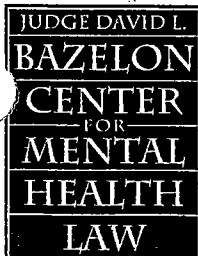




DISINTEGRATING SYSTEMS

THE STATE OF STATES' PUBLIC MENTAL HEALTH SYSTEMS



A Report by the Bazelon Center for Mental Health Law
with Extracts from State-Based Documents
Assessing State Public Mental Health Systems

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FOREWORD

This is a call for action. The reports and investigations quoted in this document attest to the unraveling of the nation's public policy for meeting the needs of people with major mental illnesses.

For decades, state mental health systems have been burdened with ineffective service-delivery programs and stagnant bureaucracies. Their operations have become rote, spurred to change only by crises. Combined with ever-increasing fiscal pressures, this situation has precluded innovation and kept most systems from incorporating the new and more effective interventions developed in recent years. As a result, patched-up state mental health systems have all but disintegrated, falling ever farther from the ideal of accessible, effective services that promote meaningful community membership.

Almost everywhere, consumers and families are frustrated, providers are overwhelmed and state mental health administrators are beleaguered. Policymakers and taxpayers alike should be concerned because the result is both unnecessary human suffering and a waste of precious resources.

Although many isolated examples exist of exemplary programs, these are rarely brought to scale and made available to significant numbers of people in need. These successes (often funded with demonstration dollars for limited periods) illustrate the potential for positive change, given adequate resources and political will. Yet they are overshadowed by the failings described in this report—signposts on the road to disintegration. Consider, for example, the following from two states' mental health commissions:

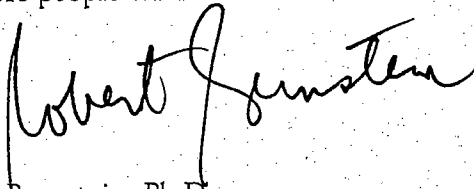
X Specific state initiatives have been effective, but none represents a system-wide strategy to these problems. (Florida)¹

X The public mental health safety net is stretched too thin and has holes in some places. Statewide, the supply of mental health services does not meet current demand and will not meet increasing demand in the future. (Ohio)²

This situation exists not because we lack information about what to do. It exists because, collectively, we have chosen not to do it. The Surgeon General of the United States deplores "the gap between what is known from research and what is practiced" and cites "a range of treatments of documented efficacy...for most mental disorders," few of which are widely available in most public mental health systems.³

The situation is particularly desperate in children's services. Here the Surgeon General found a "public crisis," noting that only one in five children with mental health needs receives services. As a result, "unmet need remains as high now as it was 20 years ago."⁴ Further, the Surgeon General notes, "children and families are suffering because of missed opportunities for prevention and early identification, fragmented treatment services and low priorities for resources."⁵

It is past time to elevate public mental health to a position of priority that more truly reflects the impact and the cost of mental illness. Failure to exercise the political will to do this will guarantee the continuing disintegration of state mental health systems, leaving more and more people with nowhere to turn.



Robert Bernstein, Ph.D.

Executive Director, Bazelon Center for Mental Health Law

X "Stigmatization of mental illness is an excuse for inaction and discrimination that is inexcusably outmoded..." (Surgeon General of the United States)⁶

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OVERVIEW

X What sets mental health apart from other social and medical causes is that we do not share a collective expectation or sense of responsibility—and as a result there is little outrage when mental health programs fail. (California)⁸

X People...have simply been dumped from facilities and programs without access to the care and services that might have helped them. (New York City)⁹

The condition of public mental health in this country is appalling. Access to care has shrunk drastically over the years, and innovations in treatment and services recently proven effective are unavailable to most people in most parts of the country. Even when available, these interventions are seldom used in the manner associated with the best results of clinical research.¹⁰

As a result, both adults and children with serious mental disorders face a range of extreme adverse consequences: homelessness, arrest and incarceration, unemployment, school dropout and failure, social isolation and, for children, legal separation from their families when parents are forced to give up custody to the state to access essential treatment. These outcomes of failure have significant costs, not only for the individuals involved but economically, for all of society.

The Bazelon Center's review of state reports showed that many states' mental health systems are in critical condition and that their problems are remarkably similar. As a blue-ribbon commission told the Connecticut

Governor, "long waiting lists, lack of existing services, and programs that do not follow best clinical practices hinder effective treatment."¹¹

Words like "gridlock" (Connecticut), "near crisis" (Massachusetts) and "crisis" (many states) are consistently used to describe the state of public mental health systems. Across the nation:

- ◆ Mental health systems are asked to do more with less and are doing less and less.
- ◆ Individuals with serious disorders—schizophrenia, manic depression, post-traumatic stress, major depression—often have no access at all to care or they have minimal access to minimal services.
- ◆ State mental health systems continue to rely on practices and models for which there is ample evidence of ineffectiveness, leading to repeated crises and rehospitalizations.
- ◆ Local service delivery generally fails to conform to the state's own goals and objectives and too often fails to meet basic professional norms for good care.
- ◆ The lack of appropriate community mental health care leads to high use of emergency and hospital care or to unnecessary costs in other systems: welfare, criminal and juvenile justice, child welfare.
- ◆ Across the board, children's services are reportedly even worse than programs for adults.
- ◆ Having long endured inadequate services, consumers and families now have extremely low expectations for the system. Even so, they are often disappointed.

X We spend billions of dollars dealing with the consequences of untreated mental [illness]. (California)¹²

X Emergency behavioral health services are in crisis throughout Florida... there is inadequate capacity... inconsistent standards of care....Funding is an important part of the problem.¹³

X The lack of crisis intervention services results in overuse of inpatient services as well as inappropriate use of the criminal justice system. (Wisconsin)¹⁴

CONCLUSION

X "We do not tell cancer patients to come back if and when their disease has metastasized. But we turn mental health clients away and tell them to return when their symptoms are so severe and persistent that they cannot meet their own needs." (California)⁸⁹

X The only way out of this crisis is to return to the original vision of the comprehensive system...committed to healing those children who come into contact with its services as efficiently and compassionately as possible. (Arizona)⁹⁰

The reports excerpted here paint a frightening picture of systemic collapse. Why do we, as a nation, allow this to happen? The knowledge exists to reform mental health systems effectively. The research exists to justify effective interventions and, even in the states quoted here, there are pockets of adequate performance—"islands of success in a sea of rationed care," in the words of California's Little Hoover Commission.⁹¹ Missing, however, is the political will to pull entire systems out of their descent into disintegration.

Today, access to needed services is minimal at best. Many cannot find any care, others can only obtain services to avert or respond to a crisis. The emphasis on Medicaid funding—the result of states' reduced appropriations for mental health care—now means that people who are not eligible for Medicaid have difficulty accessing any care until they face an emergency.

Inappropriate patterns of utilization drive up costs unnecessarily. Outdated service approaches continue to eat up limited resources, while the services highlighted as most effective by the Surgeon General of the United States are unavailable in most communities and grossly underfunded in nearly all states.

Some states are at last focusing on mental health as a major concern. In Arizona the Governor proposed to *double* spending on programs for people with serious mental illnesses, adding \$155 million to the budget. Connecticut, too, recently addressed some of its crises. Its

Governor described “a consensus this year to apply the same command focus we placed on welfare reform to the issue of mental health.” Most important, he enunciated “a new understanding” that mental health “is woven into the mission of many of our state agencies.” He committed the state to “address this complicated issue with new determination and new resources.”⁹²

The consequences of neglect have been tolerated for too long. We cannot continue to ignore the needs of the children and adults who require mental health services and supports. Without attention, their disorders will not disappear. Too many will continue to live bleak lives in poverty, the other state systems will still be forced to deal with the consequences of worsening mental disorders, and the public will continue to pay.

Although scarcity of funding is a problem, more money alone is not enough for a state to purchase positive outcomes. What is needed is a different way of doing business—a new vision for public mental health.

The Bazelon Center now calls on national and state policymakers to make good on their promise of humane and effective public mental health care in the community for the children and adults who rely on our public mental health systems.

To aid states in creating such a new vision and transforming their approach to public mental health, the Bazelon Center has prepared a model law⁹³ creating a right to mental health services and supports. Such a statute, enacted by a state, would provide an entitlement to treatment through public mental health systems for adults⁹⁴ with serious and disabling mental illness. Many assume this right must already exist. Alas no, as the states themselves tell us here. Not only is there no entitlement to care, but increasingly, across America, mental health services are simply unattainable through disintegrating public systems.

X “Someone should sue us.” (a state official)