

FACT SHEET: Mental Illness in Virginia's Adult Population

Mental illness has become a prevalent issue in the United States population with the potential for dire consequences if left untreated. According to the United States' Substance Abuse and Mental Health Services Administration (SAMHSA), annual encounters in specialty mental health treatment centers increased by nearly 50% between 1992 and 2000ⁱ. One in four adults—57.7 million Americans—experience a mental health disorder in a given yearⁱⁱ. One in seventeen lives with a serious mental illness, such as schizophrenia, major depression or bipolar disorderⁱⁱⁱ. In the U.S., the annual economic, indirect cost of mental illnesses is estimated to be \$79 billion^{iv}. Most of that amount—\$63 billion—reflects the loss of productivity due to illnesses^v.

- About 2.4 million Americans, or 1.1% of the adult population, live with schizophrenia^{vi}.
- About 5.7 million American, or 2.6% of the adult population live with bipolar^{vii}.
- Major depressive disorder affects 6.7% of adults, or about 14.8 million American adults. According to the 2004 World Health Report, this is the leading cause of disability in the U.S. and Canada of adults aged 15 to 44^{viii}.
- Anxiety disorders, including panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias, affect about 18.1% of adults, an estimated 40 million individuals. Anxiety disorders frequently co-occur with depression or addiction disorders^{ix}.
- Suicide is the 11th cause of death among Americans and the 2nd leading cause of death among 25-34 year olds nationally^x. Over 32,000 people die by suicide each year^{xi}.

Virginia Overview

Based on national prevalence rates, it is estimated that about 308,000 Virginia adults (6% of the population) have had a serious mental illness during the past year^{xii}. Community services boards (CSBs), which are the state's public mental healthcare providers, served 126,632 individuals for mental health services in 2007^{xiii}. State psychiatric hospitals served 5,814 individuals with mental illnesses in 2007 costing the state just under \$3.5 million^{xiv}.

Virginia's funding of mental health services is historically skewed heavily towards institutional spending. The National Association of State Mental Health Providers ranks Virginia 9th in the country for spending on hospital-based care but a low 39th in spending on community-based care for services such as outpatient therapy, counseling, psychosocial treatment, case management, and programs that assist in stability and recovery^{xv}.

Recent Developments in Virginia

- In 1999, Virginia passed a mental health parity bill requiring a minimum standard of coverage for mental health treatment, although some limitations do exist.
- In 2005, the General Assembly funded \$3.85 million to support new crisis stabilization programs and \$1.8 million to purchase local inpatient services from private providers^{xvi}.
- Crisis Intervention Teams (CIT) is part of the Sequential Intercept Model for jail diversion designed to set up systems to identify and divert individuals with mental illness away from the criminal justice system at all point of contact. CIT is in Fairfax, New River Valley, and Charlottesville. CIT initiatives are underway in Newport News/Hampton, Henrico, and Virginia Beach.
- In 2008, the General Assembly authorized \$42 million towards mental health reform for the 2008-2010 biennium (\$16.8 million was allocated for 2009 and \$24.8 for 2010). The majority of these funds were

allocated to address emergency services, case management, and outpatient therapy needs of individuals in crisis served by the state's 40 community services boards^{xvii}. These numbers are expected to decrease due to the budget crisis in Virginia. As of December 2008, Virginia's CSBs received a permanent 5% budget reduction for their administrative services.

Next Steps and Needed Developments

Virginia must address the problems related to adult mental health by committing both financial and health care resources to ensure that treatment is both adequate and accessible. In addition, treatment approaches must reflect a recovery model. A recovery modeled mental health system embraces self-determination, empowering relationships, meaningful roles in society, and elimination of stigma and discrimination^{xviii}. Consumers and family members should play a leading role in the design and implementation of their treatment plan and services must reflect the diversity within Virginia's population. Effective community-based services are necessary to ensure that these individuals have the services and supports needed to prevent crises, promote stability, and facilitate long-term recovery.

- **Housing:** For people with serious mental illness, lack of appropriate housing is a significant barrier to living successfully in the community—leaving many in inappropriate, substandard housing or on the street. Virginia must invest in affordable, integrated housing with community-based supports. These cost-effective models reduce shelter use, hospitalization, and criminal justice involvement.
- **Supported Employment:** Supported employment is a well-defined approach to help people with mental illness find and keep competitive employment in the communities^{xix}. Research shows that 70% of adults with a severe mental illness desire work and 60% or more of adults with mental illness can be successful at working when using supported employment^{xx}. Few CSBs have the capacity to implement programs.
- **Crisis Prevention/Stabilization:** Ensure that all CSBs have crisis stabilization capabilities to provide respite and alternatives to hospitalization, as well as step-down care for people leaving hospitals. Not all population centers in Virginia have ready access to these services.
- **Assertive Community Treatment and Intensive Community Treatment (ACT/ICT):** this evidence-based program for persons with the most severe mental illnesses is effective. In fiscal year 2006 in Virginia, individuals served by PACT teams used 76% fewer state hospital days after enrollment than in an equivalent period before, and, 92% had no arrests during the year and 83% experienced stable housing situations^{xxi}.

ⁱ Fisher & Chamberlin. (2004). Consumer-Directed Transformation to a Recovery-Based Mental Health System. Substance Abuse and Mental Health Service Administration.

ⁱⁱ Ibid

ⁱⁱⁱ National Institute of Mental Health. NIMH: The numbers count—Mental disorders in America. National Institute of Health.

^{iv} Ibid

^v U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*, 1999

^{vi} National Institute of Mental Health. NIMH: The numbers count—Mental disorders in America. National Institute of Health.

^{vii} Ibid

^{viii} Ibid

^{ix} Ibid

^x Suicide Information: Consequences. (2008). Centers for Disease Control and Prevention.

^{xi} Ibid

^{xii} Reinhard. *DMHMRSAS System Transformation: Allocation of New Funds, Access to Children's Mental Health Services and MH/Criminal Justice Cross-Cutting Issues*. Senate Finance Committee, October 29, 2008.

^{xiii} Ibid

^{xiv} Ibid

^{xv} The National Association of State Mental Health Program Directors State Mental Health Agency Profile Systems and Revenue Expenditures Study, Retrieved from <http://www.nri-inc.org/projects/Profiles/RE04.cfm>

^{xvi} Richmond Academy of Medicine. (2005). The System Transformation Initiative. Virginia Department of Mental Health Mental Retardation and Substance Abuse Services.

^{xvii} Funding to Improve Virginia's Mental Health System will stay in the Budget. WDBJ7 News Report, February 20, 2008).

^{xviii} Fisher & Chamberlin. (2004). Consumer-Directed Transformation to a Recovery-Based Mental Health System. Substance Abuse and Mental Health Service Administration.

^{xix} Evidence-Based Practices: Shaping Mental Health Services Toward Recovery. National Mental Health Information Center.

^{xx} Bond, Drake, Mueser, et al. (1997). An update on supported employment for people with severe mental illness. *Psychiatric Services* 48:335-346.

^{xxi} Virginia Department of Mental Health, Mental Retardation, & Substance Abuse Services; PACT Data for FY 2006