

# ***The cost of mental illness***

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# Biggest cause of disability

- ⌘ Federal government spends more on SSI for mental illness than in Medicaid or Medicare
- ⌘ 25% of all SSI; 40% of those with disability
- ⌘ four of the top 10 worldwide causes of disability:
  - ⌘ #1 Depression, #4 alcoholism, #6 bipolar disorder, #9 schizophrenia

# Types of mental illnesses

- ⌘ Depression
- ⌘ bipolar disorder
- ⌘ schizophrenia
- ⌘ anxiety disorders including PTSD and OCD
- ⌘ children's conditions such as ADD and oppositional defiant disorder
- ⌘ Substance use disorders

# No health without mental health

- ⌘ No person or system is healthy without addressing mental health
- ⌘ For people with multiple chronic conditions mental health is the most common
- ⌘ Eight state Medicaid 2008 study: people with mental illness died 25 years younger
- ⌘ had five times the rate for cardiovascular, hypertension, diabetes, obesity, asthma

# Treatment works

- ⌘ Old myths- diseases are not real, can't diagnose; can't treat
- ⌘ changed 30 years ago with safer medications
- ⌘ therapy and medications both work for most people
- ⌘ after years of neglect and progression of disease most require rebuilding of life skills and other supports

# Fail first mental health system

- ⌘ Adults usually hospitalized, homeless or incarcerated before getting care
- ⌘ children - special education, child welfare or juvenile justice
- ⌘ Symptoms appear gradually and become new normal for those experiencing them
- ⌘ Families know something is wrong but don't know what it is or what to do

# Cost in physical health systems

- ⌘ Of the 5% of Medi-Cal recipients who cost the state the most in physical healthcare, 70% have a mental illness
- ⌘ 60% of smokers have a mental illness
- ⌘ most frequent users of emergency rooms
- ⌘ most commonly homeless

# Stigma limits care seeking

- ⌘ California health information survey (CHIS)
- ⌘ percentages that would seek care if they know they have a mental illness
  - ⌘ 40% of African-Americans
  - ⌘ 30% of Caucasians
  - ⌘ 15% of Latinos
  - ⌘ 10% of Asians

# Solutions pay for themselves

- ⌘ Housing and comprehensive behavioral health and physical health services cost less than hospitalizations and incarcerations of homeless with mental illness
- ⌘ Screening everyone in primary care and making sure they get behavioral health care if they screen positive pays for itself in improved physical healthcare

# Coordinated care initiative

- ⌘ Pilot for people in Medi-Cal and Medicare
- ⌘ coordinating and integrating care between physical and mental health
- ⌘ greatest cost savings expected from getting better physical healthcare to people severe mental illness
- ⌘ co-located with mental health provider
- ⌘ Expand to everyone in Medi-Cal

# Cost in education

- ⌘ 25% of students with serious emotional disturbance graduate
- ⌘ Major costs in special education
- ⌘ Poor attendance
- ⌘ Teacher burnout
- ⌘ 10% of teenagers will attempt suicide

# Solutions pay for themselves

- ⌘ Teachers know at risk students
- ⌘ on campus clinicians- meet and refer
- ⌘ Medi-Cal or insurance covers most costs
- ⌘ school culture- positive behavior interventions
- ⌘ special ed savings greater than costs
- ⌘ Currently only in small percentage of schools
- ⌘ Need state-funded pilots with study

# College campuses too

- ⌘ Before ACA most lacked insurance
- ⌘ now nearly all are covered
- ⌘ Medi-Cal or commercial insurance
- ⌘ on-campus or off-campus
- ⌘ partnership with counties
- ⌘ legislature can offer incentives
- ⌘ Prime at risk age for schizophrenia and bipolar disorder

# Costs in public safety

- ⌘ 1996 study- criminal justice system spending on people with mental illness more than total mental health system costs
- ⌘ 20% of police officer time
- ⌘ 20 to 30% of prisoners
- ⌘ High length of stay and recidivism rate
- ⌘ Significant court costs

# Solutions pay for themselves

- ⌘ Pre-booking diversion
- ⌘ also alternative to hospitals
- ⌘ San Antonio Texas model
- ⌘ reduces all costs
- ⌘ financing partnerships – cities, counties, health plans and hospitals
- ⌘ California counties starting to implement
- ⌘ Legislature can provide incentive funding

# Workplace mental health

- ⌘ Untreated depression costs California employers tens of billions of dollars
- ⌘ Reduced productivity
- ⌘ Absenteeism
- ⌘ Disability

# Solutions pay for themselves

- ⌘ A co-worker or supervisor knows when something's not right
- ⌘ train to have right conversation to seek help
- ⌘ Canadian mental health Association model
- ⌘ Sutter health, Wells Fargo and other leaders
- ⌘ need study to document savings

# Schizophrenia

- ⌘ Most expensive mental illness
- ⌘ Usually years of untreated psychosis before someone is identified and treated
- ⌘ Crisis –hospital – homelessness
- ⌘ Negative symptoms of withdrawal are irreversible for most if treatment delayed

# Solutions pay for themselves

- ⌘ Early psychosis= early identification
- ⌘ program started in Australia in 90s
- ⌘ if identified in first three months
- ⌘ 80% full recovery
- ⌘ nearly all California counties starting
- ⌘ Google/verily/technology interested

# Prevention and early intervention

- ⌘ Only way to bend cost curve
  - ⌘ primary care
  - ⌘ school mental health
  - ⌘ workplace
  - ⌘ Early psychosis
  - ⌘ Internet and smart phones

# Paradigm shift

- ⌘ Old thinking- limit mental health funding, insurance coverage and access to save dollars
- ⌘ new model- make sure we identify all mental health problems early and provide comprehensive care to save dollars in all systems

# Contact Information

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