The State of Mental Health Services in Maine

NAMI's Campaign for the Mind of America

March 2004

NAMI National and NAMI Maine * www.nami.org

The State of Mental Health Services in Maine

March 2004

An estimated 25,000 adults in Maine have a severe and persistent mental illness. Yet, in this birth state of the advocate for moving people with these disabling brain disorders out of jails and prisons into treatment, Dorothea Dix, Maine posts one of the highest rates of incarceration of this population. At least 25 percent of prison inmates in Maine are in mental health treatment—as a result of inadequate services in the community mental health system, according to a state committee looking at the issue. Up to 50 percent of those incarcerated in Maine's jails are taking psychotropic medications. In a recent survey it was found that:

- Nearly half of all prison inmates who were taking medications for a mental illness before entering prison no longer receive them because the prison doctor told them they did not need them.

- Nearly half of all inmates reported trying to receive mental health services, with only 35 percent of those who asked for services actually receiving them.

Another study found:

- Over 5,000 of Maine's jail inmates were in need of mental health treatment with most of Maine's 15 jails reporting inadequate or no mental health resources.

- Policy and practice in jails of stripping inmates in the throes of psychosis and placing them in stripped down cells and of punishment for suicide attempts.

- Suicides and suicide attempts are on the rise in Maine's jails and prisons.

- And despite legislation requiring assistance to county jails and a state-wide strategy for diversion –these measures were mostly not implemented and the quality of behavioral health services in prisons and jails declined.

So what is happening in the mental health service system? In fiscal year 2000, according to the state's own mental health authority, just over half of adults with a severe and persistent mental illness received any form of service. In fiscal year 2001, little more than 8,000 adults with severe mental illness received case management services—while nearly 38,000 sought crisis or emergency services. An estimated 3,300 homeless individuals in Maine have a mental illness. The age adjusted suicide rate in Maine stood at 11.8 per 100,000 population—154 deaths in 2000, which is above the national average.

The crisis of suicide is even harsher when considering the state's youth. In Maine, suicide is the second leading cause of death for children and adolescents. Depression is the leading reason Maine children age 6-17 are hospitalized; in fact, mental illnesses represent 6 of the 10 leading diagnoses for inpatient hospitalizations of Maine youth age 13-17. And, these rates are increasing. Hospitalizations of children for mental illnesses increased 12% between 2001 and 2002 alone. Clearly, children are not receiving the help they need when they need it and where they need it.

The state, which recently designated April 4th a day to commemorate Dorothea Dix, has been in a crisis of funding for mental health services. The recent budget shortfall led the Governor to propose reductions in mental health services—when state experts have already concluded that insufficient services are available to prevent the criminalization of people with severe mental illnesses. The current budget crisis comes after years of underfunding. State spending on mental health is 30 percent less than in 1955. The inanity of the situation is exposed when one realizes that a bed in prison costs $35,000 to $50,000 a year, far in excess of community based services and housing.

What is required for Maine's residents living with severe mental illnesses is no mystery to the state. Many Augusta panels, along with advocates and policy-makers, have indicated the need for increased funding and the implementation of evidence-based practices (EBP). Even in the midst of budget difficulties, some efforts have been taken to implement treatments that work. The text below shows the status of EBP implementation in

Maine, according to its state mental health authority. Clearly, the vast majority of individuals who need and can benefit from these services do not receive them—and only a very small percentage of the state's mental health budget goes to EBPs.

Our examination leads us to conclude that state considerations of implementation of prior authorization of care and restrictions in access to treatment and services are ill advised both in terms of cost saving and quality of care measures.

This report provides a snapshot of what is happening in Maine's mental health system today. Included are data concerning what individuals with severe mental illnesses experience, as revealed in a NAMI survey last year.

Evidence-based Practices for Severe Mental Disorders in Adults

Evidence-based Practice	**Description**
Assertive Community Treatment (ACT)	Maine has 10 ACT programs, serving 440 individuals, with approximately $4,000,000 spent on the service. Given that we estimate that 12,500 adults have a severe and persistent mental illness in Maine and should receive this service, 3.5 percent of the target population is receiving this service.
Supported Employment	Maine states that it has 39 providers of supported employment services, serving 466 individuals in the state and costing $950,000. Given that an estimated 12,500 adults with severe mental illnesses in Maine should receive this service, it is obvious that those most in need and those who could be working are not receiving this service.
Medication Education	Despite Maine's concern about rising medication costs, it has not moved to implement the other methodology that can guide sound prescription practice for severe mental illnesses and save money—schizophrenia and bipolar disorder medication education.
Integrated Mental Health and Substance Abuse Services	While co-morbid substance abuse is a growing problem in Maine, the state is unable to say how many individuals with this problem—at least 12,500 adults—receive integrated services. It does have a planning grant for co-occurring services and has signed

	memorandum with 59 provider organization who say that are using some form of integrated treatment—although it has not been monitored by the state at all.
Family Psychoeducation	The state of Maine indicated that 5 groups are offering this valuable service, serving a measly 36 family members and costing the state $4700 in the latter part of 2003. NAMI Maine on the other hand trained 100 family members in their family-to-family program in the last year. The state of Maine has reduced their funding support for family-to-family drastically in recent years.
Illness Self-Management	While the state of Maine has begun training facilitators to provide this service, it has not yet been provided to consumers in the state.
Jail Diversion	Maine does not have a mental health court, but it has a number of jail diversion activities occurring, although not near enough to meet the crisis that exists in the state. For example, Cumberland County Jail has a SAMHSA funded diversion program that includes CIT as the pre-booking piece, and a halfway house and specialized ACT team for post-booking diversion. Volunteers of America and Maine Pre-trial services provide post-booking diversion in some sites in Maine and the state has a police ride-along program in four cities. CIT is organized and supported by NAMI and exists in six cities and one jail. The ride-along program served 339 people in a 3 month period. The Cumberland County program will serve 75 inmates per year. Maine Pretrial services served 519 clients in fy2003 in three counties and VOA served 349 adults. The ride along program costs $75,000 for 3 months. The Cumberland County program is a 3-year SAMHSA grant for $300,000 per year. More information on jail diversion services can be found by contacting NAMI Maine.

TRIAD
Treatment/Recovery Information and Advocacy Database

Shattered Lives: Results of a Survey of NAMI Members Living with Mental Illnesses and Their Families in Maine

Results from NAMI's nationwide survey show that the failing mental health system in Maine translates into lives shattered by disabling illness and inadequate services in this state.[i]

Residents of Maine with severe mental illnesses represented in the NAMI survey, most having a diagnosis of bipolar disorder or schizophrenia, were largely working-age adults with considerable education (figure 1, table 1). Eighty-six percent were between the ages of 18 and 54 and 70 percent had graduated from high school, received some college education, or actually had received an undergraduate degree.

Figure 1: Age of Individuals with Serious Mental Illnesses

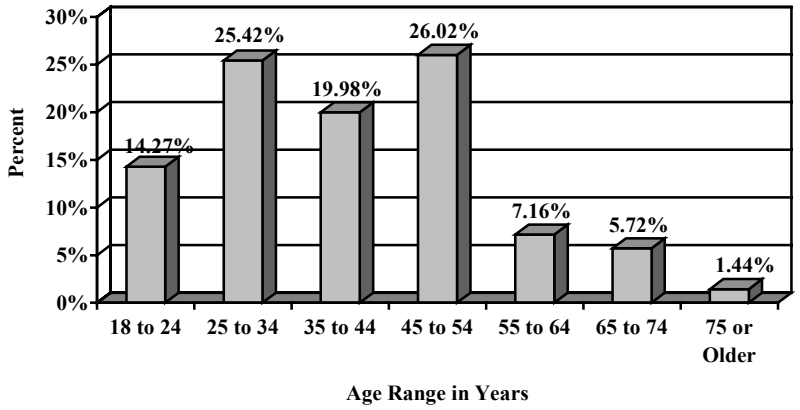


Table 1: Educational Achievement of Individuals with Severe Mental Illnesses

Highest Level of Education	Percent
Less than high school	4.11
Some high school	6.83
High school graduate/G.E.D. recipient	32.92
Some college	15.07
Undergraduate degree	22.33

Some graduate school	4.13
Graduate degree	6.13
Vocational training	8.47

But that's where the similarities with other working age adults ends. Most of the individuals with a serious mental illness had never married—51 percent; more than one-third lived alone (35 percent) or with their aging parents (14 percent); 70 percent were unemployed. The result: extreme poverty. Thirteen percent had an annual income of $5,000 or less (table 2). Fifty-seven percent lived on $20,000 or less each year.

Table 2: The Annual Income of Individuals with Severe Mental Illnesses

Annual Income	Percent	Cumulative Percent
Less than $5,000	13.28	13.28
Between $5,000 to $10,000	32.89	46.17
Between $10,000 to $20,000	11.19	57.36
Between $20,000 to $35,000	12.55	69.91
Between $35,000 to $50,000	1.39	71.30
At least $50,000 per year	8.39	79.69
Other	20.31	100.00

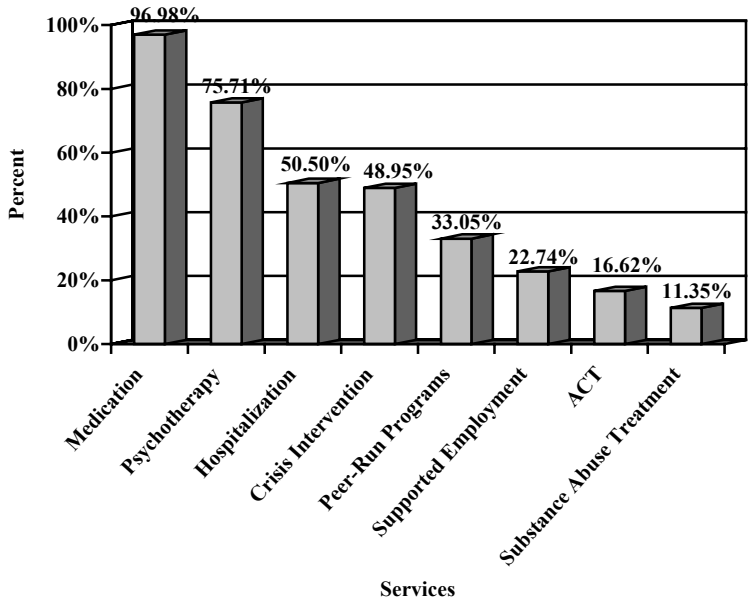
Residents of Maine with severe mental illnesses represented in the survey get the little money that they have through public income replacement programs, including Supplemental Security Income (SSI)—30 percent—and Social Security Disability Income (SSDI)—43 percent. Family members are also a significant source of financial support, with nearly one-quarter of the individuals represented in the survey reporting the receipt of money on a regular basis from family.

Residents of Maine with serious mental illnesses also rely on public programs, oftentimes, for their health insurance. Thirty-two percent and 49 percent, respectively, rely on Medicare and Medicaid. Still, 32 percent have private health insurance and another 6 percent have no health insurance at all.

The vast majority of individuals with severe mental illnesses represented in the Maine NAMI survey have received medication for their psychiatric condition (99 percent) and have been hospitalized (82 percent). Evidence-based, recovery-oriented services, however, were far less frequently accessed. Only 18 percent of the individuals with severe mental illnesses ever received Assertive Community Treatment services (or ACT); 26 percent ever received supported employment services; 20 percent integrated treatment of substance abuse problems and their mental illness. Only a little more than one-third of the consumers ever received peer-provided services.

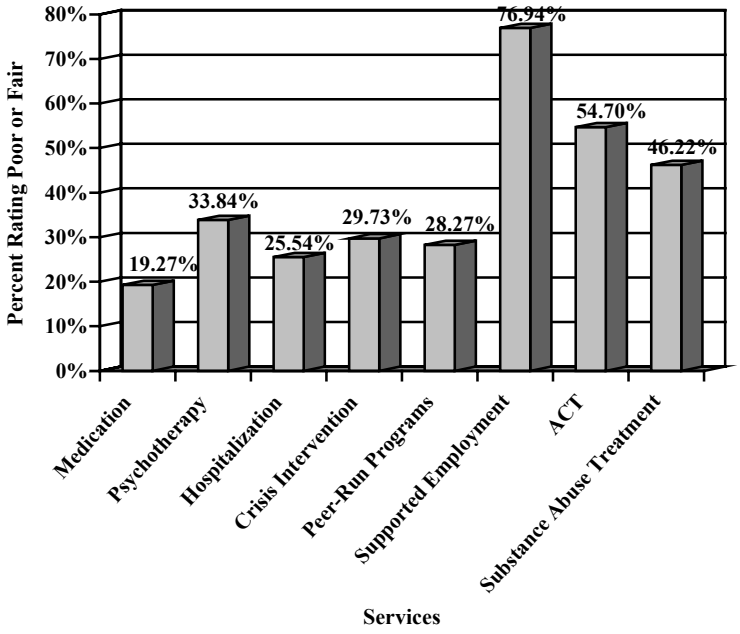
A similar pattern held true in the last year (figure 2). Virtually all of the individuals with severe mental illnesses received medication. **Half—51 percent—were hospitalized in the last year.** Far fewer than half of these individuals received ACT services, supported employment, peer-run services, or substance abuse treatment.

Figure 2: Mental Health Services Received by Maine Residents with Mental Disorders in the Last Year



The quality of the services received in the last year often was found lacking by the NAMI respondents. Half or more of the respondents rated supported employment, ACT, and substance abuse treatment fair or poor (figure 3)

Figure 3: Quality of Mental Health Care Received in the Last Year



The residents of Maine who responded to the NAMI survey identified several barriers to housing and employment. Cost, far and away, was the leading barrier to appropriate housing (table 3), with the lack of housing supports and the lack of financial assistance from the government for housing also cited as barriers. Stigma and discrimination was the leading barrier to employment cited, by 38 percent of the respondents (table 4). Lack of jobs and inadequate treatment of mental health condition were the other two leading barriers to employment.

Table 3: Barriers to Housing

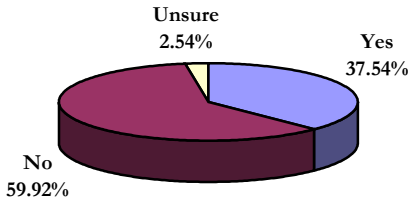
Barriers to Housing	Percent
Housing costs are too expensive	49.30
Appropriate housing is limited due to stigma against people with mental illness	11.28
Lack of community supports for independent living	36.63
More structured care not available	16.92
No financial assistance from government to pay for housing and support	22.54
Family does not support living independently	2.83
Other	11.28
Unsure	8.43

Table 4: Barriers to Employment

Barriers to Employment	Percent
Lack of jobs in the community	35.03
Stigma and discrimination against people with mental disorders	37.50
Lack of vocational services	16.68
Fear of losing health or disability income benefits	27.47
Inadequate treatment of mental health condition	28.91
Lack of transportation to job/employment services	18.35
Other	38.68
Unsure	4.16

The results of these barriers and lack of recovery-oriented care? Thirty-five percent of individuals with severe mental illnesses in Maine represented in the NAMI survey have been arrested or detained by police (figure 4).

Figure 4: Criminalization of Mental Illness in Maine



Individuals with mental illness living in Maine who were ever arrested or detained by police.

[i] Nationwide, 3,400 individuals with serious mental illnesses and their families were represented in the survey, with 72 individuals living in the state of Maine. The survey was conducted in the spring of 2003. Full details and results of the survey can be found at www.nami.org/triad.

For more information, contact:

NAMI Maine
1 Bangor St
Augusta, ME 04330-4701
207)622-5767 or (800)464-5767
www.me.nami.org

or

NAMI National
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
703-524-7600
www.nami.org
staterelations@nami.org