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MENTAL HEALTH PROGRAMS MOVING AHEAD RAPIDLY IN OKLAHOMA

May is Mental Health Month, designed to promote awareness about mental health and the prevalence of mental illness both nationwide and in Oklahoma.

In Oklahoma, statistics on mental health are cause for concern. An estimated 230,000 Oklahomans suffer from clinical depression each year and more than 10 percent of adults over age 18 have a serious mental illness – the highest rate in the nation. Additionally, an estimated 20 percent of children will have a diagnosable mental health illness at some point in their childhood.

Although the prevalence of mental illness in Oklahoma is troublesome, Rand Baker, deputy commissioner for mental health programs at the Oklahoma Department of Mental Health and Substance Abuse Services, said he believes mental health issues are finally coming to the forefront. A number of programs have been initiated recently to more fully meet the needs of people with mental illness.

Some of the more visible initiatives include a Blue Ribbon Task Force on Mental Health, Substance Abuse and Domestic Violence, established by the governor and attorney general, which will study the true cost of untreated or undertreated mental illness, substance

abuse and domestic violence concerns in Oklahoma; a multi-agency Partnership for Children's Behavioral Health, whose aim is to ensure children in need of help and their families don't

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“fall through the cracks;” the Program of Assertive Community Treatment (PACT), a mobile service that brings treatment to the patient; the “Systems of Care” program for children with serious emotional disturbance and their families; and intervention programs such as the Oklahoma County Mental Health Court and law enforcement crisis intervention teams, which provide non-violent offenders with mental health treatment instead of incarceration.

These programs are helping the state's most “vulnerable” people, but a tremendous need still exists for additional mental health services in Oklahoma.

“The 2003 ‘State of the State's Health’ interim report notes depression could be one of the leading forms of disability in the world by 2020,” Baker said. “In Oklahoma (in which an estimated 230,000 people suffer from clinical depression each year), many people go untreated, either because of a lack of services or a reluctance to seek services.

“Additional services and increased public awareness are key to getting people to seek help for mental health issues,” Baker said. “People don't need to suffer needlessly. Newer-generation medications and other treatment methods mean mental health issues, in most cases, can be treated just as successfully as other types of illness such as diabetes or heart disease.

“I think as more people realize that mental health issues can be successfully treated, more people will seek help, and more resources will be committed to address this critical

need,” said Baker. “People are beginning to recognize that an investment in mental health is a proactive investment in the future of our state.”

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Cost of Mental Illness: National and State Facts

National

- Clinical depression is predicted to be one of the leading forms of disability in the world by 2020. In the U.S., clinical depression in some form affects more than 19 million each year. The cost of this incidence of depression is enormous. **Lost productive time due to depression is estimated to cost U.S. employers \$31 billion annually** (*JAMA, June 18, 2003, Vol. 289, No. 23*). Based on these national statistics, it is estimated that more than 230,000 Oklahomans suffer from clinical depression each year, **with comparable costs to Oklahoma employers (approximately \$71 million)**. Study after study, however, demonstrates that the majority of depression is seen in our primary care system – not by mental health professionals. (*State of the State’s Health 2003 Interim Report, Mental and Addictive Disorders*)
- One in five children has a diagnosable mental, emotional or behavioral disorder. However, 70 percent of those children do not receive mental health services. Children constitute 28 percent of the general population, but account for only 7 percent of mental health expenditures. **In 1998, total mental health treatment expenditures for children were estimated at \$11.7 billion**. Funding for services for children with mental health needs is as follows: 47 percent, private insurance; 24 percent, Medicaid; and 21 percent, state and local mental health agencies. (*National Conference of State Legislatures Children’s Policy Initiative, June 2002*)
- **The combined indirect and related costs of mental illnesses, including costs of lost productivity, lost earnings and premature death are estimated at \$150 billion annually.** (*National Institute of Mental Health, 1999*)
- In 1997, the latest year comparable data are available, the U.S. spent more than \$1 trillion on health care, including **almost \$71 billion on treating mental illnesses. Mental health expenditures are predominantly publicly funded at 57 percent,**

compared with 46 percent of overall health care expenditures. (*President's New Freedom Commission on Mental Health, April 2003*)

- The **unemployment rate** for people with severe and persistent mental disorders **hovers at 90 percent.** (*U.S. Surgeon General's Report on Mental Health, 1999*)

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State

- According to the Oklahoma Health Care Authority, the **state spent approximately \$100 million in Medicaid funds during FY 03 specifically for behavioral health services.** That does not include Medicaid money spent by HMOs for such services. There are no figures available to document these expenditures by HMOs.
- **Approximately 40,000 persons with substance abuse or mental health treatment needs were served by ODMHSAS and/or OHCA in FY 02. The value of the services funded by both agencies combined was \$131 million.**
- To illustrate the cost of untreated mental illness we need only single out one illness, depression, and how that affects the American workforce. Lost productive time due to depression is estimated to cost U.S. employers \$31 billion annually (JAMA, June 18, 2003, Vol. 289, No. 23, Pp. 3135-3144). **Based on these national statistics, it is estimated that more than 230,000 Oklahomans suffer from clinical depression each year, with comparable costs to Oklahoma employers (\$71,300,000).**

Mental Health Programs and Services

Serious mental illness is present in more than 10 percent of Oklahomans age 18 years and above. That is the highest reported rate in our nation. Up to 14 percent of young adults between 18 and 25 years of age are afflicted with a serious mental illness. Again, we represent the highest incidence level. When most see these figures, they ask why.

The public must understand that like heart ailments or cancer, mental illness is a disease. There are many different illnesses which constitute the broader category. Each affects the individual differently. Each is treated differently and, even within a particular illness classification such as depression or schizophrenia, treatments may vary according to a variety of factors.

Mental illness is a public health issue, and one that is a priority for our state. It has long been ignored, but now must be addressed. It is a significant contributor to population-based disease, disability and death. A recent report specific to Oklahoma, the State of the State's Health 2003 Interim Report, Mental and Addictive Disorders, points to mental and addictive disorders as

imposing an alarming burden of disability on our citizenry. In addition to the direct effects of the disease process, these illnesses also significantly increase the risk for several chronic health conditions and unintentional injuries; and, these illnesses can play a key role in suicide, child neglect and abuse, homelessness, divorce, unemployment, school drop out, unwanted pregnancies, and incarceration. The impact on the overall health status of Oklahomans, along with the burden placed on the state system, makes this a problem for which we must all be concerned.

In fact, mental disorders together account for more than 15 percent of the overall burden of disease

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from all causes—even more than for all forms of cancer. In the United States and other economically developed countries, mental illness is the second leading cause of disability and premature mortality. The illnesses have an immense impact on individuals and families, but less than half of those who suffer these disorders seek care. In large measure because of the stigma that surrounds mental illness; many people suffer needlessly and are denied full participation in society.

Oklahoma Mental Health Initiatives

Blue Ribbon Task Force on Mental Health, Substance Abuse and Domestic Violence

This “blue ribbon task force,” appointed by Gov. Brad Henry and Attorney General Drew Edmondson, held its first meeting in February.

Approximately 15 Oklahomans – representing areas from health care to journalism to public policy – are meeting monthly to study the combined costs of untreated, under-treated or improperly treated mental illness, substance abuse and domestic violence concerns in Oklahoma. Either alone or combined, these three areas are directly linked to increases in fatalities, incarcerations, suicides, domestic problems, welfare rolls, homelessness, school dropout rates, teenage pregnancy, excessive employee absenteeism, unemployment or underemployment, higher workers’ compensation costs, and numerous other health, criminal justice, social and personal problems that cost Oklahoma taxpayers billions of dollars each year.

In 1998, a similar task force, which studied only the costs of untreated substance abuse in Oklahoma, found that substance abuse alone costs our state nearly \$7 billion a year.

This study will allow the Oklahoma Department of Mental Health and Substance Abuse Services to more clearly identify costs associated with these areas. As a result, future resources can be directed in the most efficient, cost-effective manner possible for the state of Oklahoma.

Partnership for Children’s Behavioral Health

This eight state-agency partnership brings together education, juvenile justice, child welfare and health agencies to ensure children in need of help and their families don’t “fall through the cracks.”

The partnership's goals include reducing the amount of time children spend in residential treatment facilities, and reducing their contact with law enforcement and the child welfare system.

Systems of Care

Oklahoma's Systems of Care is a comprehensive array of mental health and other support services organized into a coordinated network to meet the multiple and changing needs of

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children and adolescents with serious emotional disturbances and their families. It is targeted to impact children, ages 6-18 years, with serious emotional and behavioral problems at home, school and in the community. The objective is to fully integrate and expand the variety of services and support systems to most effectively address a family's needs. This collaborative effort, specifically attuned to a child's environment, has been proven as a model system. Evaluation demonstrates significant achievements in a child's behavior when measuring occurrences 90 days before entering the SOC program, and following four to six month participation. Examples include:

- 302 days in the hospital versus 105 days in the hospital
- 283 days suspended from school versus 81 days suspended from school
- 74 contacts with law enforcement versus 38 contacts with law enforcement

Program of Assertive Community Treatment (PACT)

The Program of Assertive Community Treatment (PACT) is an effective, evidence-based, outreach-oriented, service-delivery model for people with severe and persistent mental illnesses. Using a 24-hours a day, seven days a week team approach, PACT delivers comprehensive community treatment, rehabilitation, and support services to consumers in their homes, at work and in community settings. Oklahoma is considered a national leader in this area. The following measures show a pre/post hospital and jail day's comparison for consumers:

- 4,729 pre-PACT hospital days versus 614 post-PACT days in the hospital
- 1,249 pre-PACT jail days versus 301 post-PACT jail days

Oklahoma County Mental Health Court

Oklahoma's only mental health court – the Oklahoma County Mental Health Court – was established by Oklahoma County District Court Judge Nancy Coats, and the Oklahoma Department of Mental Health and Substance Abuse Services, on Nov. 1, 2002.

Operational in only a handful of locations nationwide, mental health courts are an alternative to incarceration for people with a diagnosed mental illness – schizophrenia, bipolar disorder or severe depression – charged with a misdemeanor or non-violent felony. Participants must agree to plead guilty to their crime and have no history of violence. Eligibility is dependent upon

approval of the district attorney's office, with referrals received from attorneys, family members, law enforcement, and mental health or community agencies.

The program consists of four phases, and participants are in the program from six to 12 months, depending upon their treatment needs. The ultimate purpose of the program is the continued wellness of the participant and reduction in incidents of crime.

The court held its first graduation ceremony on May 6, 2004.

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Crisis Intervention Training

Crisis Intervention Team (CIT) training, conducted with police officers in Oklahoma County and Tulsa County, is another approach the department is taking to help people with mental illness receive more dignified treatment. With this training, officers learn to recognize various symptoms of mental illness, such as people suffering from bi-polar disorder or schizophrenia. As a result, more people with mental illness may receive treatment for their illness, rather than being placed in a jail cell.

Since implementation, 93 percent of the documented contacts by these specially trained officers have resulted in persons receiving psychiatric services rather than being unnecessarily incarcerated.

The program, which originated in Oklahoma County, now has officers in a number of suburban and rural communities in 12 counties, and continues to expand.

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