



# Mental Health Matters...

## Quality Information Helps You Make Informed Decisions

This newsletter is published to provide you with important information that can stimulate your thinking and action to improve NH's mental healthcare system; to demonstrate that NH is a *state that cares* for its most vulnerable populations.

### Mental Health is Essential to Overall Health

People with mental illness can and do recover to live full and meaningful lives. Coverage for and access to quality mental health care is critically important to assure a healthy population that contributes to the quality and productivity of the state. Prevention and early intervention reduces the negative impact of mental illness for all ages. Lack of coverage and access to mental health care services results in burdens to the state's other systems; hospital emergency rooms, courts, county jails, law enforcement, prisons, juvenile facilities, homeless shelters, schools and local governments. By strengthening the infrastructure of the mental health system we are strengthening all systems of care.

### A Comprehensive System Works Best

- ◆ **Coordinated and Integrated** - Effective mental health treatments work best when they are coordinated and integrated with other treatments; physical health and substance use treatment services, supported employment, housing services and peer and family supports, among others.
- ◆ **Public/private** - Public/private partnerships are critically important for sustainable comprehensive, high quality, cost effective mental health programs and support services.
- ◆ **Interconnected** - Systems of care are interconnected, changing one part impacts another, shifting service provisions and costs to other sectors. These changes can result in negative consequences (reducing coverage, cutting eligibility) or positive consequences (improved effectiveness and efficiency leading to improved treatment outcome).

## We can help

If you or someone you know needs help, please call our toll free number at 800/242-6264 or visit our website at [www.naminh.org](http://www.naminh.org).

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## Impact of Mental Illness

- ◆ An estimated 254,000 of NH adults and 55,756 children are likely to have experienced mental illness in the past year.<sup>1,2</sup>

*“When I was asked to write a paragraph on what it is like “to live with a mental illness” I found myself both frustrated and angry. I would have preferred to be asked “what is it like to live as a human being”?*

*Could it be true that with mis-beliefs, misconceptions, suppositions, and stereotypes another might fear that mental illness makes us other than human? I will answer the question what is it like! At age 59 I will simply say ‘It is fine! I am okay! And, I hope it is the same for you!’ “*

David T. Sawyer  
Durham, NH

- ◆ **Suicide** - The highest rates of suicide in New Hampshire are among older adult males aged 70 and over.<sup>3</sup>

- ◆ Suicide in New Hampshire is the second leading cause of death amongst 15-24 year olds.<sup>4</sup>

- ◆ Almost one-fourth of all stays in US community hospitals - 7.6 million of the nearly 32 million stays - involved depression, bipolar disorder, schizophrenia and other mental health disorders or substance use disorders.<sup>5</sup>

- ◆ **Uninsured** - More than one in four adults who are uninsured have a mental illness, substance use disorder or co-occurring disorder. Almost 80% of the people with these disorders (mental illness/substance use disorders) who needed mental health treatment but did not receive it cited cost of treatment as the reason.<sup>5</sup>

- ◆ Over the past 15 years, New Hampshire Hospital has experienced more than a doubling of admissions; in 2008 it totaled 2300 people.<sup>5a</sup>

- ◆ **Veterans** - Of the more than 325,000 returned Iraq and Afghanistan veterans who have been seen at U.S. Department of Veterans Affairs health facilities, 39% have mental health diagnoses, including nearly 68,000 with PTSD.<sup>6</sup>

## Access to Care is Critical

- ◆ **Social Stigma and Discrimination** - The social stigma and discrimination associated with mental illness can cause feelings of shame and guilt, and serve as a deterrent to seeking mental health treatment. Stigma leads others to avoid living, socializing, or working with, renting to or employing people with mental disorders. Such stigma is widespread in the United States and in New Hampshire.<sup>7</sup>
- ◆ **Staff Turnover** - The staff turnover rate at Community Mental Health Centers exceeds 20% creating waitlists for services. There is potential that in a five-year period the entire staff (especially at the entry level) of a center will have turned over. Reasons for high turnover include: stress associated with the work, inadequate pay.<sup>1</sup>
- ◆ **Inpatient Beds** - According to the New Hampshire Hospital Association, there were 236 voluntary inpatient beds in 1990; currently there are 186 beds across the state. The number of community

## Access to Care is Critical (*cont'd*)

Designated Receiving Facility (DRF) beds has decreased dramatically over the last eight years from 101 to 8, as have the number of Acute Psychiatric Residential Treatment Program (APRTP's) beds (from 52 to 16).<sup>8</sup>

- ◆ **Remain in the Community** - Care in the middle and at the higher intensity end of the spectrum of treatment, including intensive outpatient care, residential care, and inpatient care, is not easily available to many individuals with severe mental illness, resulting in an overburden on New Hampshire Hospital and poor outcomes for individuals who are unable to access sufficient treatment choices to remain in the community or to be discharged from the hospital when ready.<sup>8</sup>
- ◆ Research demonstrates that decreasing appropriate outpatient services may contribute to the person's disengagement from treatment and increase in symptoms and ability to do everyday tasks like care for oneself or working, all of which may result in increased frequency of visits to expensive emergency departments and often the need for hospitalization.<sup>8</sup>
- ◆ **Older Adults** - A variety of barriers reduces the accessibility of older adults to appropriate treatment of depression, including the lack of parity for mental health services in private insurance and Medicare, poor diagnosis and referral services in primary care, and an insufficient geriatric mental health workforce.<sup>9</sup>
- ◆ **Full Access to Medications** - According to the National Institute of Mental Health, full access to medications is important because individual patients have unique responses to medications and need more, not fewer, choices. In contrast, restrictive formularies, lack of coverage and cost sharing for vulnerable populations can result in poor health outcomes, increased emergency room visits, hospital care and institutionalization.<sup>10,11</sup>
- ◆ **Shortages of Psychiatrists** - New Hampshire is experiencing shortages of psychiatrists and other treatment staff. Over one third of NH is designated a "mental health professional shortage area" by the Health Resources Services Administration.<sup>12</sup>

*"Three years ago it became clear that our oldest child had some emotional/behavioral issues. Over the summer of 2005 Johnny was hospitalized. While he was there, testing showed several serious emotional disorders. I can't begin to explain how I as a mother was feeling. I experienced thoughts of guilt, anger, and sadness. I hated myself, life, and yes, even Johnny. Our home was a complete disaster. Our other children were scared of their own brother. A month after Johnny's hospitalization we learned about NAMI NH and it changed our lives. Through support and training we could finally see a light at the end of the tunnel. NAMI didn't heal our son, but it went a long way towards healing us as wounded parents and helped us to understand what was happening to our child and our family...*

*I now co-teach a NAMI NH class and support group. I am able to lend others an ear to hear them, some training to prepare them, and a map to guide them. Our son's struggle is not over, nor is ours, but what a difference it makes to give back and know we aren't alone."*

Rebecca Ladd - Piermont, NH

*“I’ve lived with mental illness all my life. Both my mother and brother were diagnosed with serious mental illness and I was no exception. In 1990, I was diagnosed with three different mental illnesses. I was hospitalized and medicated for several years. Work became almost impossible. The medications were making it really hard to keep any form of concentration. I kept falling through the cracks for what seemed like forever. I called anybody and everybody but somehow I didn’t qualify for anything.*

*Beginning in 2002, my entire life would change. I found a support system that helped me to gain confidence in recovery and allowed me to grow as a person. Today I am well. I have a degree and I am furthering my degree. I am also a homeowner and feel I am able to take on any challenge life may throw at me.”*

Carol L’Italien - Derry, NH

## **Mental Health Is Inseparable from Physical Health**

Recent reports, including the NH Mental Health Commission Report, indicate that persons with severe mental illness die, on average, 25 years earlier than their age cohorts in the general population. Persons with severe mental illness suffer from medical conditions that shorten their lives including, diabetes, coronary artery disease, hypertension, obesity and immune deficiencies. In fact, 60% of the premature deaths in persons with schizophrenia are due to medical conditions including cardiovascular, pulmonary and infectious disease.

- ◆ Health care for physical health, mental, and substance use problems and illnesses must be delivered with an understanding of the inherent interactions between mind/brain and the rest of the body.<sup>12</sup>
- ◆ **Whole Person** - When the whole person is treated for conditions he or she is experiencing, it is easier to develop a comprehensive wellness plan that will enable each person to live optimally.<sup>7</sup>
- ◆ **Primary Health Care** - Primary health care providers now provide services to over 100,000 people each year with mental health diagnoses. But there is still significant work to be done in improving public recognition that good mental health is fundamental to overall health.<sup>2,7</sup>
- ◆ An estimated 54% of people in New Hampshire receiving treatments for mental health issues are treated by their family physician or in hospital emergency departments.<sup>2</sup>

## Treatment Works, Early Intervention is Effective, Recovery is Possible

- ◆ **Evidence Based Practices** - Multiple treatments have been shown to effectively reduce mental illness symptoms and improve the functioning of people suffering from a mental illness. There are evidence based practices for adults and for children and their families that have been recognized by the federal Substance Abuse and Mental Health Service Administration as having a strong base for promoting recovery and addressing severe emotional disorders.<sup>7</sup>
- ◆ **Recovery** - Recovery is an individual and self-empowering process. It is about being able to manage a mental illness. It is not about a cure.<sup>13</sup>
- ◆ Mental illness can be successfully mitigated through prevention and early intervention.<sup>5</sup>
- ◆ **Informed Choice** - Fundamental for recovery from mental illness is a system that promotes informed consumer and family choice and a continuum of services and supports.
- ◆ **Effective Treatment and Support** - The importance of providing effective treatment and support services for individuals (youth and/or adults) with both mental illness and substance use conditions should be a high priority for mental health care providers. The failure to provide effective treatment will have a range of long-term costs to NH, both financial and social.<sup>1</sup>
- ◆ **School Mental Health Programs** - Growing evidence shows school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals and improving test scores. When school personnel, health care providers, law enforcement personnel and human resource staff have been educated to recognize signs of a developing mental illness, they can help serve as community gatekeepers to mental health treatment.<sup>14</sup>
- ◆ **Police Crisis Teams** - National studies have demonstrated that maintaining police crisis teams trained to respond to individuals experiencing symptoms of mental illness will enable these officers to more effectively deal with tense situations and will result in more appropriate dispositions of these cases. Enhanced intervention skills improve the overall public safety of residents and law enforcement officers.<sup>15</sup>

*“I’ve been dealing with mental illness since I was 18 years old. Now, 44 years later, I have to learn how to deal with physical limitations as well. I have seen many doctors in recent years and most of them see me as a whole person. However, I have seen a few who assume that my physical symptoms are all related to my mental illness.*

*I would appreciate being seen as a patient who is a person first, not just a mentally ill patient. I want to see change in the way people with mental illness are treated. I want people to be treated with respect.*

*We need to band together to get rid of the stigma associated with getting help. We need to stop perpetuating the pain.”*

Jan Foster  
Concord, NH

## Failure to Respond Burdens Other Systems

- ◆ **Frequently Hospitalized** - Among NH patients who are frequently hospitalized [and who seek help in emergency rooms](at least 10 times in 10 years) with a primary condition of mental illness, 75% had a co-occurring diagnosis of substance use identified as a contributing condition in one out of four of their visits. Total per patient charges for these high-end users over 10 years exceeded \$138,000, with a total charge of \$320 million for 2,310 people.<sup>1</sup>
- ◆ Mental disorders are the leading cause of disability in the US for ages 15-44.<sup>14</sup>
- ◆ **Cost of Housing Prisoners** - The cost of housing prisoners has risen sharply and will continue to do so as the prison population ages and medical needs escalate. Developing state standards for mental health care in prisons and jails would provide a consistent framework for delivery of such care, and could result in lower recidivism rates.<sup>15</sup>
- ◆ **Incarcerated Population** - 40% of NH's incarcerated population are living with a mental illness (for female inmates the rates are even higher at 71%) and 75% having a history of substance abuse.<sup>15</sup>
- ◆ **Lack of Housing** - Lack of housing leads to greater levels of impairment, more difficulty in accessing services and supports, and a loss of stability which leads to subsequent hospitalizations.<sup>8</sup>
- ◆ Thousands of families make the devastating decision to give up legal custody of their children to state agencies for the sole purpose of obtaining intensive mental health services. No family should have to do this.<sup>16</sup>
- ◆ **Improvements in Prevention**- A 2007 national study estimated that even modest improvements in prevention and treatment for the seven most common conditions including mental illness could reduce healthcare costs by 27% or 1.1 trillion annually for the nation.<sup>17</sup>

*“Dave, an intelligent, likeable outdoorsman was the person everyone admired for colorful recounts of his on-the-trail adventures. Dave hiked 2,100 miles along the Appalachian Mountain Trail scaling the most difficult peaks. Over the holidays in late 2005, Dave dropped out of sight. The police found him dead in his home in January 2006, a victim of suicide. His planned method of execution was so gruesome that his story was highly sensationalized and carried by national newspapers.*

*In the months following, my family has wrestled with many emotions in trying to understand his pain and feelings of hopelessness. We never saw it coming. What were the warning signs we missed? What could we have done or said to make a difference? How could he have done this to people who loved him? If only we could turn back time and be there for him and somehow pull him back from the dark place where he had gone. If only...*

*Until January 2006, the story of mental illness was a story about someone else's family. Today, I am no longer so naïve. We who have our health are truly blessed. Once I thought I was exempt, but not any more.”*

Nancy Preisendorfer-Falzone  
Boscawen, NH

## Endnotes

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For a list of related reading materials, please visit our website at [www.naminh.org](http://www.naminh.org) and click on **Mental Health Matters**.



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## *We can help*

*NAMI NH and its partners are always available to provide accurate information along with personal stories to help leaders and public policy makers draft and implement legislation; make rules and regulations; and create state budgets and programs that meet the basic needs of NH residents.*

*Please call NAMI NH for additional information to assist you in your efforts to build a quality mental health care system.*

Michael J. Cohen MA, CAGS  
Executive Director

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