

Behavioral Health: Developing A Better Understanding

Ohio Association of
COUNTY
BEHAVIORAL
HEALTH
AUTHORITIES

Vol. Six, Issue XI



BEHAVIORAL HEALTH CARE IS HEALTH CARE

More Than a Tagline - It's a Foundation for the Future

You may have heard the slogan or seen on a bandaid that “Behavioral Health Care IS Health Care,” but what does that mean? It means that individuals with mental illness and/or addiction diseases need holistic care to recover and stay well in the community. Behavioral health is no different than physical health since a person cannot have one without the other. Recognition of a mind-body connection, just as there is a nutrition-body connection, seems to be dawning. Yet from a public policy standpoint, the physical health care system and the behavioral health system are treated differently.

The disparate approaches have led to fiscal neglect at the state level. It appears that policymakers find it easier to reduce budgets for behavioral health care services while protecting physical health care. Creating an understanding that Behavioral Health Care IS Health Care will help move the two systems in the direction of best practices for the individual. People with behavioral health illnesses, especially those with severe mental illness or chronic addiction, may need additional services in the community—like housing options, employment assistance, peer support services, and more that is not a part of physical health care. Ohio’s system of care has been developed to ensure that all of a person’s recovery needs are met in an environment of their choosing.

“If someone told you they had access to specialty cardiology treatment but not to primary care, you’d find it ironic. If someone told you they are being treated for their cancer but not for their co-occurring diabetes, it would seem ridiculous. Yet that is exactly what we’ve done to persons with serious mental illness.”

~ Linda Rosenberg, MSW, President & CEO, National Council for Community Behavioral Healthcare

National Study Highlights *Some* Changes in Public Attitudes

The November 2010 issue of the *American Journal of Psychiatry* included an article titled, “ ‘A Disease Like Any Other’? A Decade of Change in Public Reactions to Schizophrenia, Depression, and Alcohol Dependence.” The findings are a combination of good news and bad for individuals and families affected by behavioral health diagnoses. The survey repeated and compared the 1996 MacArthur Mental Health Study with a 2006 National Stigma Study to measure public attitudes based on vignettes describing people with possible mental illness or alcohol dependence.

According to the study, a decade of education and anti-stigma work that promoted behavioral health illnesses as diseases like any other disease has led to a greater understanding of mental illness and addiction. Fewer people viewed mental illness as a social or moral issue with the numbers for depression decreasing from 78 to 67 percent in 2006. For alcohol dependence, however, sociomoral thoughts were either unchanged or when referring to “bad character,” significantly increased from 49 to 65 percent.

Back on the positive side, the study reported an across the board public endorsement of medical treatment for these illnesses. Even so, there was no significant decrease in any of the high levels of stigma attitudes, and people reported unwillingness to work with, live near, or have someone marry into their families with schizophrenia or alcohol dependence. The study’s authors conclude that “Public attitudes matter...Attitudes help shape legislative and scientific leaders’ responses to issues such as parity, better treatment systems, and dedicated mental illness research funds.” They added that as we move forward, stigma reduction may require an expanded focus on abilities, competencies, and community integration of people with behavioral health illnesses.

- **Since SFY 2007, community-based funding from Ohio Department of Alcohol and Drug Addiction Services has been cut by 30%.**
- **Since SFY 2008, community-based funding by Ohio Department of Mental Health has been cut by 35%.**

Behavioral Health Affects Spending in Every Social Service Area

In the community, a course of treatment for alcohol or other drug addiction costs just \$1,600; mental health treatment, including up to two medications, costs \$7,400. But when Ohioans do not receive the health care they need—either physical or behavioral—the “system” pays more, meaning that taxpayers pay more to support state and community-based social services. The expenses that result drain local, state, and federal government budgets. Following are some of those costs:

- Average length of stay in a state hospital is 13 days at \$535 per day, for a cost per admission of \$6,955.
- Average stay in jail is 38 days. At \$70.87 per day, average cost per person in jail is \$2,693 each stay.
- Average stay in prison is 2.11 years. At \$25,000 per year, average cost per person in prison is \$52,750.
- Average emergency department visit costs \$1,038.¹
- Average annual cost of foster care is \$18,000.
- Communities have documented the cost of resources utilized by chronically homeless persons and shown that, on average, each person used about \$40,000 in services annually including emergency shelters, hospitals, jails, emergency rooms, and outpatient health care. *Average cost per day is \$109.59.*²

“In general, all types of providers reported impacts on their safety net organizations due to the economic downturn since early 2008... Mental health care providers appeared to be affected most severely, with many reporting an increasing demand directly related to the poor economy, with an increase in anxiety, depression, substance abuse, and suicide. At the same time, mental health boards report that budget cuts have reduced available mental health services.”

~from A Snapshot of Ohio’s Health Safety Net, Health Policy Institute of Ohio, 2010

Community Hospital Admission Statistics³

An Agency for Healthcare Research and Quality Fact Book in 2007 summarized a study on the impact of mental health and substance abuse disorders on community hospitals. The data was collected in 2004, and it quantified the burden placed on non-psychiatric hospitals.

- During the study period, adults with a mental health and/or substance abuse (MHSA) diagnosis accounted for 1 out of 4 stays at U.S. community hospitals—7.6 million hospital stays.
- One out of every 10 hospital stays included a diagnosis of mood disorders.
- One out of every 14 hospital stays involved substance-related disorders.
- There were nearly 179,000 adult hospital stays related to suicide or suicide attempts.
- Over 66 percent of adult hospital stays with MHSA diagnoses were billed to the government in 2004.
- The mean total cost of a hospital stay with at least one MHSA diagnosis was \$7,800 per stay.

Sources:

Ohio Departments of Alcohol and Drug Addiction Services, Mental Health, Rehabilitation and Correction

¹Consumer Health Ratings.com. Average Cost for Hospital ER Visit, 2007, Medical Expenditure Panel Survey.

²National Alliance to End Homelessness. 2007. Fact checker: Chronic homelessness. Washington, DC.

³Owens P, Myers M, Elixhauser A, Brach C. Care of Adults With Mental Health and Substance Abuse Disorders in U.S. Community Hospitals, 2004. Agency for Healthcare Research and Quality, 2007.