

TESTIMONY, WEDNESDAY, JANUARY 19, 2005, 8:00 UNTIL 12:00
APPROPRIATIONS COMMITTEE

NAMI-MT is a nonprofit, grassroots, educational, self-help, support and advocacy organization of consumers, families and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders.

NAMI-MT supports the proposals put forward by the Addictive and Mental Disorders Division. If we are to decrease the pressure on Montana State Hospital and the criminal justice system, we must begin to develop effective community services which will allow people to be treated in the community and avoid unnecessary hospitalization.

- We support the expansion and continued funding of the PACT Program (the Program for Assertive Community Treatment, as a best practice to allow people to have the individualized treatment they need to stay in the community and progress to recovery. However, we would like to see the program funded to the level where each PACT Team could employ a peer support specialist, much like the DD side where consumers are employed and this becomes a part of their recovery.
- We support the continuation of the Mental Health Services Plan which allows people with serious mental illness who are under 150% of poverty and not eligible for Medicaid to access medication and treatment which allows them to stay in the community, hold a job, part time, full time or volunteer and avoid unnecessary hospitalization.
- We support the Division in its attempt to increase funded to provide Community Crisis Services. Lack of community crisis services has resulted in an increased population at Montana State Hospital and more people with mental illness being held in jails.
- We applaud the Division's attempt to develop a treatment protocol for co-occurring mental illness and substance abuse. Fully 50 to 60% of people who have serious mental disorders also have complications with drugs and/or alcohol. **It is not an exception for people to have co-occurring disorders, but rather an expectation.** It is critical that this be addressed to reduce repeated relapses and hospitalizations.

We have attached some fact sheet and information to clarify some of these programs and issues. NAMI-MT request your support for appropriations requested by the Addictive and Mental Disorders Division.

Thank you.

Feel free to contact Gary Mihelish, President, NAMI-MT at 406-458-9738, or at sandym@mt.net.

PACT DESCRIPTION
(Program for Assertive Community Treatment)

Assertive Community Treatment (ACT) is an evidence-based service delivery model which provides research evidence that persons with the most severe and persistent mental illnesses can successfully live and work in the community. Two controlled research studies by the Program of Assertive Community Treatment (PACT), Mendota Mental Health Institute, in Madison, Wisconsin show that intensive state-of-the-art treatment, rehabilitation, and support services, when provided by a multidisciplinary team of people in the community, make it possible for consumers to go about their lives in usual and typical ways rather than living in facilities and structuring their time in programs. Furthermore, the 1999 Surgeon General's Report on Mental Health points out that assertive community treatment provides an array of approaches to maximize functioning and promote recovery.

ACT is a multidisciplinary mental health staff organized as an accountable, mobile agency or group of treaters who function interchangeably to provide the treatment, rehabilitation, and support services required by each client to live in the community. Having one team who provides the services minimizes the notorious "fragmentation" of community care systems and allows for integrating clinical and substance abuse services with work-related and activities of daily living services. By using the same team to provide what are often called "treatment" and "rehabilitation" services, the complex interaction of symptoms and adult role functioning can be efficiently and effectively addressed throughout the course of the illness.

It is important to understand that the ACT team is not a "linkage" case management team, which connects patients to core services provided by other agencies in the community. It is also important to appreciate that the ACT staff work as a "team" and not as a group of individual practitioners who operate in the context of a case management program and who have primary responsibility for only their own caseload. The ACT team works seven-days a week (at least 12 hours Monday through Friday; eight-hours Saturday, Sunday and holidays; and provides on-call services with face-to-face availability).

Each ACT team has a team leader and a psychiatrist who have interest in and experience with people with serious mental illness as well as good knowledge of the ACT model. The ACT team members possess a wide range of aptitudes and professional skills and are capable of carrying out the variety of specialty tasks that consumers need. ACT team members, represent the various mental health professions -social work, psychiatric nursing, occupational therapy, psychology, rehabilitation counseling, and psychiatry. In addition, ACT staff include a least one peer specialist. A peer specialist is or has been a recipient of mental health services for severe and persistent mental illness and has primary responsibility to provide expertise and consultation which values consumer perspectives to the entire team, to promote a culture in which each client's experiences, point of view and preferences are recognized, understood, and respected, and to maximize client choice, self-determination and decision making in treatment planning.

Individualized client-centered treatment across consumers and across time is central to ACT. The great diversity of persons with severe mental illness and the fact that both the person and the disorder are constantly changing over time requires that services be highly individualized. Treatment interventions are tailored to address the current needs and preferences of each person rather than assigning clients in groups to "programs." The content, amount, timing, and kinds of treatment, rehabilitation, and supports provided vary enormously between clients and for each client across time. The process is highly dependent on the development of a productive and responsive partnership between the ACT team and the individual and their family.

Employment is the major means of providing daily structure and supporting recovery for consumers. ACT assists consumers in obtaining individualized structured employment opportunities in the "real world" rather than placing consumers in vocational programs. Initially, most jobs may be part-time. ACT provides consumers with active skill teaching and/or support on-the-job. This support involves working with both the person and the employer "on the spot" to help both learn means of coping and structuring the environment to be able to work in spite of what are often continuing psychotic symptoms. The goal is that each person be able to work at his or her optimal level:

gradually and over the long haul, people will be working in the competitive job market for sustained periods of time.

The majority of treatment and rehabilitation interventions take place "in the community," that is, in the person's own residence or neighborhood, at employment sites in the community, and in the same sites of recreation and leisure activities that all citizens use (e.g., parks, movie houses, and restaurants). The rationale for delivering services in the community is to enable the provision of psychosocial services where people may need the help and support. A monitoring study of ACT revealed that 76% of the time that the core service team staff spends with consumers occurs in the community rather than in the office which serves as a "home base" for staff.

Lastly, ACT services are delivered in an ongoing rather than time-limited framework. Intensive community-based treatment may not "cure" severe mental illness, but rather provides a system of care within which persons with severe mental illness can receive state-of-the-art treatment and rehabilitation services to effectively manage symptoms, to live in the community, and to have "hope and restoration of a meaningful life". (Mental Health: A Report of the Surgeon General, 1999, p 97). For real changes in psychosocial functioning to occur, it is necessary to provide long-term treatment, rehabilitation, and support services within which clients have the opportunity to recompensate, consolidate gains, sometimes slip back, and then take the next steps. Hence the current ACT model provides ongoing long-term, rather than time-limited services.

Although ACT is an evidence-based practice, it is still not widely available to persons with the most severe and persistent mental illnesses. It is also important to know that some places say they are providing ACT, when in fact, they are providing case management and calling it ACT. NAMI National's ACT Technical Assistance Center provides *The National ACT Standards* to guide successful ACT implementation. To obtain a copy of the ACT standards go to www.NAMI.org or call toll-free 1-866-229-6264.



The Nation's Voice on Mental Illness

**POLICYMAKER'S
FACT
SHEET**
No. 01-02
9-26-02

Policymaker's 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
- Deinstitutionalization has far too often tragically meant moving people with serious mental illnesses from hospitals to homeless shelters, the streets, jails and prisons.
- 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 experience a major depressive episode; ³
 - Elderly Americans are the demographic group most likely to commit suicide, ⁴
 - Among children in the United States, 1 in 10 children and adolescents suffer from mental illness severe enough to cause some level of impairment.⁵
 - Recent evidence compiled by the World Health Organization indicates that by the year 2020, childhood neuropsychiatric disorders will rise proportionately by over 50% internationally, to become one of the five most common causes of morbidity, mortality and disability among children. ⁶
 - Suicide is the 3rd leading cause of death among teens, followed only by accidents and homicide.⁷
 - Between 50% to 75% of youth in juvenile justice facilities suffer from a diagnosable mental health disorder and frequently do not receive counseling, treatment or support. ⁸

How Well Are Needs Met?

- Fewer than one-third of adults and half of children with a diagnosable mental disorder receive any level of treatment in any one year. ⁹
- An estimated 25% of homeless people suffer from serious mental illness. Some groups put that number as high as 50%. ¹⁰

- Today, it is estimated that only 1 in 5 children suffering from a mental illness receives mental health services, with unmet needs as high today as it was 20 years ago. ¹¹
- 16% of people in jails and prisons suffer from a serious mental illness.
- A NAMI national survey revealed that 23% of parents and caregivers with children with mental illness were told by a state official that they must relinquish custody of their child to the state to receive mental health services and 20% of them actually relinquished custody. ¹²
- Health care insurers place arbitrary and discriminatory caps on benefits for serious brain disorders like brain disorders like bipolar disorder, schizophrenia and others.

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), social workers, professional counselors, and other service providers, such as general practitioners, occupational therapists, school counselors and school psychologists.
- Services range from medical and clinical services (prescribing of medications, counseling and psychotherapy) to psychosocial rehabilitation and assertive treatment services that assist people with severe illnesses in living successfully in the community to services designed to help people with mental illnesses find employment or housing.
- Jails, prisons and juvenile facilities have all too often become the treatment facilities for adults, children and adolescents with mental illnesses.
- Most private insurance benefit plans 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.
- 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 traditional psychiatric hospitals. Today, fewer than 70,000 people receive mental health services as inpatients in state hospitals. ¹³

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 include inpatient hospitalization, partial hospitalization, outpatient counseling and psychotherapy.
- 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.
- 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. ¹⁴
- Medicaid accounts for more than 50% of state and local mental health spending and is expected to reach 60% by 2007. Medicaid is nearly 15% of many states budget. It is second only to education in total state spending.
- 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.

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. ¹⁵

Policymaker Fact Sheet on Mental Health System

- Following more than two decades of significant scientific advances and improvements in behavioral and biological treatments, mental disorders are as treatable today as general medical conditions.
- Treatment effectiveness rates for disorders like Schizophrenia, Bi-polar illness, Major Depression, Panic Disorder, and Obsessive-Compulsive Disorder 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, assertive treatment programs, psychosocial rehabilitation programs, residential providers and the offices of private service providers.
- The most effective service system is one that combines a full range of treatment options, with assistance in securing affordable housing, income support, health care services, employment training, social services, social and recreational opportunities and, as needed, the most effective medication as prescribed by their physician.
- For individuals with co-occurring mental illness and addictive disorders, integrated treatment interventions delivered simultaneously at the same treatment site by staff trained in both mental health 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 Sourcebook*, SAMSHA, 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. U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (Surgeon General's Report). Washington, DC: Department of Health and Human Services, 2000, p. 11.
6. Id. at p.11
7. Facts and Statistics on Youth Suicide available from the Centers for Disease Control, www.cdc.gov.
8. Coalition for Juvenile Justice (CJJ), 2000 Report: *Handle with Care-Serving the Mental Health Needs of Young Offenders*, p. 11.
9. *Mental Health: A Report of the Surgeon General*, 1999, p.408.
10. *National Journal*, April 20, 2002, p. 1126.
11. Surgeon's General's Report, p. 11.
12. *Families on the Brink: The Impact of Ignoring Children with Serious Mental Illness*. NAMI 1999
13. *Closing and Reorganizing State Psychiatric Hospitals: 1996*, NASMHPD Research Institute, Inc., Alexandria, Va.
14. *Mental Health: A Report of the Surgeon General*, 1999
15. *Mental Health: A Report of the Surgeon General*, 1999, page 15.



The Nation's Voice on Mental Illness

Colonial Place Three
 2107 Wilson Blvd., Suite 300
 Arlington, VA 22201-3042
 Phone: (703) 524-7600
 Fax: (703) 524-9094
www.nami.org
 888-999-6264