

POLICYMAKERS' FACT SHEET ON THE MENTAL HEALTH SYSTEM

Who Is Affected by Mental Illness?

- ◆ One in every five adults, or about 40 million Americans, experiences some type of mental disorder every year.
- ◆ Of this number, 5% have a serious mental illness, such as schizophrenia, major depression or bipolar disorder.¹
- ◆ Mental disorders cross all boundaries of race, gender and ethnicity, although the prevalence of some disorders is higher for some population groups:
- ◆ Women and Hispanics are more likely to experience a major depressive episode;²
- ◆ Younger people—ages 15 to 24—are more likely to have mental disorders than other age groups;³
- ◆ Elderly Americans are the demographic group most likely to commit suicide.⁴
- ◆ Among children, one in every five may have a mental health problem that can be identified and treated.
- ◆ At least one in 20 children—as many as 3 million children—may have a serious emotional disturbance. (This term refers to a mental health problem that severely disrupts an individual's ability to function socially, academically and emotionally.)⁵

How Well Are Needs Met?

- ◆ Fewer than one third of adults and half of children with a diagnosable mental disorder receive treatment in any one year.⁶

What Does the Mental Health System Look Like?

- ◆ Caring for people with mental disorders involves myriad providers, services and settings.
- ◆ Mental health services are provided by: psychiatrists (physicians specializing in the diagnosis and treatment of mental illnesses and are able to prescribe medication), clinical psychologists (most of whom have doctorates in psychology and are licensed as specialists in the diagnosis and treatment of mental disorders), licensed professional counselors, clinical social workers, marriage and family therapists, physicians in family medicine and other non-psychiatric specialties, and other service providers, such as occupational therapists, school counselors and school psychologists.

- ◆ Services range from medical and clinical services (prescribing of medications, counseling and psychotherapy), to psychosocial rehabilitation services that assist people with severe mental illnesses in living successfully in the community, to services designed to help people with mental illnesses find employment or housing.

What Roles Do the Private and Public Sectors Play in Providing Mental Health Services?

- ◆ Most types of mental health services are available in both the private and public sectors, and individuals often receive services in both sectors.
- ◆ Private providers may be nonprofit or for-profit, and may offer an array of services that includes inpatient hospitalization, partial hospitalization, outpatient counseling and psychotherapy.
- ◆ Most private health insurance benefit packages unfairly and arbitrarily limit access to needed mental health services. This reflects the historic stigma and misunderstanding surrounding mental health treatment, although mental disorders are typically as treatable as general medical conditions.
- ◆ The public system often serves people who lack private health insurance or whose private health insurance has bumped up against inpatient or outpatient visit limitations. It provides a range of inpatient and outpatient mental health treatment, rehabilitation and support services.⁷
- ◆ Publicly financed treatment plays a key role in the overall mental health service-delivery system. Public-sector spending accounts for approximately 53% of all spending on mental health and substance abuse treatment services. In comparison, the public sector is the payor for 47% of total personal health care spending.⁸
- ◆ The public system is administered by state mental health agencies and financed through state appropriations, Medicaid, and programs of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Many states rely on counties and county-based providers to deliver services in the community.
- ◆ A growing body of evidence has demonstrated that most people with mental illnesses who need treatment can be treated more effectively and at less cost in community settings than in traditional psychiatric hospitals. In response, the public mental health system has undergone dramatic changes over the last three decades. States have moved rapidly to downsize and close state hospitals and, in 1993, for the first time, state spending on community mental health services exceeded spending on state hospital inpatient services.⁹

- ◆ Although many people think of the 1970s and 1980s as the decades during which deinstitutionalization gained momentum, more than three times as many hospitals have been closed or downsized during the 1990s than during the two previous decades combined.¹⁰ Today, fewer than 70,000 people receive mental health services as inpatients in state hospitals.

How Effective is Mental Health Treatment?

- ◆ Diagnoses of mental disorders made using specific criteria are as reliable as those for general medical disorders, according to the Surgeon General's Report.¹¹
- ◆ Following more than two decades of dramatic scientific advances and improvements in behavioral and biological treatments, mental disorders are as treatable today as general medical conditions.
- ◆ According to a 1993 report of the National Advisory Mental Health Council,¹² treatment improves patient outcomes for the majority of Americans, even those with a severe mental illness. The report describes the following treatment success rates for specific severe mental illnesses:

	Patients improved (early treatment outcome)	Long-term relapse rate (of those responding to treatment)
Schizophrenia	60%	30%
Manic-depressive illness	80%	30%
Major depression	80%	15%
Panic disorder	80%	NA
Obsessive-compulsive disorder	60%	NA
(NA=information not reported)		

- ◆ These effectiveness rates compare favorably with such well-established general medical or surgical treatments as angioplasty or atherectomy for heart disease, which have success rates at or below 50%.
- ◆ Treatment success rates for other non-severe mental and emotional disorders are also high, if not higher.

Treatment for Severe Disorders

- ◆ As with certain general medical conditions, such as diabetes, some cases of mental illness must be categorized as long-term, severe and persistent. Increasingly, individuals with such disorders can focus on recovery and their well-being and quality of life can be significantly improved with access to services.

- ◆ Mental health treatments are provided in a variety of settings, including inpatient hospitals, day treatment programs, psychosocial rehabilitation programs, residential treatment centers, outpatient clinics, community mental health centers, community rehabilitation programs and the offices of individual providers.
- ◆ The most effective service system is one that combines a full range of treatment options, with assistance in securing housing, income support, job training, social services and social and recreational opportunities.
- ◆ For individuals with co-occurring mental illness and addictive disorders, integrated treatment interventions delivered simultaneously at the same treatment site, ideally by staff trained in both mental illness and addictive disorders treatment, is more effective than sequential or parallel treatment of each disorder.

Notes

1. *Mental Health: A Report of the Surgeon General*, 1999.
2. *Substance Abuse and Mental Health Services Statistics Sourcebook*, SAMHSA, Department of Health and Human Services (1995).
3. Ibid.
4. Hoyert, D., Kochanek, K., & Murphy, S. (1999). Deaths: Final Data for 1997. *National Vital Statistics Reports*, 47; Vol. 9. (Hyattsville, MD: National Center for Health Statistics), 1999.
5. Center for Mental Health Services (CMHS) definition, available on CMHS web site, www.mentalhealth.org/cmhs.
6. *Mental Health: A Report of the Surgeon General*, 1999, p. 408.
7. National Association of State Mental Health Program Directors (NASMHPD), Alexandria, Va.
8. *Mental Health: A Report of the Surgeon General*, 1999.
9. *Funding Sources and Expenditures of State Mental Health Agencies: 1993*, NASMHPD Research Institute, Inc., Alexandria, VA.
10. *Closing and Reorganizing State Psychiatric Hospitals: 1996*, NASMHPD Research Institute, Inc., Alexandria, Va.
11. *Mental Health: A Report of the Surgeon General*, 1999, page 15
12. *Health Care Reform for Americans With Severe Mental Illness*, National Advisory Mental Health Council, National Institute of Mental Health, Bethesda, Md. 1993.