The National Context

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Challenges of Maintaining Access and Quality

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The National Context

Managing Behavioral Health

At the Federal level, behavioral health today in 2004 is less about carving in and carving out services. It is less about HMOs and waivers and day/dollar limits for the treatment of mental and substance use disorders. Our focus is far less on managed behavioral health care and much more on managing behavioral health care for people with or at risk for mental and substance use disorders. At the Federal level, the Substance Abuse and Mental Health Services Administration, the agency of the US Department of Health and Human Services with the mandate for behavioral health services policy and program, has been structuring its work to do that.

It begins with a vision and a mission – both consistent with President Bush's New Freedom Initiative and the Department's vision of a healthier U.S. It is a vision of "a life in the community for everyone." To achieve that vision, SAMHSA and HHS are focusing on building resilience and facilitating recovery for people with or at risk for mental and substance use disorders.

The Problem: Need, Capacity, and Stigma

The challenge before SAMHSA, states and communities may be greater in this area of health care than in other sectors for a number of reasons:

Mental and substance use disorders are chronic remitting illnesses, affecting millions. In 2002, an estimated 22 million Americans suffered from substance dependence or abuse due to drugs, alcohol, or both, according to the newest results of SAMHSA's Household Survey. The President's New Freedom Commission on Mental Health reports that in any given year about 5% to 7% of adults have a serious mental illness, according to several nationally representative studies (Department of Health and Human Services: Substance Abuse and Mental Health Services Administration, 2002; Kessler, R. C., et al., 2001; United States Public Health Service Office of the Surgeon General, 2001). A similar percentage of children - about 5% to 9% - have a serious emotional disturbance. These figures mean that millions of adults and children are disabled by mental illnesses every year.

Capacity does not come close to reaching demand. The 2002 Household Survey notes that 7.7 million people needed treatment for a diagnosable drug problem and 18.6 million needed treatment for a serious alcohol problem. Only 1.4 million received specialized substance abuse treatment for an illicit drug problem and 1.5 million received treatment for alcohol problems. More than 94 percent of people with substance use disorders who did not receive treatment did not believe they needed treatment. There were 362,000 people who recognized they needed treatment for drug abuse. Of these, 88,000 tried but were unable to obtain treatment for drug abuse in 2002. There were 266,000 who tried, but could not obtain treatment for alcohol abuse. Fewer than half of U.S. adults with a serious mental illness received treatment or counseling for a mental health problem during the past year. Among the more than 2 million adults with serious mental illness who did not receive treatment but felt that they needed it, half (50 percent) reported that the cost of care was a reason they did not receive treatment.

Stigma and discrimination stand between need and services availability.

Costs

From a systems perspective, there are equal challenges. The costs of these disorders are significant. Mental illnesses rank first among illnesses that cause disability in the United States, Canada, and Western Europe. This serious public health challenge is under-recognized as a public health burden. In addition to the tragedy of lost lives, mental illnesses come with a devastatingly high financial cost. In 1997, the latest year comparable data are available; the United States spent more than $1 trillion on health care, including almost $71 billion on treating mental illnesses. In the U.S., the annual economic, indirect cost of mental illnesses is estimated to be $79 billion. Most of that amount - approximately $63 billion - reflects the loss of productivity as a result of illnesses. But indirect costs also include almost $12 billion in mortality costs (lost productivity resulting from premature death) and almost $4 billion in productivity losses for incarcerated individuals and for the time of those who provide family care. The total expenditure for treatment of substance abuse in the United States was $11.9 billion in 1997. That figure was small compared to the total social costs of $294 billion that can be attributed to substance abuse in that year.

Unlike other areas of health care in America, behavioral health services rely extensively on Federal and State funding. Mental health expenditures are predominantly publicly funded at 57%, compared to 46% of overall health care expenditures. Between 1987 and 1997, mental health spending did not keep pace with general health care because of declines in private health spending under managed care and cutbacks in hospital expenditures.

Spending on substance abuse between 1987 and 1997 shifted from private to public support. Private expenditures for substance abuse declined 0.2 percent each year on average, compared to an annual 3.6-percent increase for mental health and a 4.1-percent increase for all health care. The public sector's share of substance abuse expenditures increased from 53 percent in 1987 to 64 percent in 1997, greatly exceeding public spending on all health, which increased from 41 to 46 percent. With States feeling the budget crunch today, behavioral health care services are caught in the budget squeeze, perhaps more than other health care services that rely less on public sector funding.

Fragmentation of Delivery Systems

Costs of care are only one system issue. Another challenge to a successful managed behavioral health care system is the fragmentation of service delivery systems that characterizes many State and local systems and causes duplication of and gaps in the service continuum. This fragmentation is due in part to a lack of coordination between agencies, and separate funding streams that are designated only for specific populations. This lack of integrated services has additional implications for cost and quality of care for individuals with the most severe illnesses, such as seriously and persistently mentally ill persons. Complicating matters further is the fact that many individuals in public substance abuse and mental health treatment are also served by other public agencies and systems, some of which, like the child welfare system, are setting up their own service management systems.

The need for integrated services cannot be underestimated in the behavioral health field. According to SAMHSA's latest National Survey on Drug Use and Health, nearly 4 million Americans live with co-occurring serious mental illness and substance use problems. The survey found a strong relationship between substance use and mental disorders—adults who used illicit

drugs were more than twice as likely to have a serious mental illness as compared with adults who did not use an illicit drug. The findings support what has been widely recognized—a co-occurring disorder is the expectation, not the exception, for people living with a mental or addictive disorder.

Accountability, Capacity, and Effectiveness

SAMHSA is taking the lead on managing behavioral health care. The principles on which the work is based are accountability, capacity, and effectiveness.

To ensure accountability, SMAHSA tracks national trends and develops and promotes standards through which services systems can be monitored and evaluated. The Agency works with public and private partners to achieve excellence in mental health and substance abuse services. A significant part of promoting accountability is about measuring, counting and evaluating just how well our programs and State and community behavioral health efforts with federal funding are doing. SAMHSA has been a leader in moving the fields of substance abuse treatment and mental health services toward development of a common set of measures and cost-effective data processing systems. Today, those efforts are coming to fruition in the transformation of State Substance Abuse and Mental Health Block grant programs into performance Partnership grants. These new programs will give states more flexibility in how they spend their block grant funds. At the same time, all states will be required to submit data on basic measures of success in service delivery

We are enhancing the nation's capacity to serve people with mental and substance use disorders by supporting service expansion, and promoting service financing and organization. Both the Department as a whole and SAMSHA also are engaged in growing a strong, well-educated workforce that operates within community-based systems of care.

The quality of that workforce and those systems of care is only as great as the effectiveness of both. Thus, SAMHSA promotes the continuous improvement of behavioral health services by assessing service delivery practices, promoting evidence-based approaches to care, implementing and evaluating innovative services, and providing training in those new skills. SAMHSA has been identifying evidence-based practices and preparing useful and timely protocols to bring those know-effective methods to treatment and prevention programs in behavioral health. SAMHSA has Treatment Improvement Protocols in substance abuse that span a wide array of topics; Best Practices Toolkits in six key areas of mental health services are now undergoing final assessments.

Effectiveness also means increasing the capacity of communities and providers to create systems of care that make every door the right door to treatment and services for mental and substance use disorders. That means that individuals with these illnesses, including those who are homeless, should be able to enter the service system through any service door, be assessed, and have access to the full range of comprehensive services and supports they want and need. SAMHSA has a growing body of programs and activities that focus on just these issues. The SAMHSA website www.samhsa.gov has more information about their current portfolio of activities.

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