

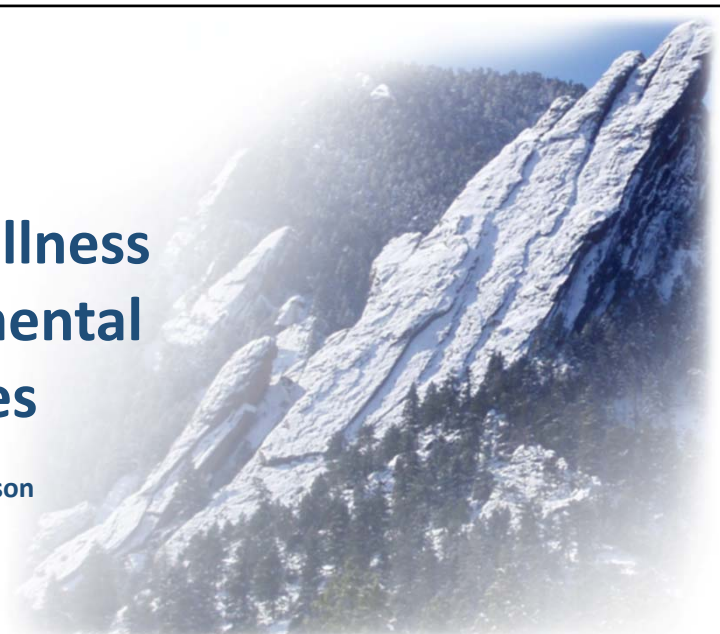


Western Interstate Commission
For Higher Education

Trends in mental illness prevalence and mental health services

Presented by: April Hendrickson

September 11, 2018



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Agenda

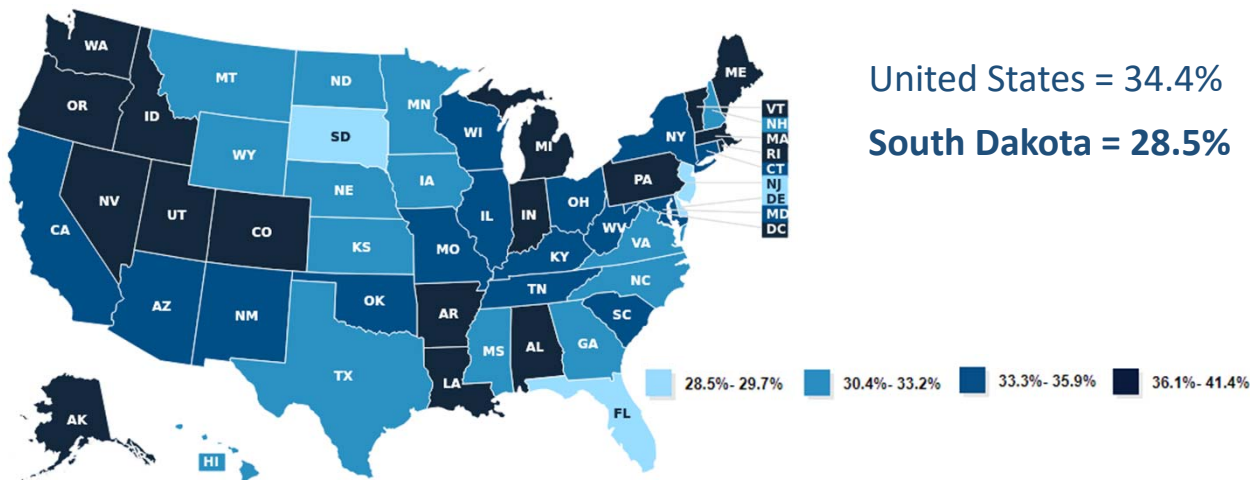
- Prevalence of mental illness
- Access to mental health services
- Changes in mental health services



Prevalence of Mental Illness



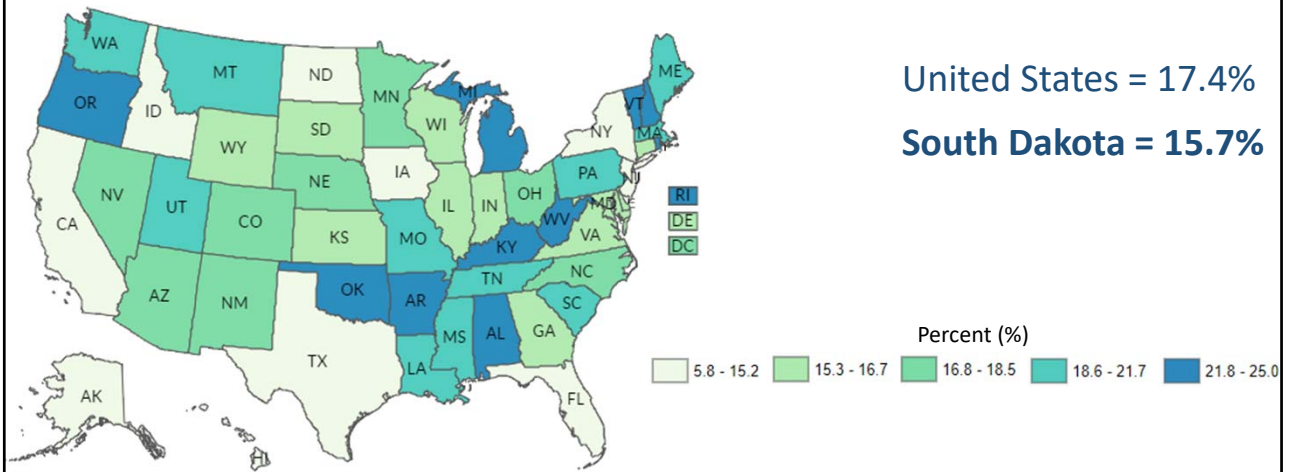
Adults reporting poor mental health



Data represent adults who reported that their mental health was "not good" between 1 and 30 days in the past 30 days. Percentages are weighted to reflect population characteristics. Source: Kaiser Family Foundation analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2013-2016 Survey Results. Available at Kaiser Family Foundation State Health Facts: www.kff.org/statedata



Adults who have been told they have a form of depression

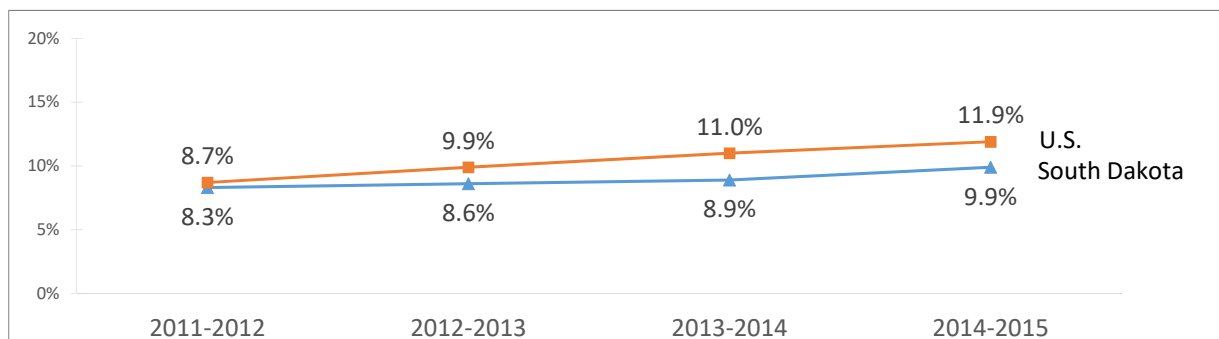


Source: Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System (BRFSS) Prevalence & Trends Data Tools [online], 2015
www.cdc.gov/brfss/data_tools.htm



Youth with at least one major depressive episode (MDE)

- South Dakota's rates of MDE are slightly lower than U.S. rates
- Rates for both have been increasing somewhat

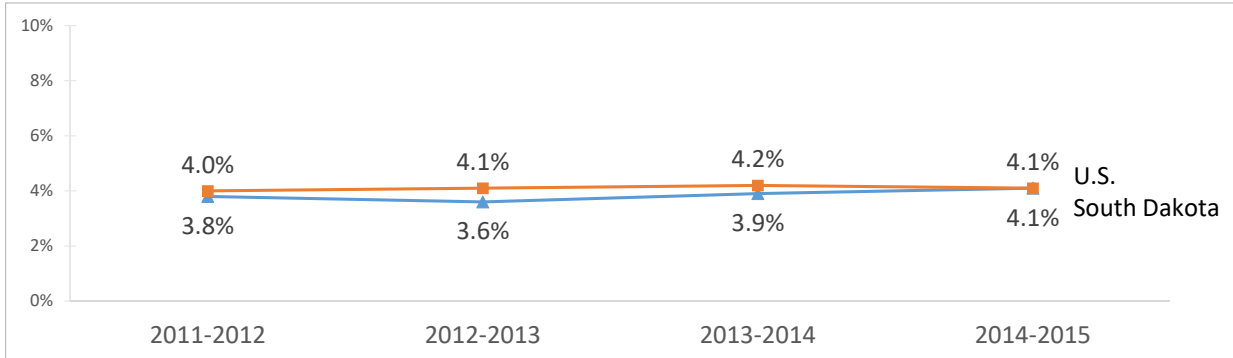


Data are annual average percentages from two consecutive survey years of the National Survey on Drug Use and Health (NSDUH).
Source: Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health Barometer: South Dakota, Volume 4, 2017. Available at: www.samhsa.gov/data/sites/default/files/SouthDakota_BHBarometer_Volume_4.pdf



Adults with serious mental illness (SMI)

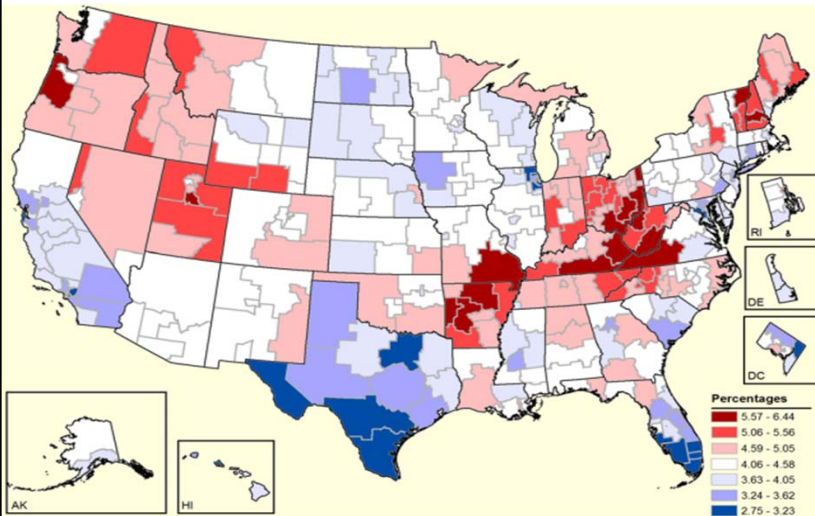
- South Dakota's rates of SMI are similar to U.S. rates
- Rates for both have been relatively steady



Data are annual average percentages from two consecutive survey years of the National Survey on Drug Use and Health (NSDUH). Source: Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health Barometer: South Dakota, Volume 4, 2017. Available at: www.samhsa.gov/data/sites/default/files/SouthDakota_BHBarometer_Volume_4.pdf.



Adults with SMI

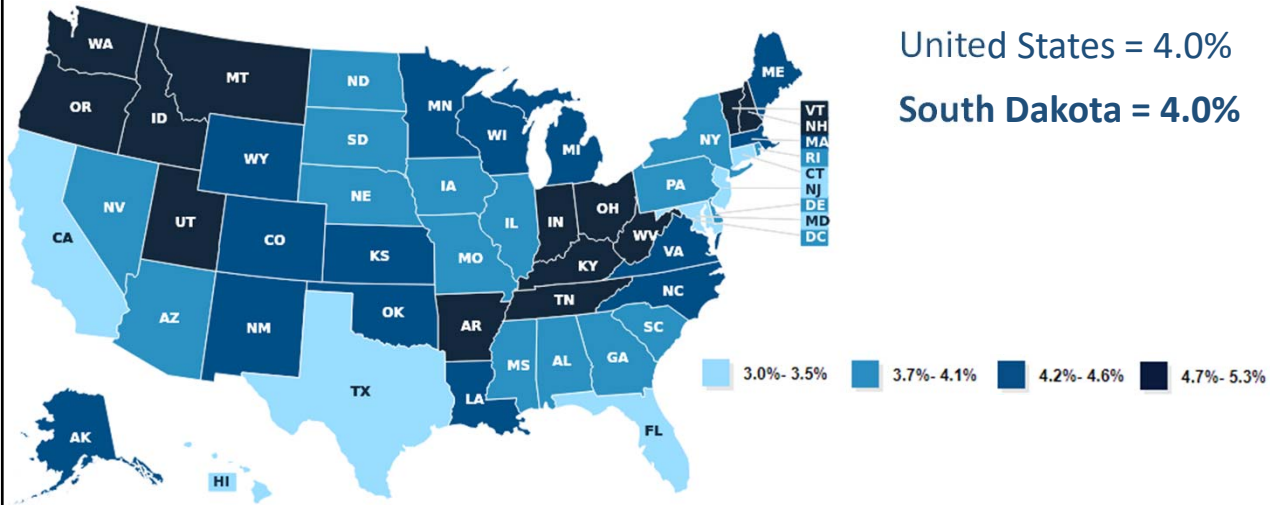


United States = 4.12%
 South Dakota = 4.07%

SMI is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Source: 2014-2016 National Survey on Drug Use and Health (NSDUH) National Maps of Prevalence Estimates, by Substate Region. Available at: www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsubstateNationalMaps2016/NSDUHsubstateNationalMaps2016.pdf



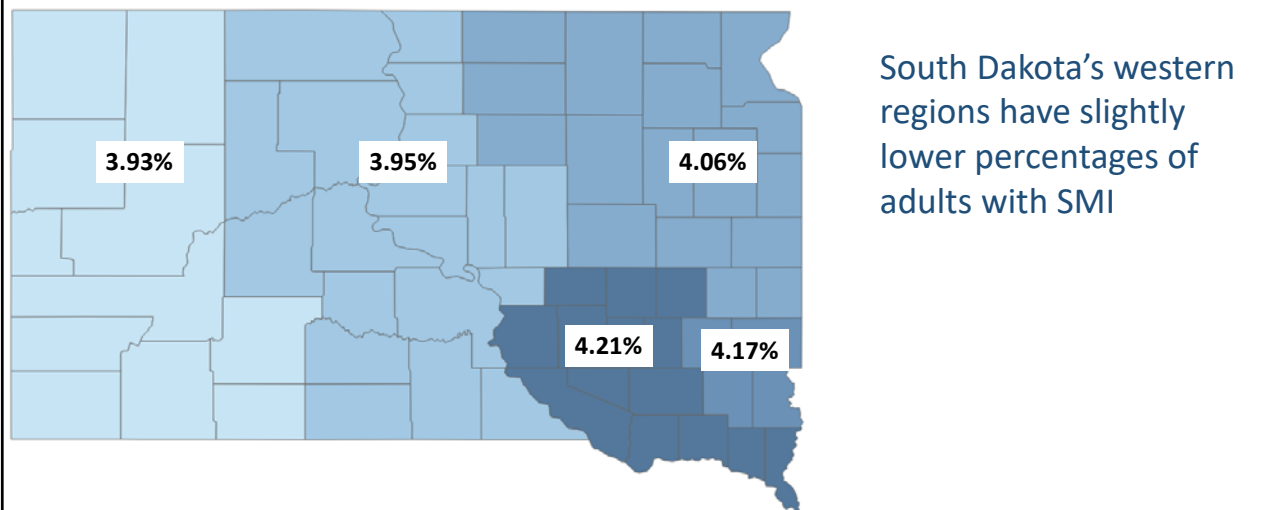
Adults with SMI



SMI is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Data are from the National Survey on Drug Use and Health (NSDUH), 2015 and 2016. Source: Kaiser Family Foundation. Available at Kaiser Family Foundation State Health Facts: www.kff.org/statedata



Percentage of adults with SMI



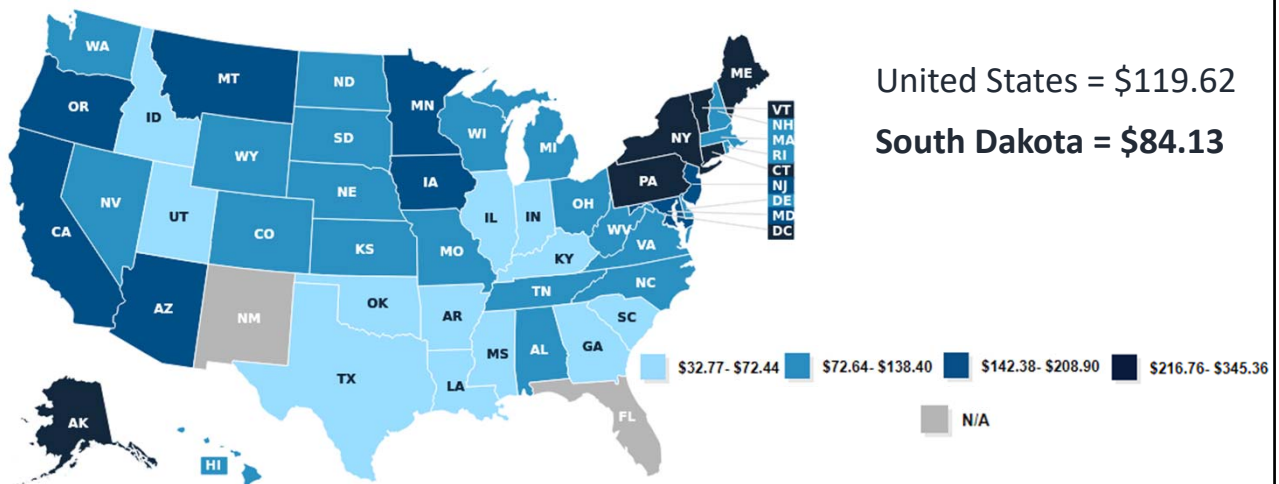
SMI is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Source: 2014, 2015, and 2016 National Surveys on Drug Use and Health: Substate Estimates, Percentages. Available at: www.samhsa.gov/data/report/2014-2016-substate-estimates-substance-use-and-mental-illness.



Access to Mental Health Services



State Mental Health Agency (SMHA) Per Capita Mental Health Services Expenditures

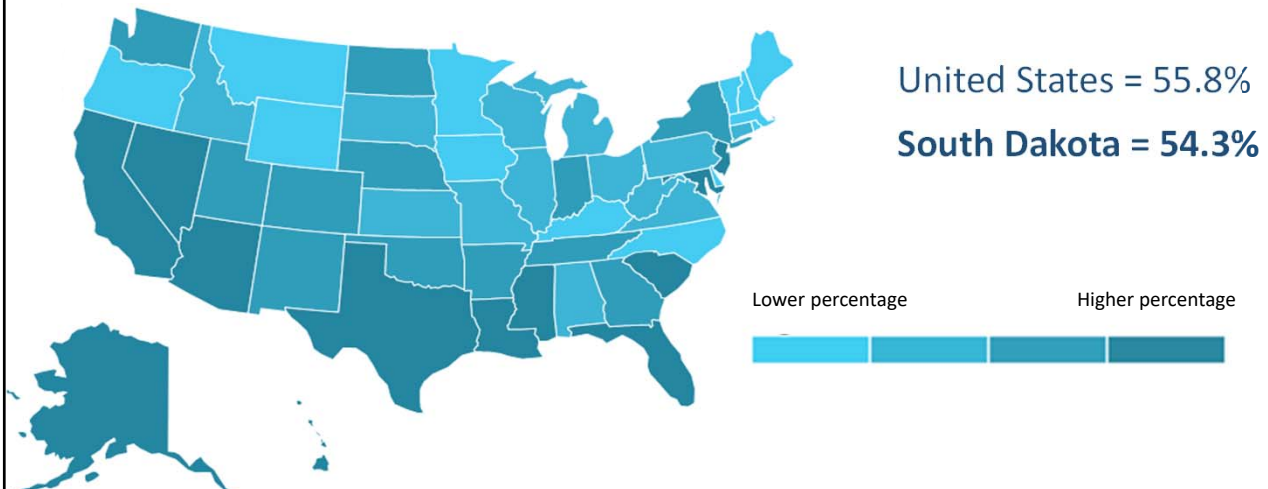


Data are from the National Association of State Mental Health Program Directors Research Institute, Inc (NRI). Data are based on state fiscal year 2013; states vary in fiscal year timeline. SMHA-Controlled Expenditures exclude Medicaid Revenues for Community Programs for 10 states and Children's Mental Health Expenditures for 2 states and include funds for mental health services in jails or prisons for 10 states.

Source: Kaiser Family Foundation. Available at Kaiser Family Foundation State Health Facts: www.kff.org/statedata



Adults with Any Mental Illness (AMI) who did not receive treatment

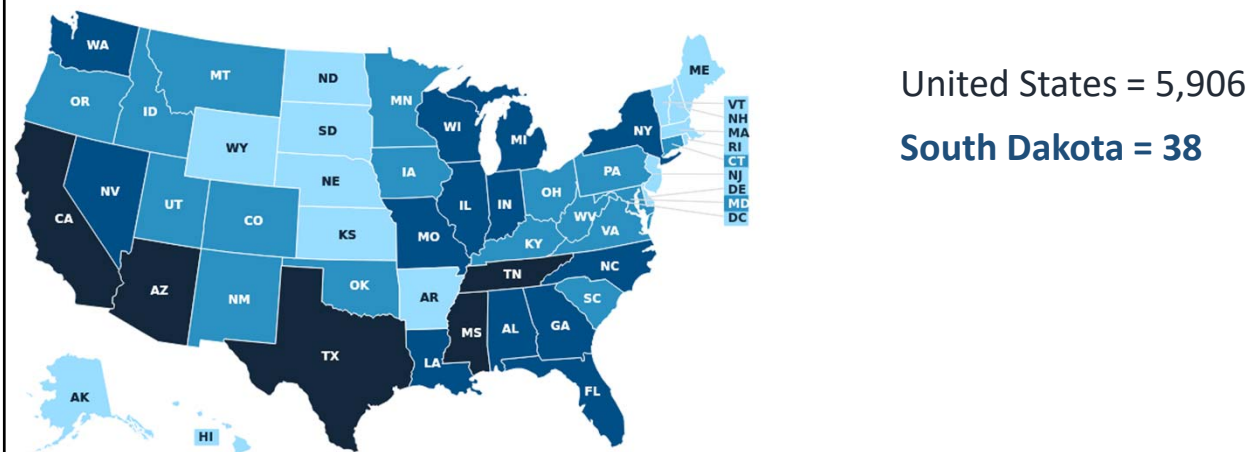


Data are from the National Survey on Drug Use and Health (NSDUH), 2013-2015. AMI is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder and includes persons who have mild mental illness, moderate mental illness, and SMI.

Source: The State of Mental Health In America, 2018. Mental Health America. Available at: www.mentalhealthamerica.net/issues/mental-health-america-adult-data.

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Practitioners Needed to Remove Mental Health Professional Shortage Area (HPSA) Designation



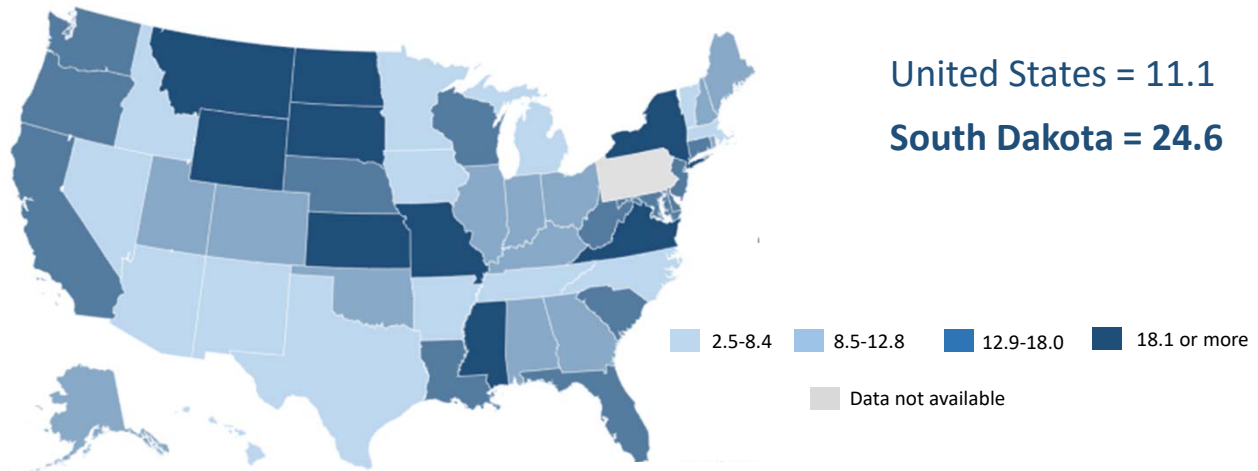
Data reflect the number of additional psychiatrists needed. Most mental health HPSA designations are based on the psychiatrists only to population ratio, which do not take into account other types of mental health providers (e.g., clinical psychologists, clinical social workers).

Data are from Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated HPSA Statistics: Designated HPSA Quarterly Summary, as of December 31, 2017

Source: Kaiser Family Foundation. Available at Kaiser Family Foundation State Health Facts: www.kff.org/statedata

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State psychiatric hospital inpatient rate



Rate is calculated by dividing the number of state hospital residents at the start of 2016 by the total state population in 2016 and multiplying by 100,000

Source: Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014. Available at:

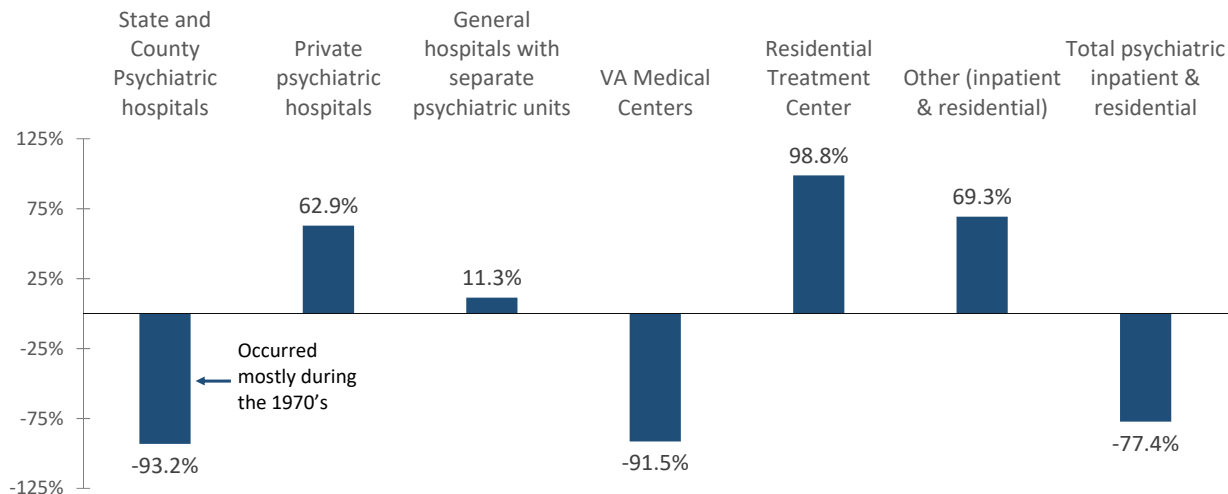
<http://nri-inc.org/our-work/nri-reports/trends-in-psychiatric-inpatient-capacity-united-states-and-each-state-1970-to-2014/>

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Changes in Mental Health Services

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Change in psychiatric residents from 1970 to 2014



Source: Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014. Available at: <http://nri-inc.org/our-work/nri-reports/trends-in-psychiatric-inpatient-capacity-united-states-and-each-state-1970-to-2014/>



Laws and rules related to inpatient care

- Mental Health Block Grant (MHBG) funds cannot be used for inpatient services
- Regulations prohibit Federal Medicaid matching payments for adults (ages 22 to 64) in inpatient and other 24-hour residential treatment
- Federal disability laws emphasize community-based alternatives
 - Civil Rights of Institutionalized Persons Act of 1980 (CRIPA)
 - Supreme Court's *Olmstead* regulations
- Fair Labor Standards Act decision that hospital patients are entitled payment for their labor

Source: Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014. Available at: <http://nri-inc.org/our-work/nri-reports/trends-in-psychiatric-inpatient-capacity-united-states-and-each-state-1970-to-2014/>



Change in population served by state psychiatric hospitals

- Focus on specialized populations that are often difficult to treat or cannot be treated in other settings
 - Majority of state and county beds are reserved for involuntary commitments through courts or the criminal justice system
- More than 20 states no longer serve children
- Decrease in patients with substance use disorders
- Decrease in patients with developmental disabilities
- Decrease in patients 65 and older

Source: Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014. Available at:
<http://nri-inc.org/our-work/nri-reports/trends-in-psychiatric-inpatient-capacity-united-states-and-each-state-1970-to-2014>



State hospital expenditures

- 2% of individuals served by state mental health systems received state psychiatric hospital services in 2014
 - States spent over \$9 billion providing intensive services
 - The average daily cost per patient was \$664
 - The average cost for a year of care was over \$242K

Source: Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014. Available at:
<http://nri-inc.org/our-work/nri-reports/trends-in-psychiatric-inpatient-capacity-united-states-and-each-state-1970-to-2014>



Changes in the delivery of mental health services

- Shift away from state and county hospitals
 - In 2014, about 75% of residential psychiatric beds were located outside of state and county hospitals
- Shift to community-based services designed to minimize institutionalization
 - From FY 1981 to FY 2015, percent of total state expenditures increased from 33% to 75%
- Shift to crisis services
 - All 50 states and D.C. used Medicaid to fund crisis services in 2012

Sources: Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014. Available at: <http://nri-inc.org/our-work/nri-reports/trends-in-psychiatric-inpatient-capacity-united-states-and-each-state-1970-to-2014>; Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies. Available at: <https://store.samhsa.gov/shin/content/SMA14-4848/SMA14-4848.pdf>.



Thank you!



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