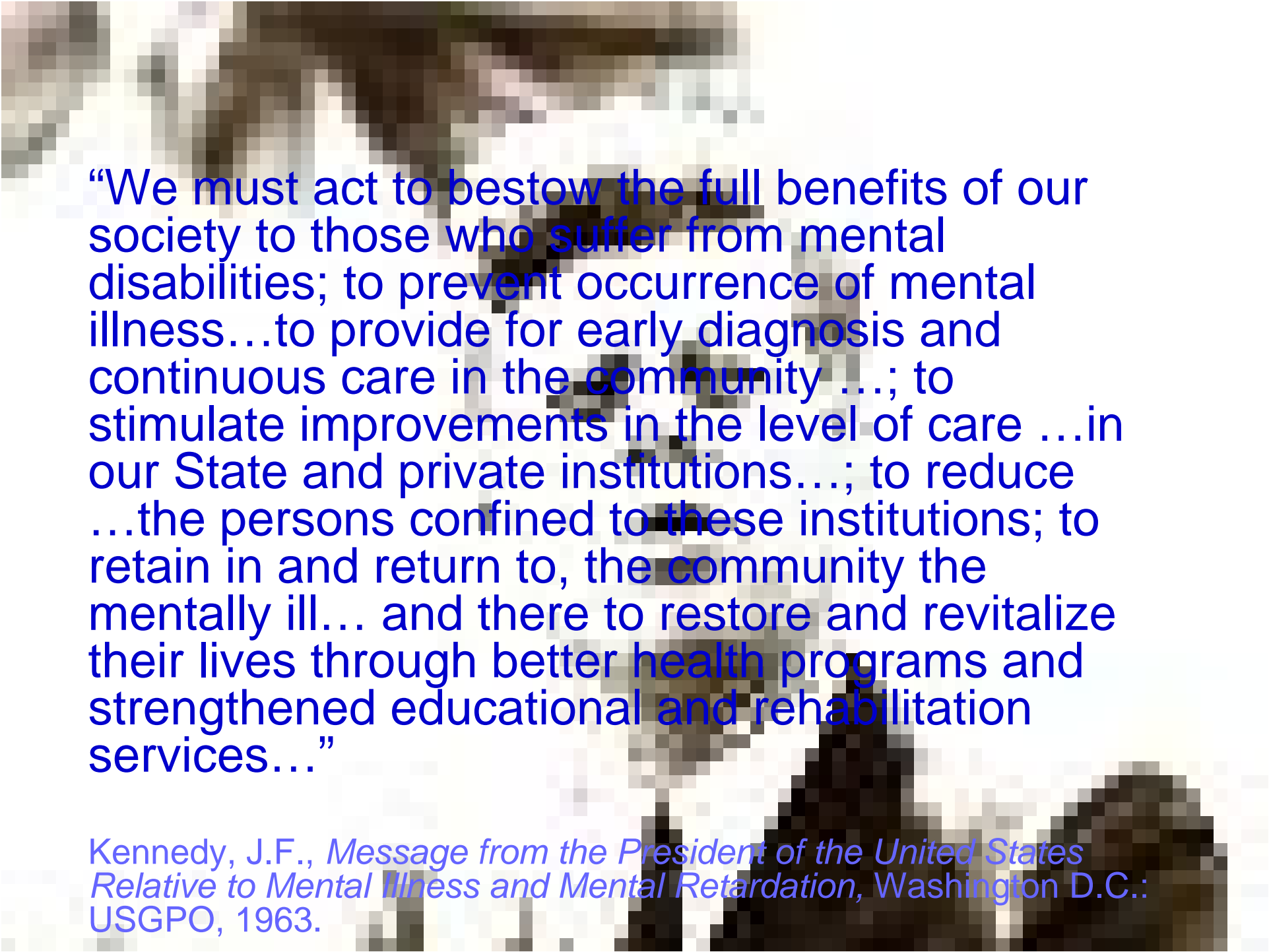
# Mental Health Policy/Practice Update: How are People with a Mental Illness Faring Today vs. 50 Years Ago? And What?

Mike Hogan, Ph.D., Commissioner, OMH

With Appreciation:

**Better But Not Well: Mental Health Policy in the United States since 1950**

Richard G. Frank and Sherry A. Glied.  
Johns Hopkins University Press. July 2006.



“We must act to bestow the full benefits of our society to those who suffer from mental disabilities; to prevent occurrence of mental illness...to provide for early diagnosis and continuous care in the community ...; to stimulate improvements in the level of care ...in our State and private institutions...; to reduce ...the persons confined to these institutions; to retain in and return to, the community the mentally ill... and there to restore and revitalize their lives through better health programs and strengthened educational and rehabilitation services...”

Kennedy, J.F., *Message from the President of the United States Relative to Mental Illness and Mental Retardation*, Washington D.C.: USGPO, 1963.

# Are People Better Off?

## What Are the Vehicles for Change?

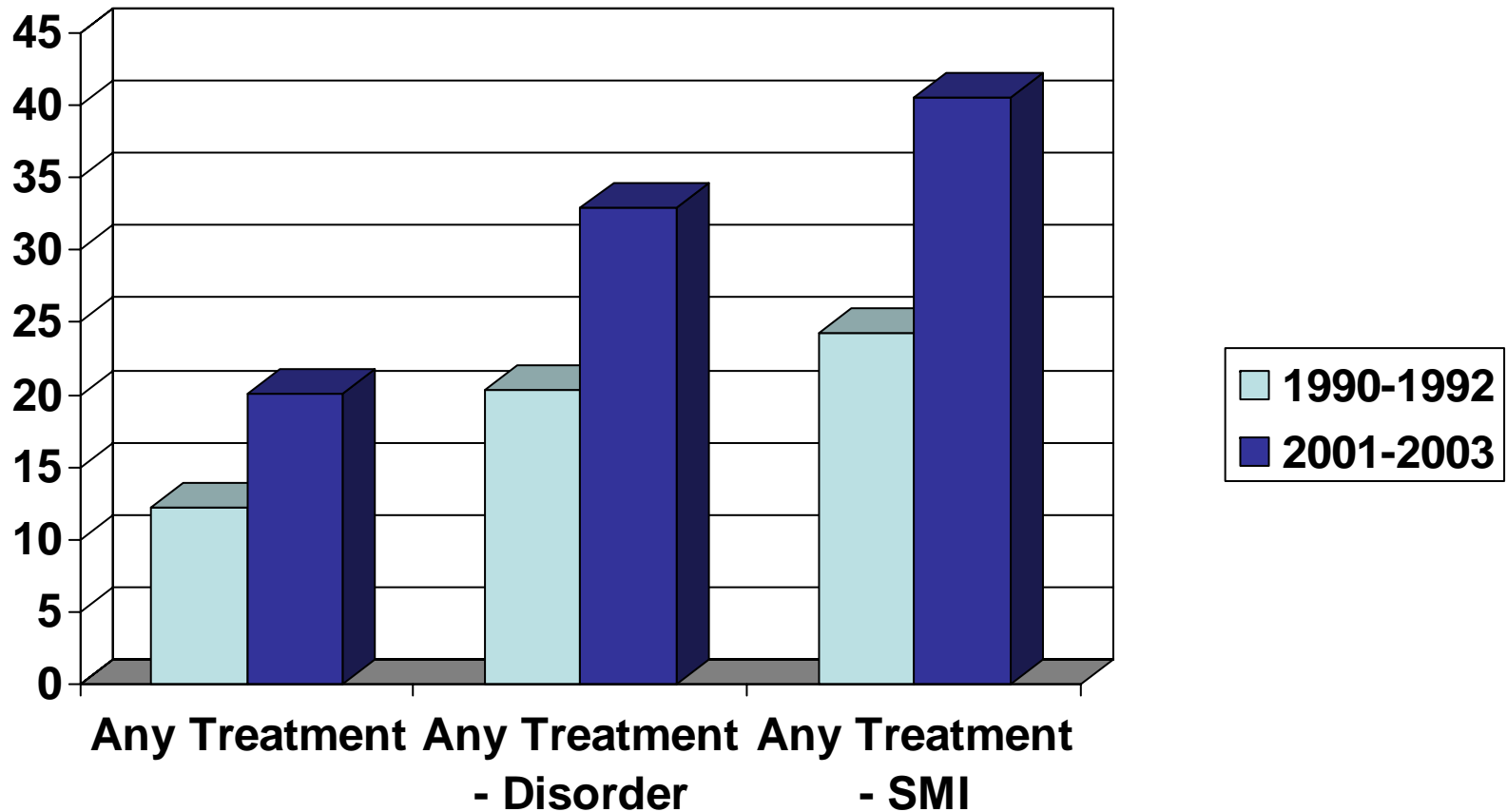
- “Exceptionalism”: Targeted benefits, programs, policies for people with a mental illness
- “Mainstreaming” Taking advantage of advances in universal/generic benefits, programs, policies

# In Sum, People with Mental Health Problems ARE Better Off

- More likely to be receiving treatment
- Treatment more likely to be effective
- Lower financial burden
- Better living conditions
- More resources
- More rights
- Somewhat less stigma

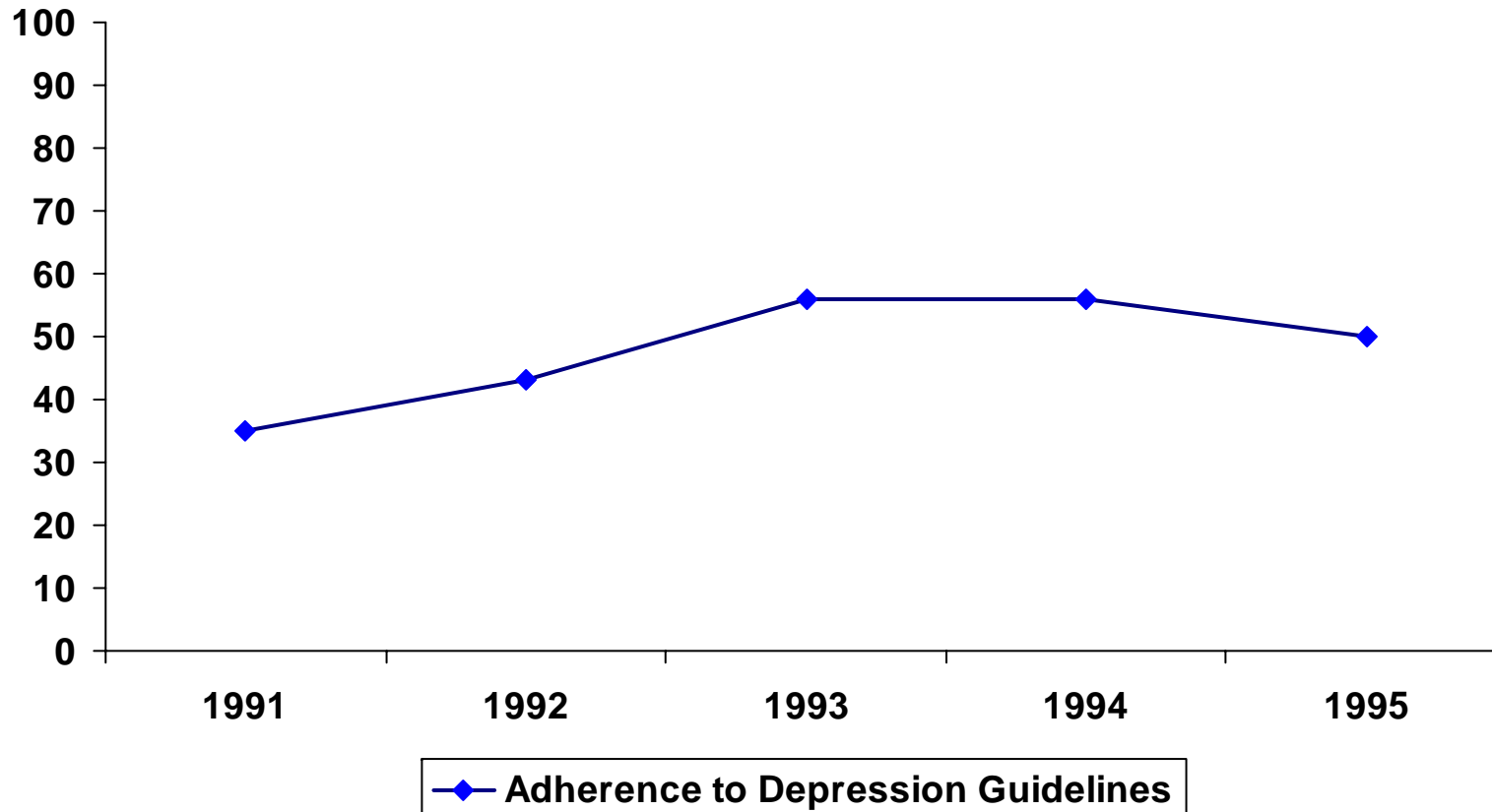
# More People Report MH Treatment

(Epidemiological Diagnosis)



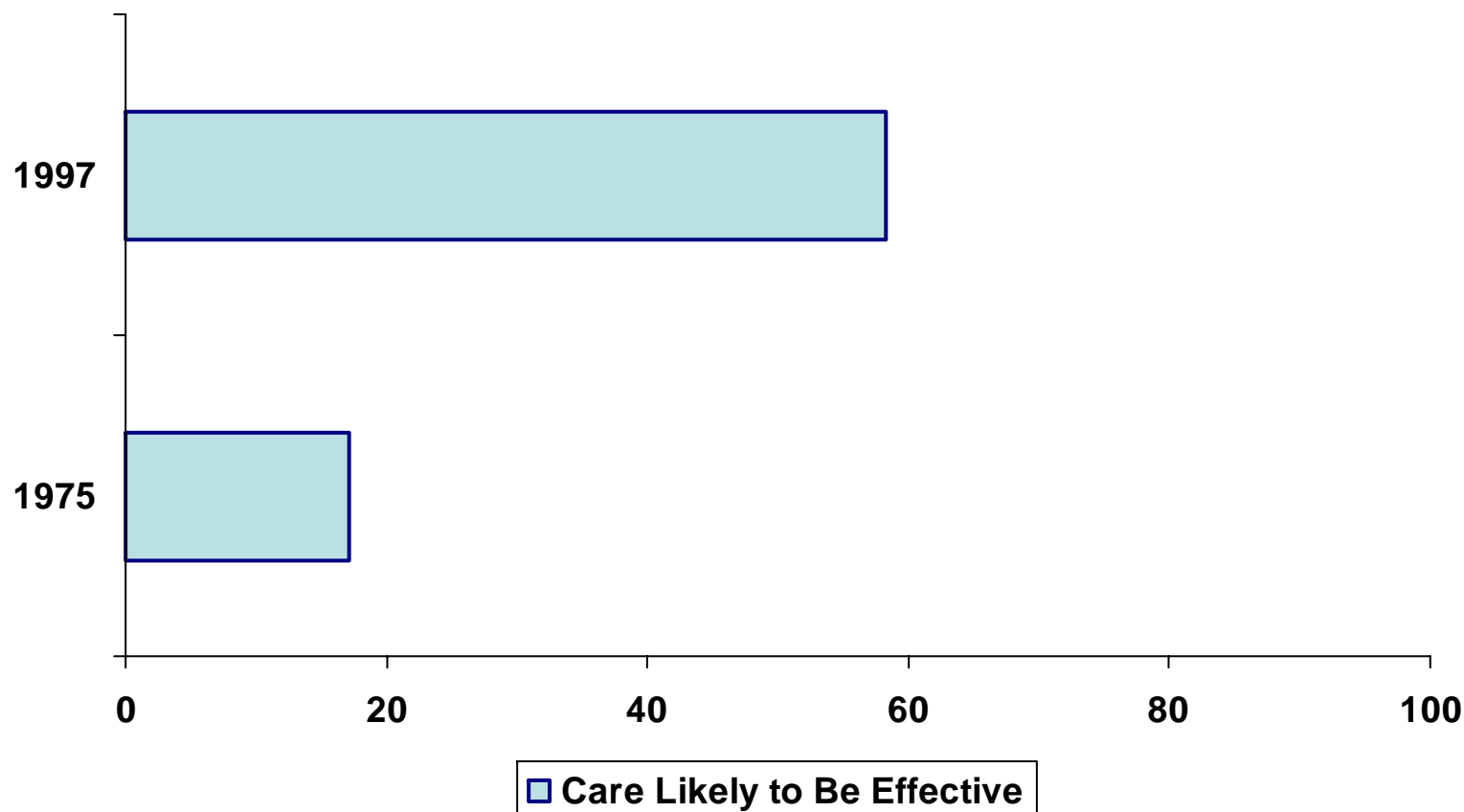
Source: NCS and NCS-R

# Quality of Care Received has Improved - Depression



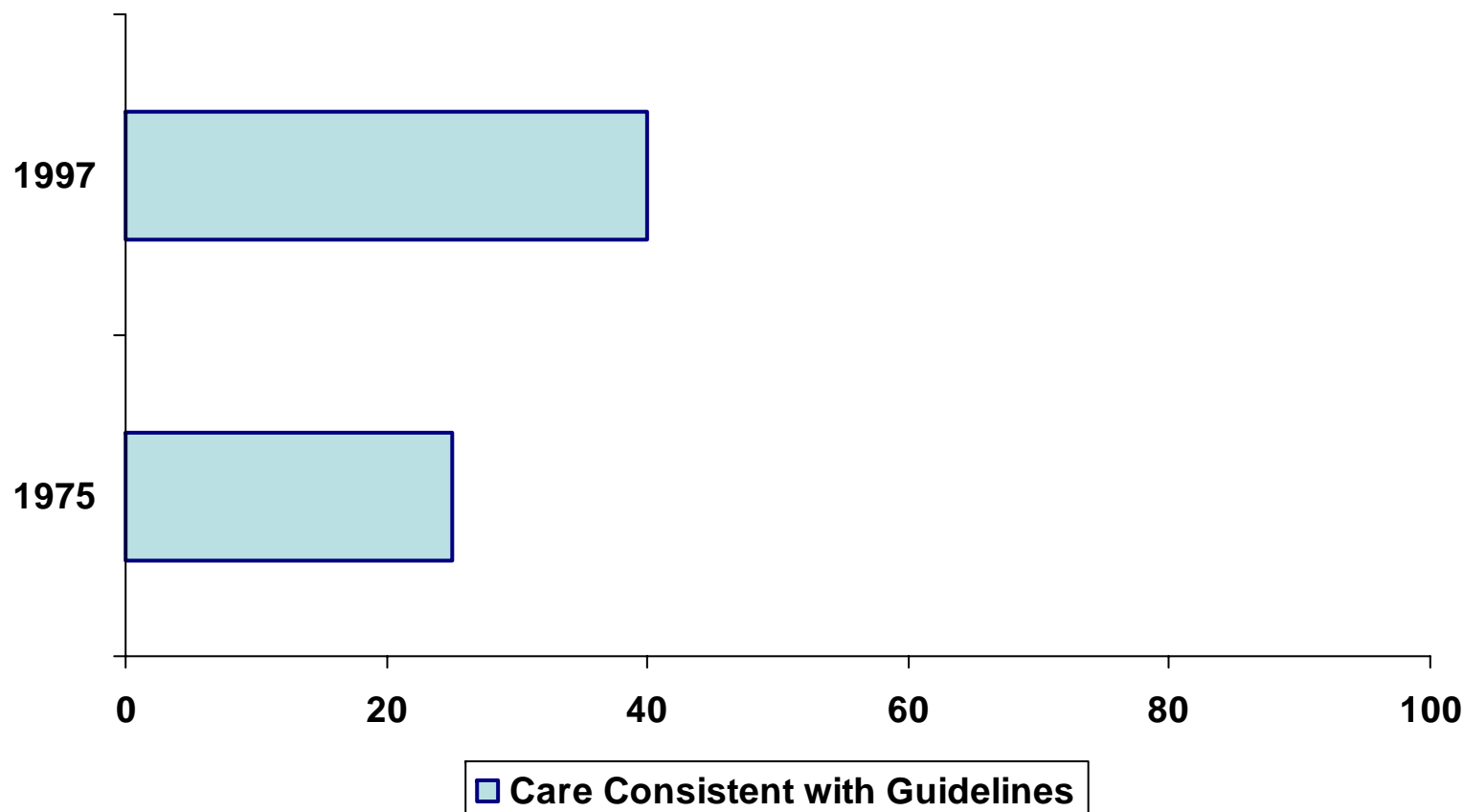
Source: MedStat

# Quality of Care Received has Improved - ADD



Source: Frank and Glied

# Quality of Care Received has Improved - Schizophrenia



Source: Frank and Glied



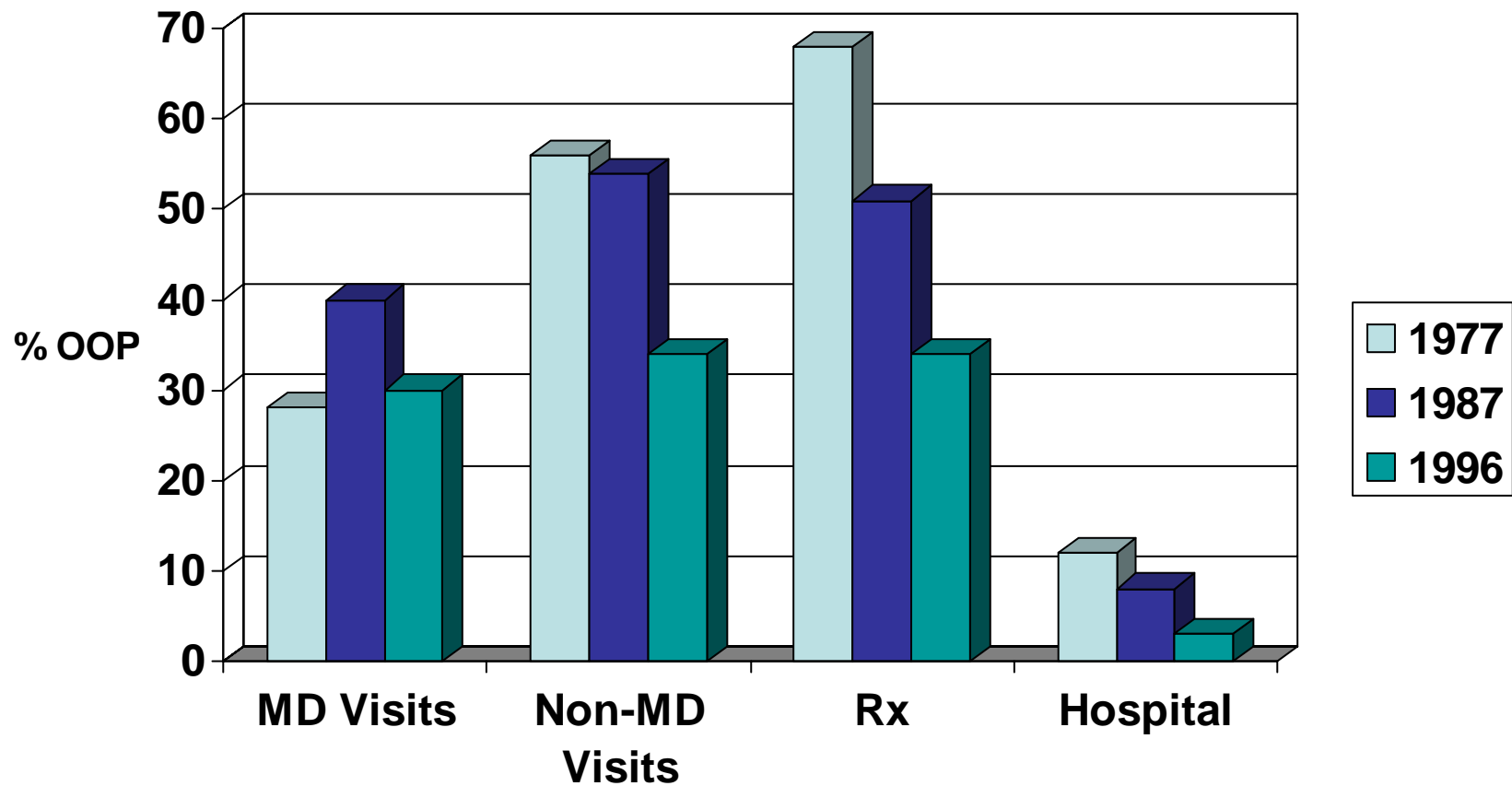
# Quality of Care Received has Improved – Other Disorders

- Anxiety disorders
  - More receiving medications
  - Fewer receiving benzodiazepines
- Bipolar disorder
  - More receiving mood stabilizers
  - Higher intensity of psychotherapy use

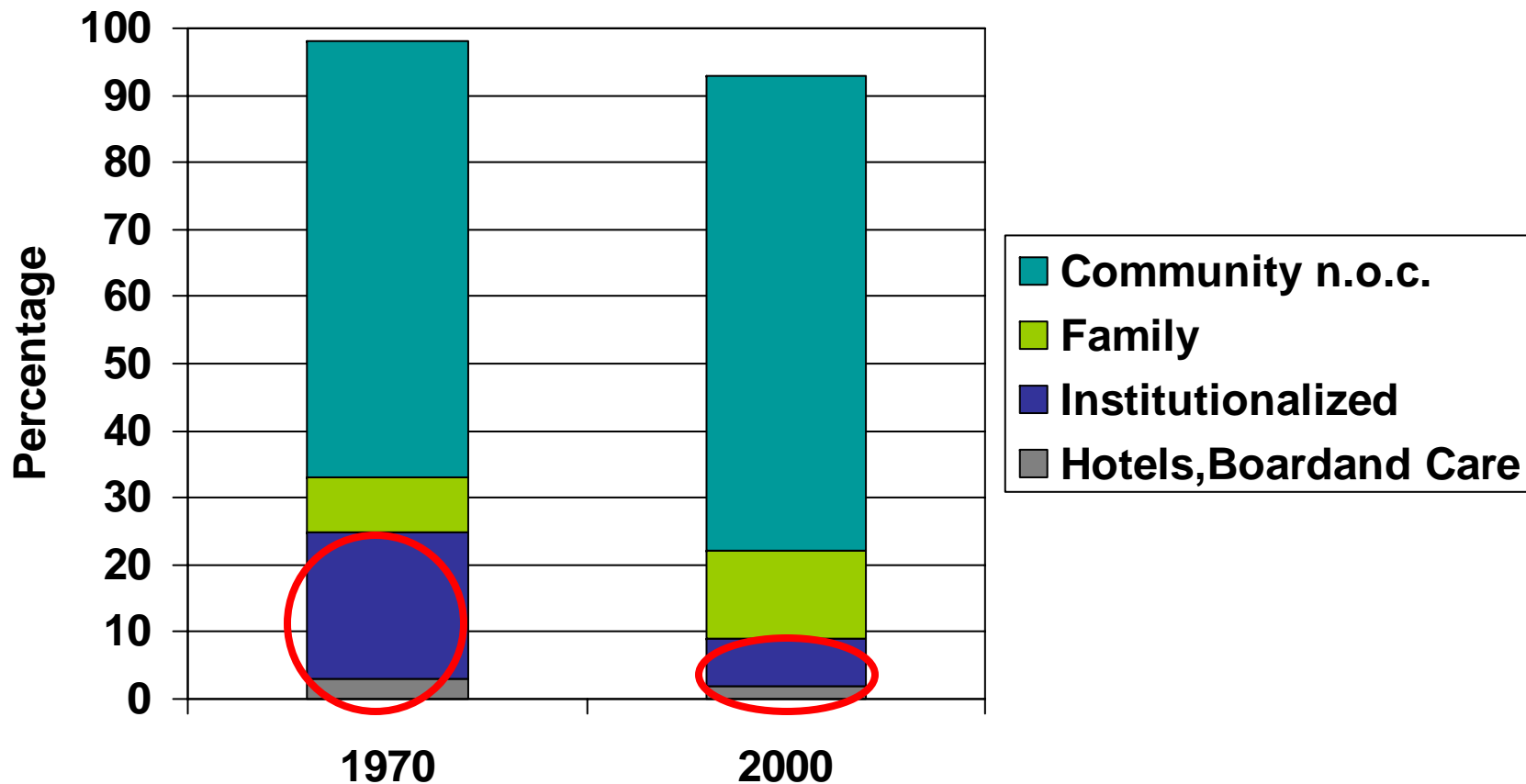
# Quality of Care has Improved – Via “Exnovation”

- Insulin shock
- Psychosurgery
- Unproductive institutionalization
- Miltown
- Minor Tranquilizers

# Reduced Financial Burden (Out-of-Pocket Share of Expenses per Person with Dx)



# More People with SMI are living Independently or with Family



Source: Frank and Glied

# Resources to People with Mental Illness have Increased

1972

- 31% receive food stamps
- 33% receive Medicaid
- No SSI
- 7% receive SSDI
- No section 8 housing

1998

- 63% receive food stamps
- 60% receive Medicaid
- 41% receive SSI
- 30% receive SSDI
- 4% have housing voucher

# Rights Have Expanded

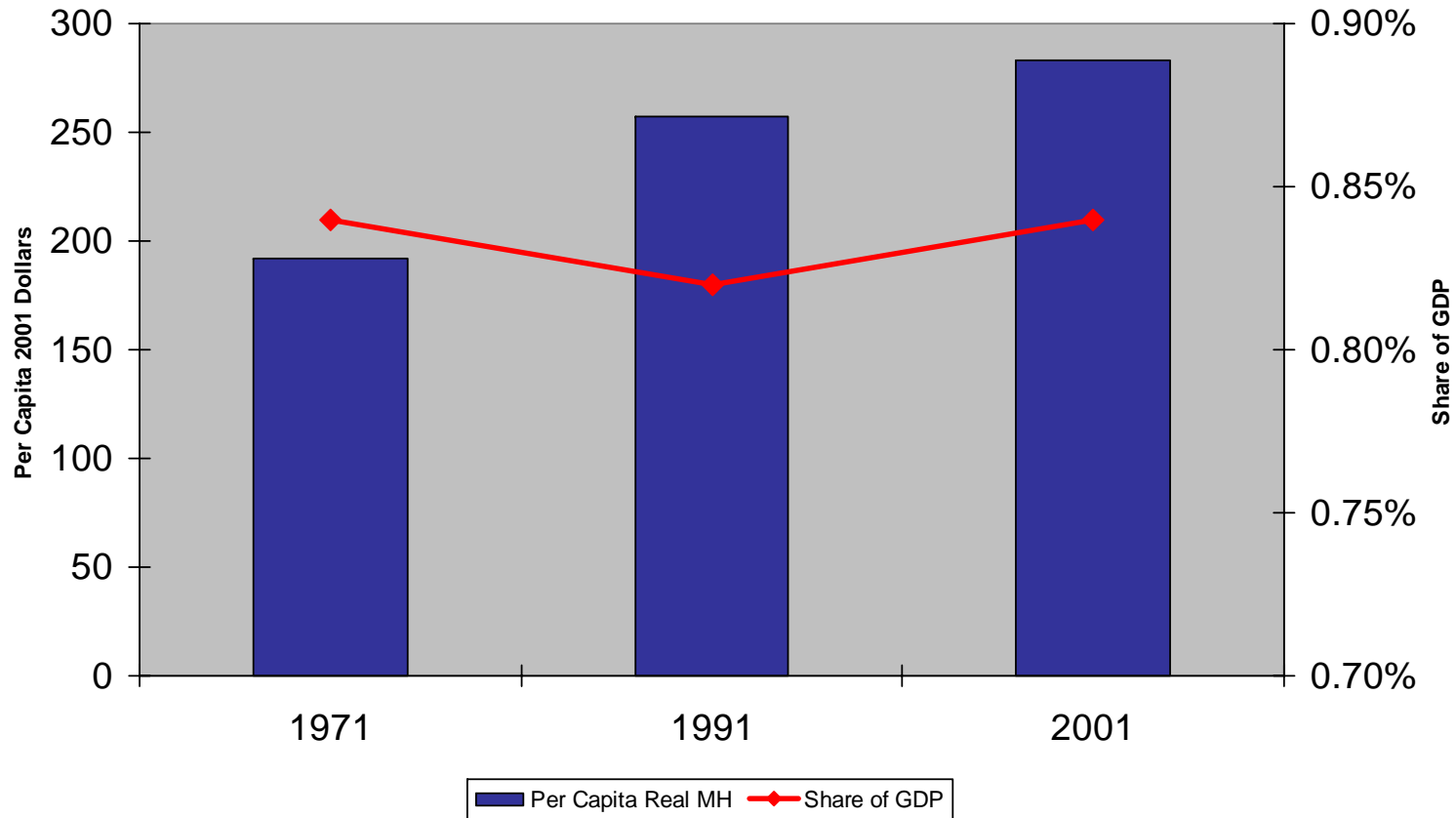
- Treatment
- No medication for staff convenience
- No unpaid labor
- Equal protection and treatment
- No discriminatory zoning
- Unnecessary restraints and seclusion
- Advance directives
- Community based alternatives

# Somewhat less stigma

- Better public understanding of mental illness
- More nuanced view of causes of mental illness

# Total Medical Sector MH Spending has not Grown

**Mental Health Spending -- Real per Capita  
and as a Share of GDP**





# Why Has Well-being For People With Mental Disorders Improved?

- New and better treatments?

**For most conditions, clinical trial data suggest new treatments are NOT more effective than older treatments.**

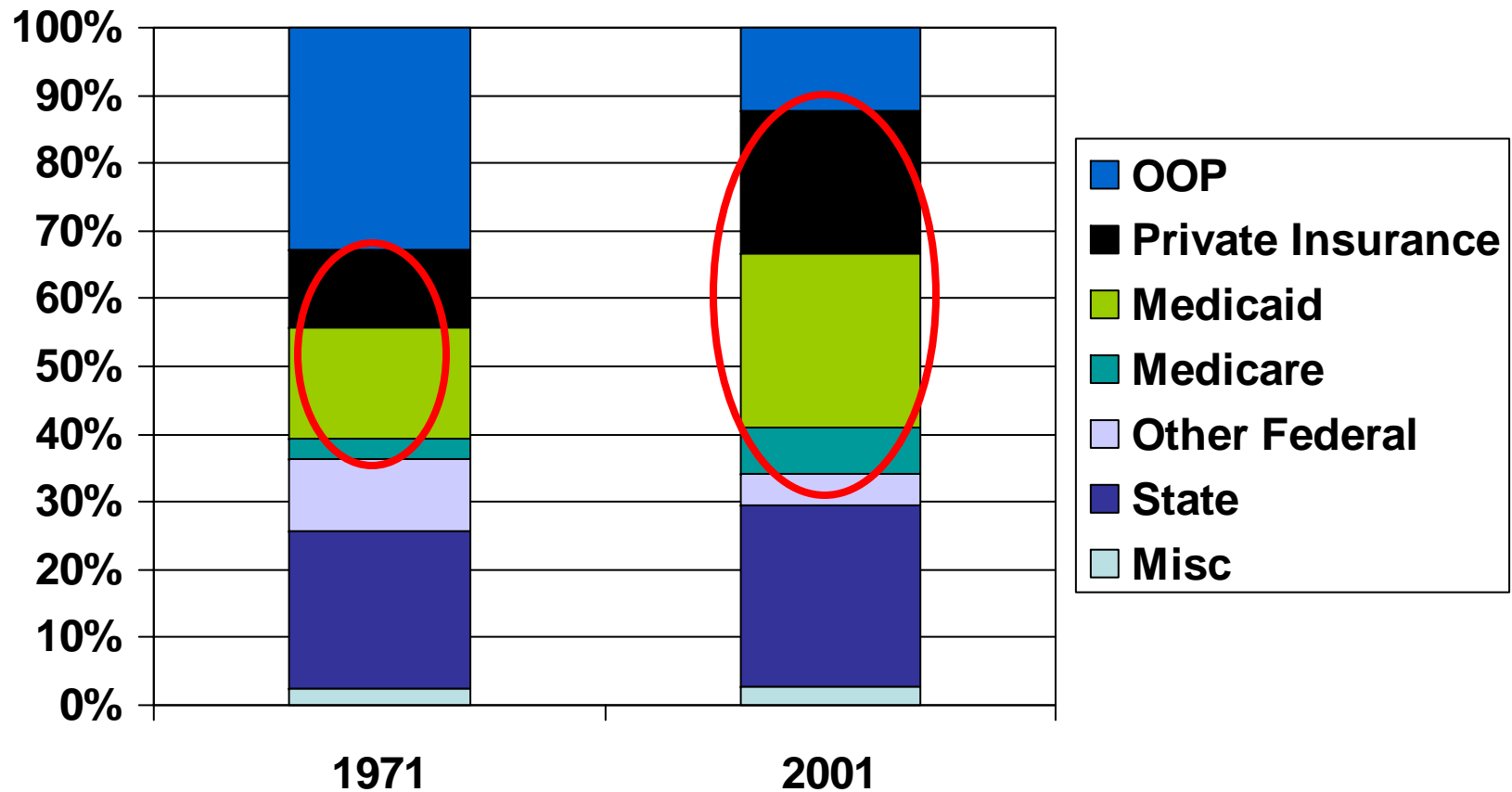
# Therapeutic Advances

	1955-1969	1970-1984	1985-2000
<b>Schizophrenia</b>	Neuroleptics		clozapine etc. ACT
<b>Depression</b>	MAO inhibitors Tricyclic anti-depressants Interpersonal, Behavioral Therapy	Cognitive Therapy	SSRI CBT
<b>ADHD</b>	Psychostimulants		
<b>Anxiety Disorders</b>	Minor tranquilizers Imipramine desensitization therapy	Benzodiazepines Exposure, Cognitive therapy	clomipramine SSRI CBT
<b>Bipolar Disorder</b>	Neuroleptics MAOIs & TCAs Lithium (Europe)	Lithium formally approved by FDA (1970)	Anti-convulsants SSRI Calcium channel blockers Atypical anti-psychotics

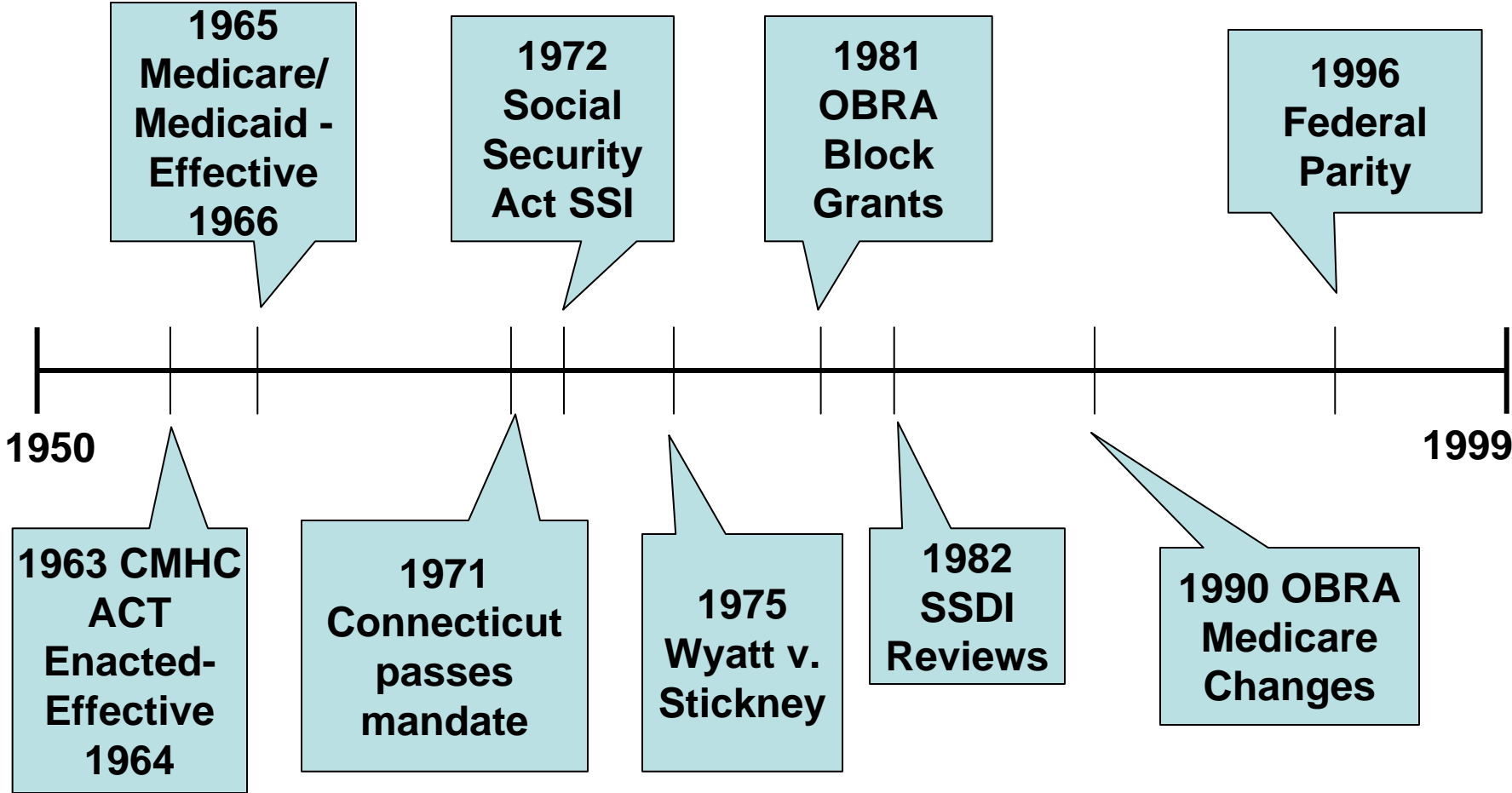
# Why Has Well-being For People With Mental Disorders Improved?

- More choice/autonomy -- rights
- Growth of health insurance based financing
  - Medicare/Medicaid
  - Private insurance
- Social insurance
  - SSI/DI
  - Housing
  - Food stamps
  - TANF
- Expanded supply of providers

# Growth in Health Insurance Based Financing



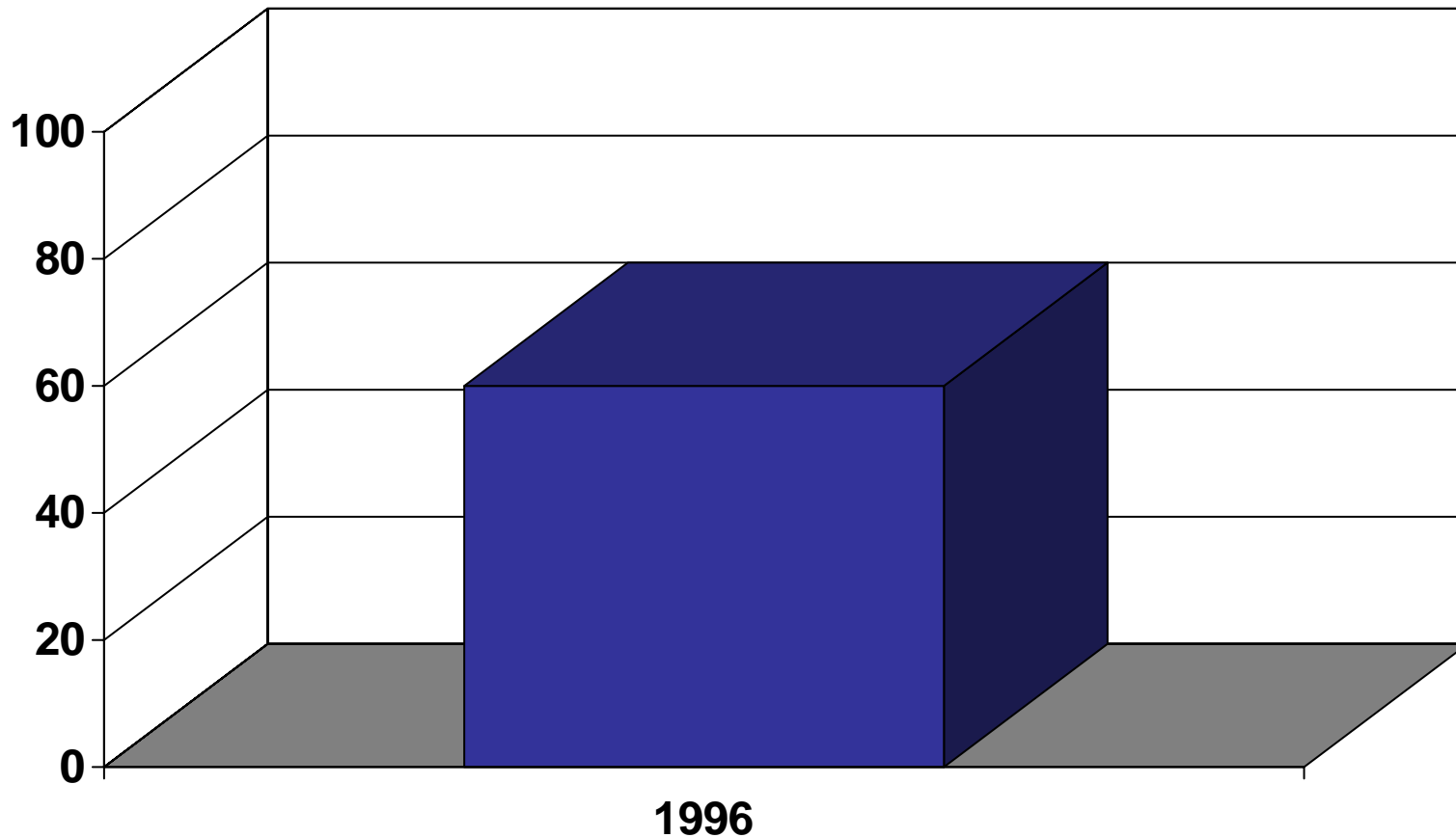
# Mental Health Financing Timeline



# Perhaps “Better” ...But Not Well

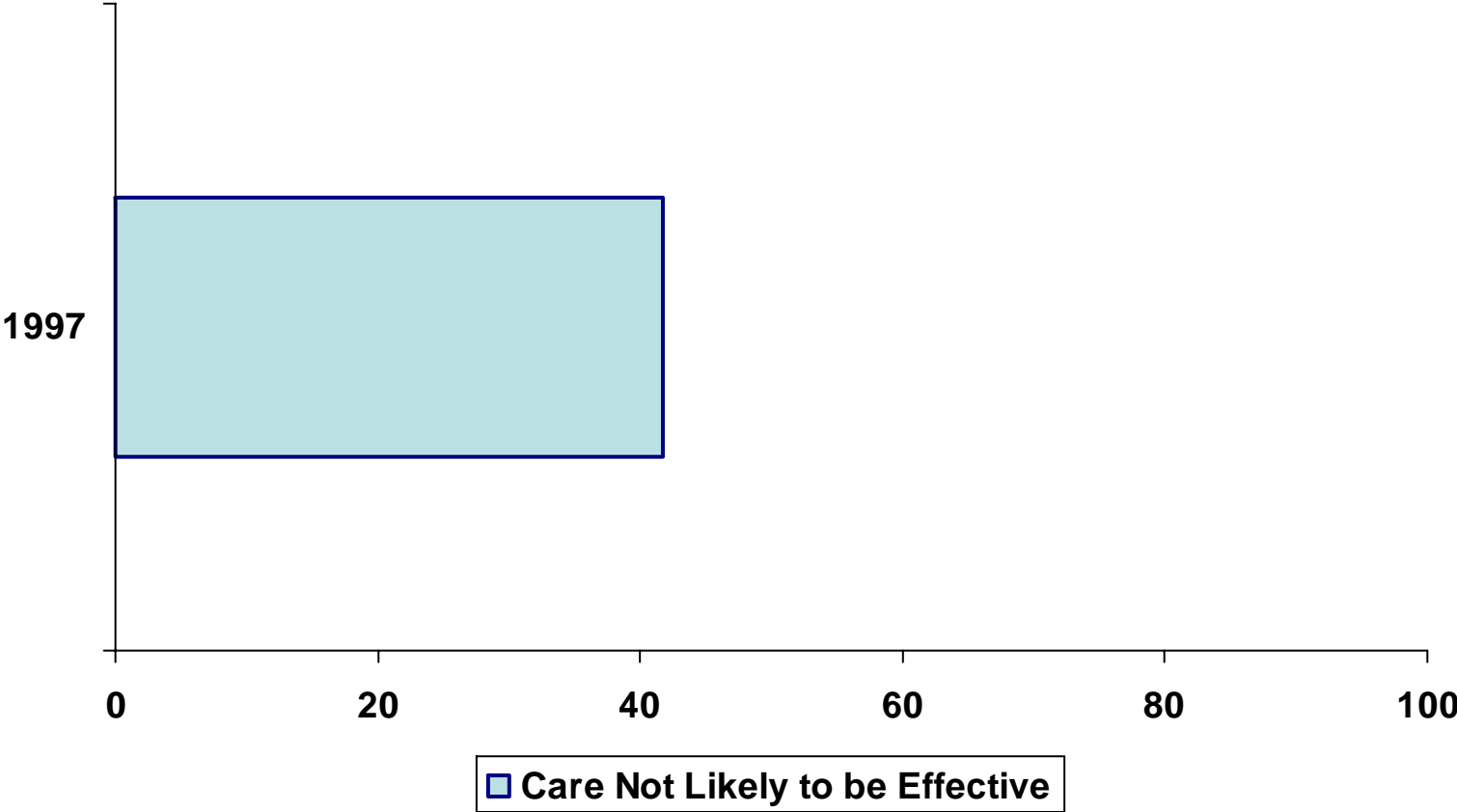
- Many people still lack care
- Most care is suboptimal
- Incomplete insurance coverage
- Homelessness/incarceration
- Poverty is the norm for people with SMI
- Very low rates of employment
- Continued stigma

# Share of SMI (NCS) **not** Receiving Treatment in 1996



Source: NCS-R

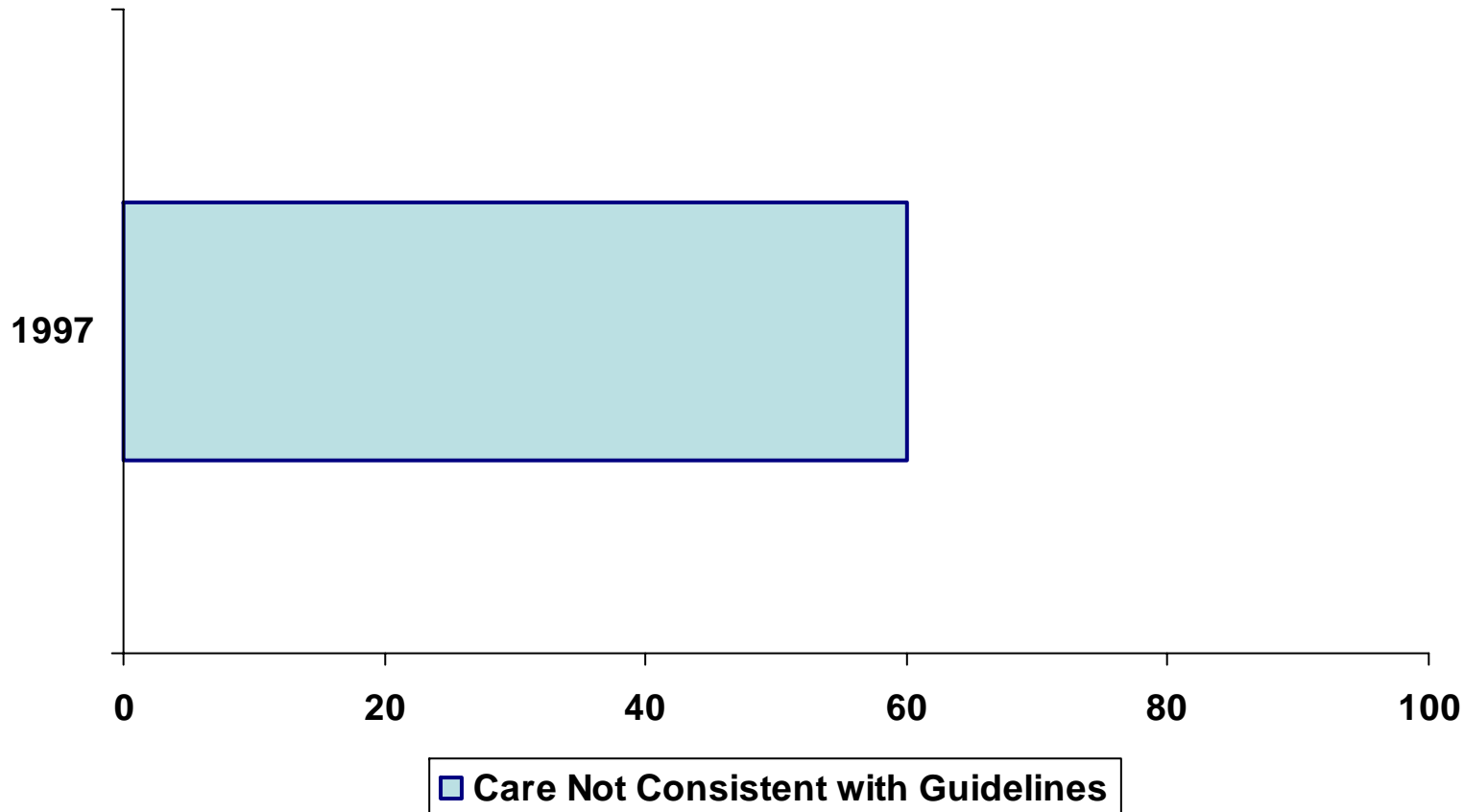
# Many People Continue to Receive **poor** Quality Care - ADD



Source: Frank and Glied

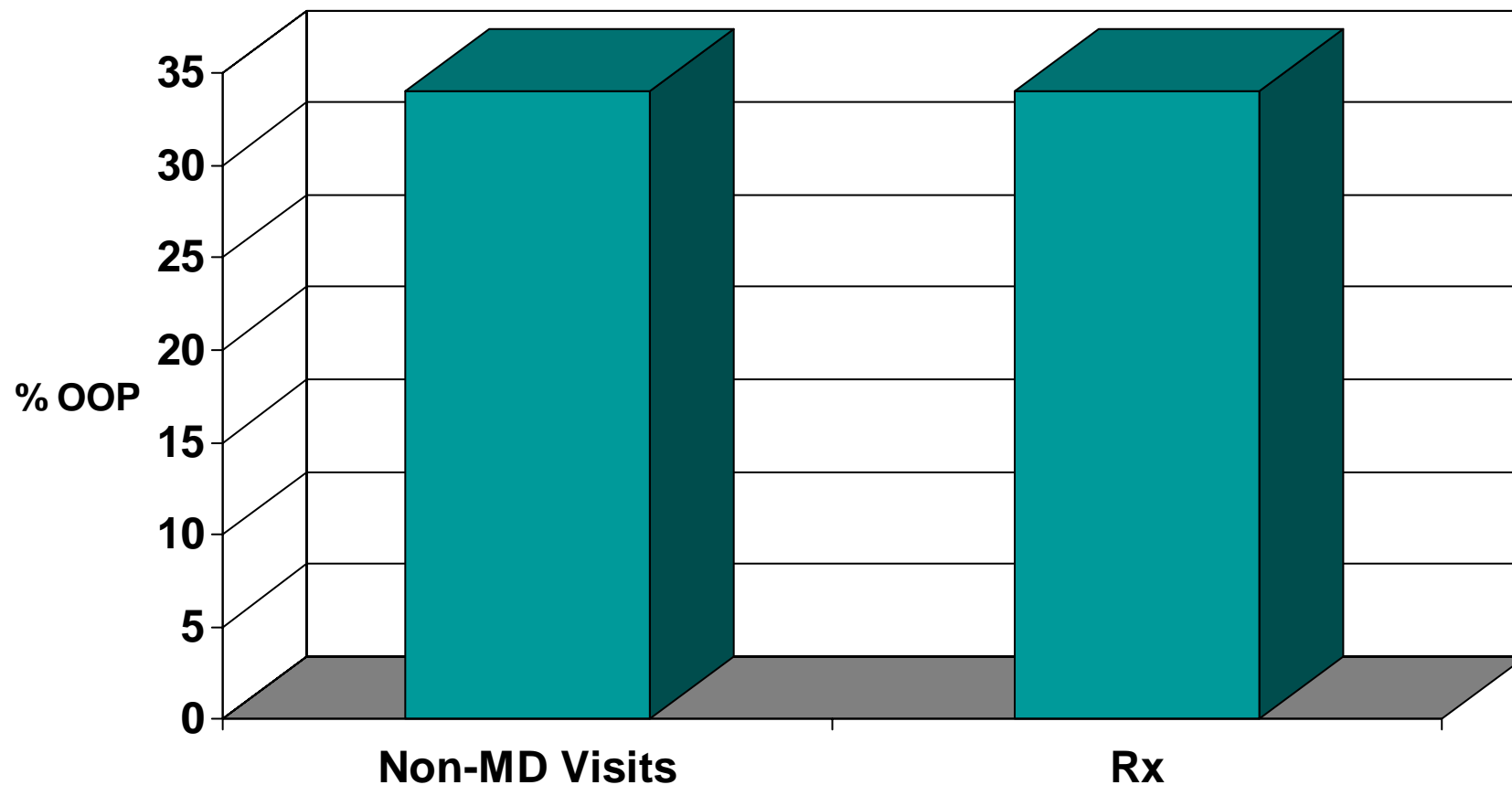


# Many People Continue to Receive **poor** Quality Care - Schizophrenia

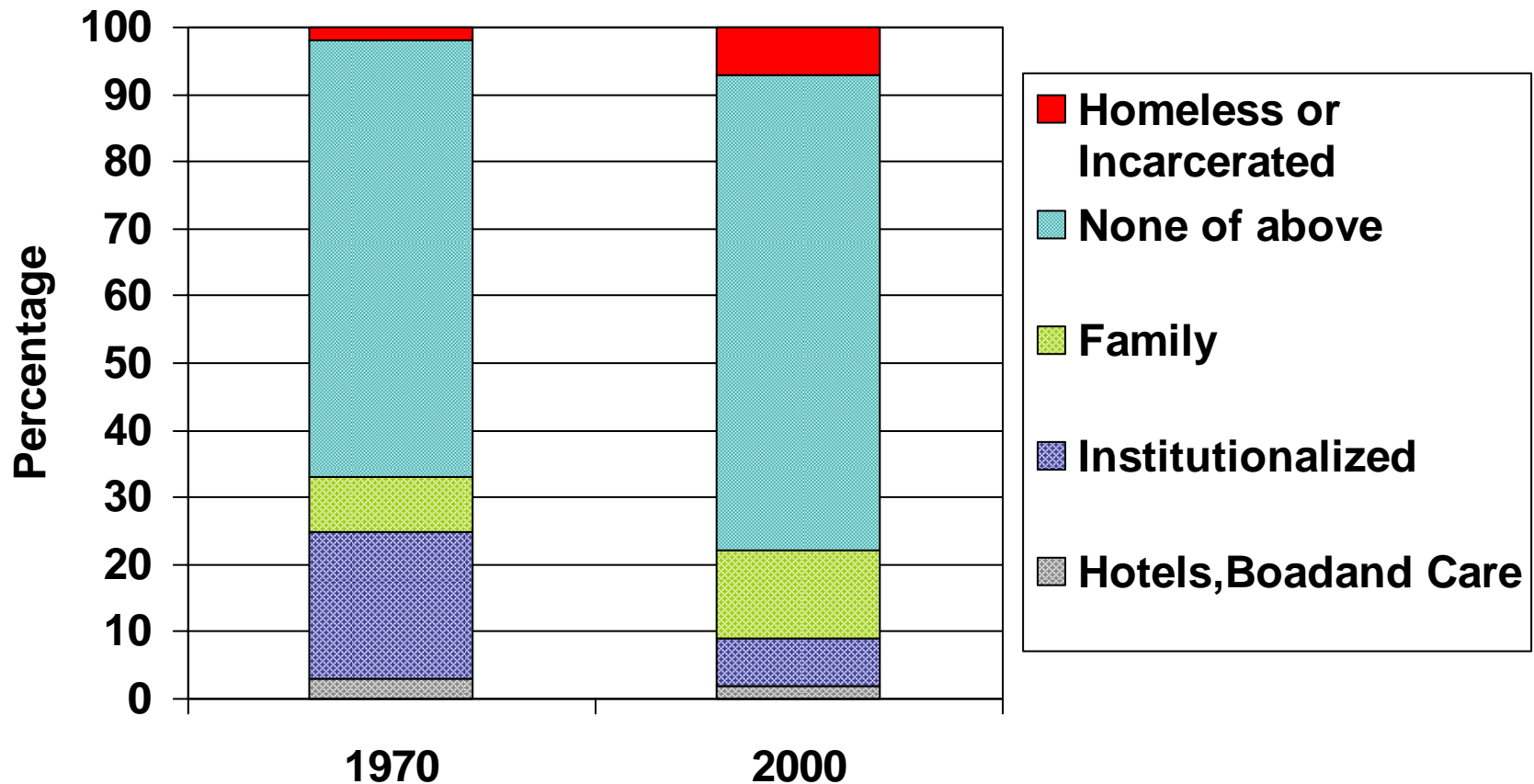


Source: Frank and Glied

# Some Continue to Bear **High** OOP Financial Burden



# More People are **Homeless** or **Incarcerated**



Source: Frank and Glied

# Mental Illness and **Poverty**

- Total bundle of benefits for SMI does not lift an individual above the FPL (<\$10,000)
- Mental illness continues to lead to reductions in work

# Moving Forward

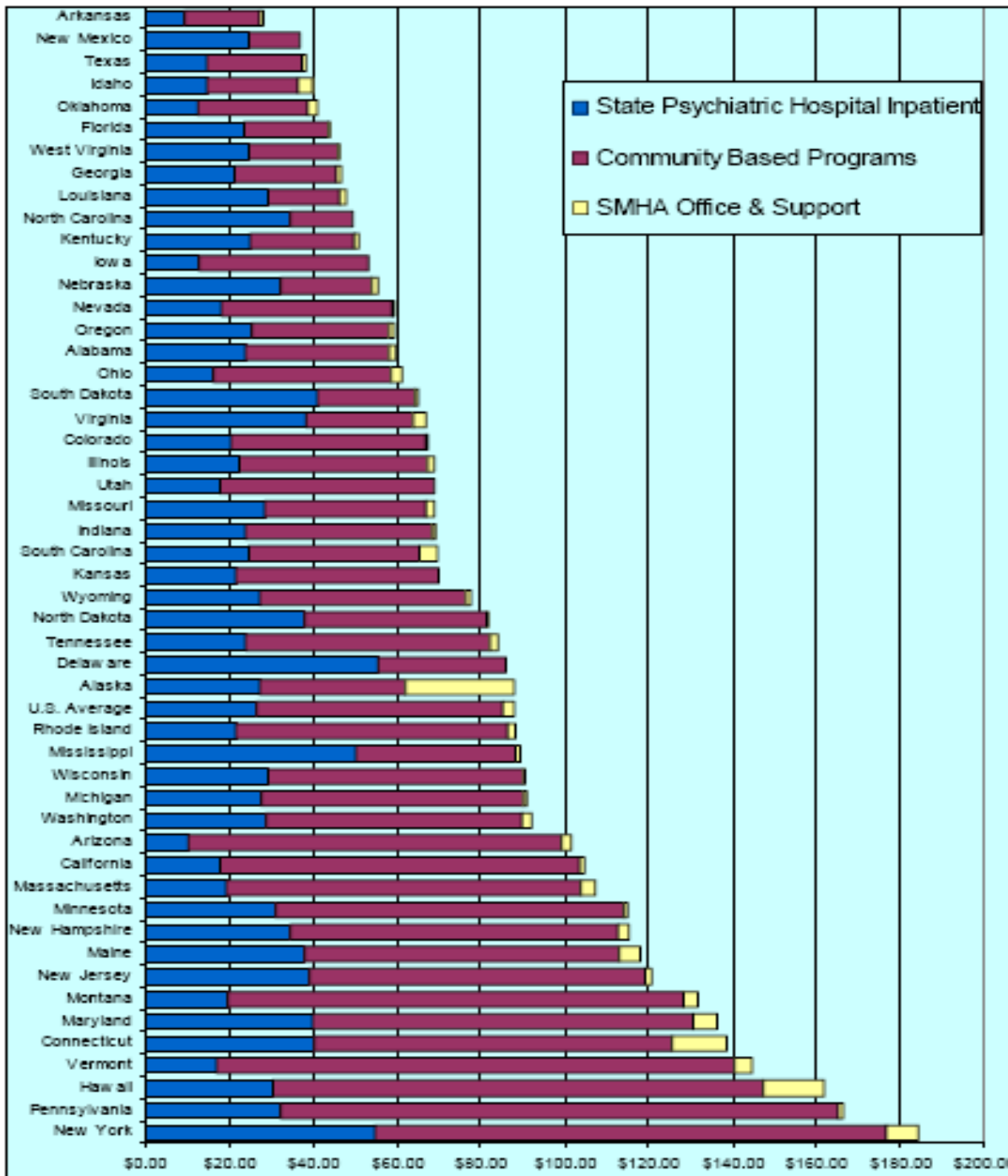
- There is a business case:

Mental health policy **HAS** made a difference to people's lives and it has done so **WITHOUT** excessive increases in cost!

Where do we find the field, and what are the prospects for positive change NOW?

# There is **room for improvement**

- If past is prologue...
- *Expanded access to mainstream programs and protections – Medicaid, Medicare, SSI, SSDI, legal rights– has been a boon to people with mental health problems.*
- *Treatment innovations and a strategy of mental health “exceptionalism” may have contributed less than expected*
- *Yet...*
  - *A national view obscures the role of states*
  - *There is both great variability among states, and common policy challenges*
  - *Medicaid financing is at the top of everyone’s list*

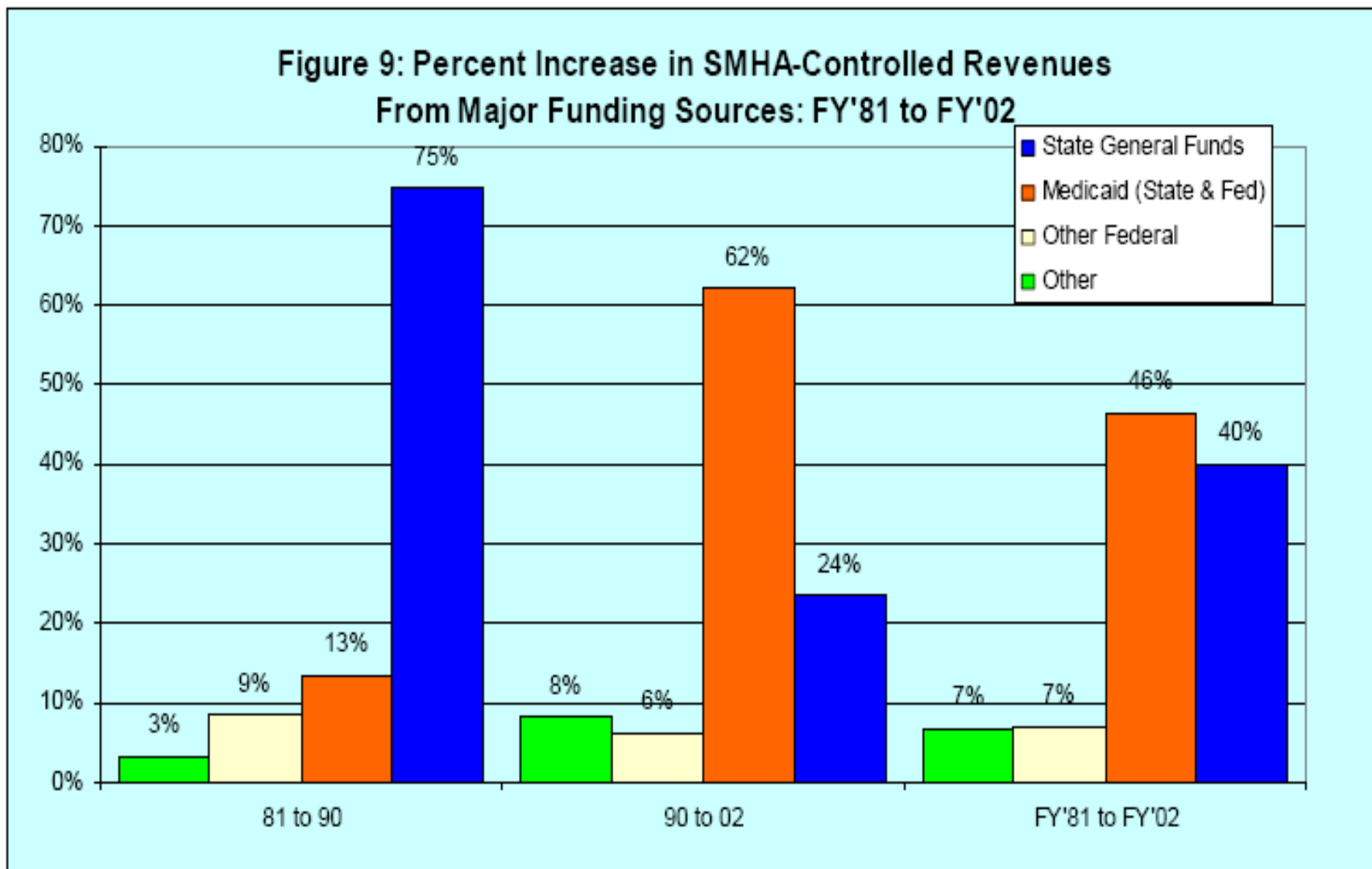


**“If You’ve Seen One State...”**

**Comparative Mental Health Spending By State**

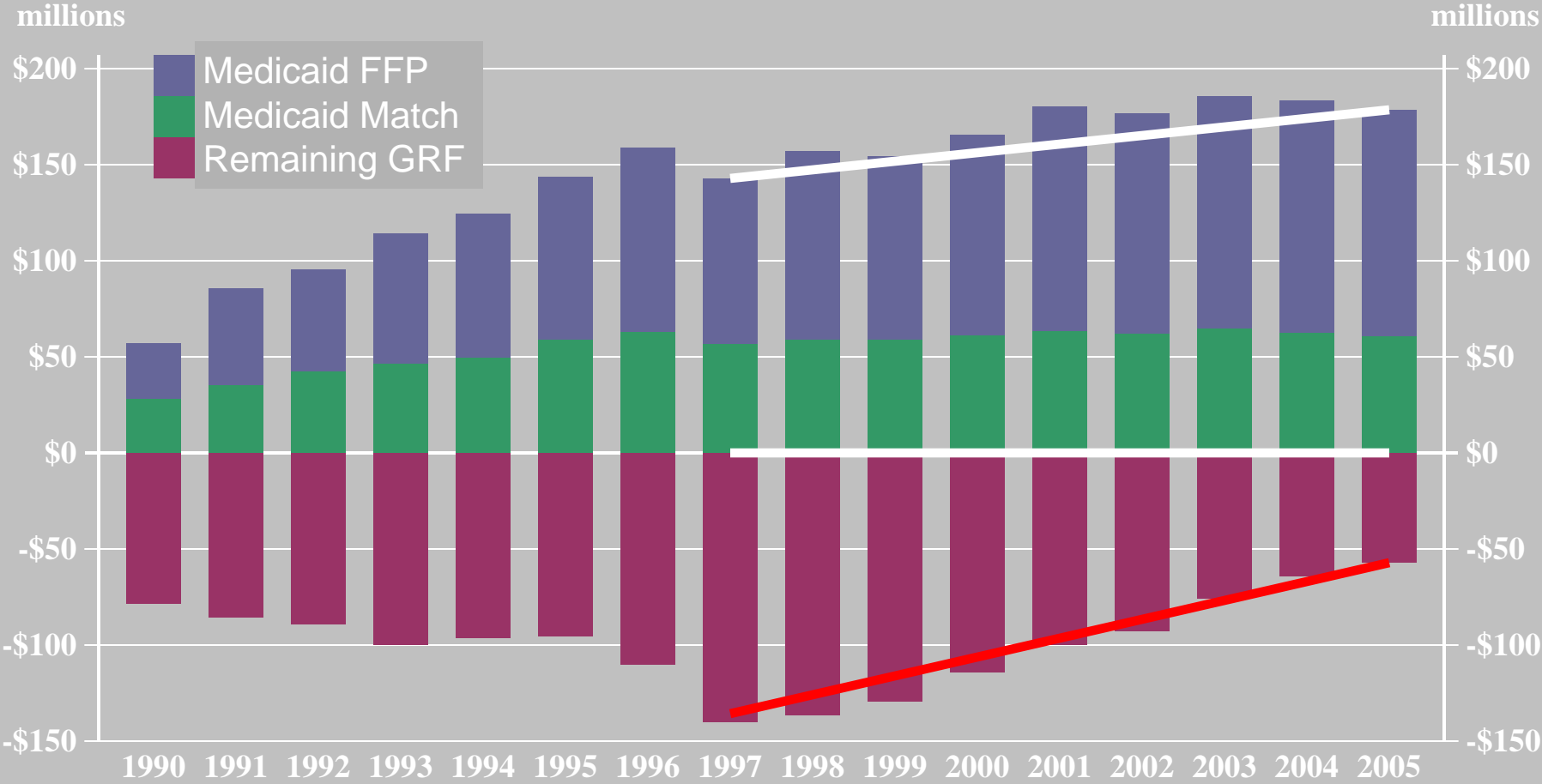
- Varies by level
- Varies by priorities

# But Financing Dynamics Are Shared: Medicaid as the 800 lb. Gorilla in MH Care





# One Illustration of Funding Trends: Medicaid As Pac-Man within Ohio's MH Budget



Community GRF (502+508+408) and Medicaid FY 1990 – FY 2005 (est) Deflated 3% per year

# Challenges for the Future

- Medicaid and mental health care
  - Benefit boundaries create gaps to fall through
  - The “poorly overserved”
  - Medication costs
  - Federal-State tensions
- What is the future of a “mainstreaming” agenda?
  - Where will the leadership come from?
    - Commission?
    - Czar?
    - Advocates?
  - Many “mainstream” realms:
    - Health Care
    - Education
    - Housing
    - Criminal Justice
    - Disability Policy

Thank You