



In 2006, Mississippi's mental health care system received a D grade. Three years later, it has dropped to an F.

Three years ago, NAMI criticized Mississippi for holding in jails individuals with serious mental illnesses who had been civilly committed for treatment, while waiting for available psychiatric hospital beds. Even so, the state was aware of the problem, and there were some slight signs of progress in addressing this deplorable situation.

However, the real problem is not lack of hospital beds. Mississippi has a higher per capita rate of state psychiatric beds than any other state. Mississippi's primary challenge is the continuing lack of appropriate community-based services and supports. There is too much reliance on a system of care that is not responsive to consumer and family needs. Services are not available until people reach a point of severe crisis. Then, individuals either become the responsibility of the state hospital system or the state correctional system. There is little mystery as to why Mississippi's psychiatric hospitals are filled to capacity and why jails and prisons contain disproportionate numbers of inmates with mental illnesses.

New leadership in the Department of Mental Health (DMH) seems to accept that system transformation is needed but is tentative and indecisive about how to accomplish it. After many years of delay, seven community mental health crisis centers are up and running but they are primarily being used for overflow beds for inpatient treatment, rather than crisis intervention services.

DMH has provided grants to 15 Community Mental Health Centers throughout the state to coordinate services for co-occurring disorders. DMH also provides support for family and peer education programs.

DMH is collaborating with the Jackson Police Department, the Hinds County Sheriff's Office, and local mental health agencies and facilities to implement a police Crisis Intervention Team (CIT) program. In collaboration with the University of Mississippi's Medical Center, DMH also has provided funding and technical assistance to two rural regions for tele-psychiatry.

Innovations

- Preliminary steps toward community-based services
- Regional crisis centers
- Support for CIT in Jackson

Urgent Needs

- ACT, integrated dual diagnosis treatment, and supportive housing
- Medicaid funding for evidence-based practices
- Eliminate use of jails for people under civil commitment orders

Consumer and Family Comments

- *"Clinics are run like mills. You wait long periods of time for appointments, and then they just drug you without adequate diagnosis. They don't care."*
- *"The facilities are archaic and add to the embarrassment of having to seek mental help."*
- *"Lack of housing and other community-based services . . . Services in general are too fragmented from region to region . . ."*

Modest signs of progress notwithstanding, Mississippi faces numerous problems. Evidence-based practices (EBPs) generally are not available. Currently no Assertive Community Treatment (ACT) teams exist. There has been no investment in integrated dual diagnosis treatment (IDDD), supported employment, supportive housing, or other EBPs. Mississippi's Medicaid program has a restrictive preferred drug list for psychiatric medications.

The mental health system in Mississippi is outdated and outmoded. Although services such as ACT, IDDD, and supportive housing may seem expensive, they are far less expensive than the cumulative cost of unnecessary hospitalizations, incarceration, or homeless services.

Dramatic change and tangible progress, rather than plans and promises, are needed in Mississippi. Acknowledging that problems exist and identifying solutions are the first step towards fixing a non-existent or badly broken mental health system, and Mississippi's new DMH leadership appears genuinely committed to taking the right steps. However, leadership from the governor and legislature, political will, and adequate investment will be vital to any possible future success in Mississippi.