

**Integration of Physical and Behavioral Health Educational Summit**  
**Age-Appropriate Services**  
**Dale P. Svendsen, M.D.**  
September 26, 2007

I am Dale Svendsen, Medical Director from the Ohio Department of Mental Health. Our Office has been addressing the physical and behavioral health wellness issues for several years. We have initiated and completed much...but we know that the issues are only beginning to be understood and addressed. The illnesses, the interventions and the approaches needed for each age population are very different. In other words you cannot do just one thing. From the Medical Director's Division we are working in three distinct directions simultaneously to bring integrated or coordinated health care to all. In a few minutes I cannot be very complete...but let me share the directions illustrated by some examples.

**Get the word out!** Many of us are aware that at least a third of primary care visits are primarily to treat mental health disorders...and that 80% of antidepressants are prescribed by non-mental health prescribers. Most of these mental illnesses are for mental disorders such as anxiety and depression.

The story is very different for persons with serious mental disorders...such as schizophrenia or bipolar disorder. Most care for these disorders is provided in the specialty public mental health sector. Last year, I was privileged to co-edit a National Association of Mental Health Program Directors Report, *Excess Morbidity and Mortality in Persons with Serious Mental Illnesses (SMI)* <http://www.nasmhpd.org/> (Click on Publications, Technical Papers, M&M in People with SMI) In 2006, data from 6 states became available that found that people with SMI were dying 25 or more years before expected! In Ohio, for persons who were hospitalized, it was 28 to 32 years of life lost. This is far greater than the 10-15 years of expected life lost described in the 1980s and early 1990s. People with SMI are dying at about age 50 not the average life expectancy of the late 70s!

While suicide and homicide account for 30-40% of the excess mortality...heart disease, respiratory disease, diabetes mellitus and infections were the major causes of death. These causes of death were similar to the US major causes of death...but at a much earlier age...and with known risk factors that can be modified. For persons with SMI we were identifying an epidemic within a national epidemic. Not only were the deaths occurring at an earlier age, but the risk factors were much more prevalent among persons with SMI. Obesity is much more common, smoking is 3-4 times more prevalent, lifestyles are more sedentary, diabetes mellitus is almost twice the national average, and medical care for persons with SMI is accessed scarcely! Clearly this is a health disparities population...and we can do something about it.

Despite the shock and awe of these findings, this information is not widely known...and thus the ODMH strategy is to get the word out...nationally, statewide and locally ...to consumers and families, to clinicians and administrators and politicians such as the presidential candidates, to education and training programs, to the primary care providers and to the payers and regulators such as the Center for Disease Control, Medicaid, Primary Care Clinics, Medicaid Managed Care Providers and Federally Qualified Health Centers.

**Involve system leaders and use data to move ahead.** Mental health care has been separated from physical health care from the beginning. We have separate geographic sights, separate clinical records, separate accreditation systems, separated professionals, separate payment systems and separate data systems. The barriers are immense. Our 2007 ODMH/ODJFS efforts to combine clinical information and to move ahead together is an important strategy to build and grow and be ready to be an integral part of Ohio's health care policy. For example, a comprehensive electronic health care record and effective models for integrated care.

**Bring people together to share, learn and grow solutions to improve the health of persons with mental illnesses.** This conference is an example. Many of you are well aware that older Americans prefer to seek care with their primary care physicians...and do not want care from mental health professionals. Therefore, OACBHA and others are focusing their older adult efforts on improving the mental health care available in primary care settings. If you can't get older Americans to seek care in the mental health sector, then bring expert mental health care where older Americans seek their care, the primary care network.

However, I would like to focus our attention on the mental health needs of our children. School-based mental health services make sense since kids are in school so much of their lives. However, because Ohio has less than half the number of child psychiatrists needed the medical psychiatric needs are more likely supplied by the pediatrician or family physician. To address this issue, we at ODMH have been working with the recommendations in The Child and Adolescent Psychiatric Services (CAPS) Action Task Force Report, <http://www.mh.state.oh.us/medicaldirdiv/documents/cap.calltoaction.pdf>. The CAPS report seeks to engage partners to address the shortage and the needs of children and their families. For example the report encourages the Children's Hospitals to convene pediatricians, child psychiatrists, administrators, and others to improve training for children's primary care providers. The report supports the use of models such as organizing a child psychiatrist pediatrician consultation process; Cuyahoga and Richland counties are two places in Ohio that are doing this collaboration successfully. Rather than suggesting a national solution to a longstanding problem, the CAPS recommendations suggest that local communities come together to create models to initiate and sustain local solutions to the shortage of medical psychiatric services. It is hoped that successful local solutions will bubble up to national attention.

Getting the word out, embedding wellness approaches using data in state supported healthcare initiatives and bringing people together to co-create solutions are the wellness initiatives from the Medical Director's Division. The illnesses, the interventions and the approaches needed for each population are very different. We cannot do just one thing. The solutions involve us all...mental health, physical health, policymakers, payers, government at all levels, consumers, families, educators, regulators and the general public. With awareness and commitment together we can improve the care system and the outcomes. We can expect longer and healthier lives, less disability, better access and treatment, and perhaps solutions to paying for care. The Ohio Transformation State Incentive Grant submitted to the Federal Government is titled "A New Day: Wellness for All;" together we can make this happen.