

The High Costs of Cutting Mental Health

Health Care

Cutting mental health services causes unintended consequences that increase other health care costs. When children and adults living with mental illness cannot get mental health services, they often end up using more health care resources, such as emergency rooms. Mental health disorders accounted for more than 4.2 million hospital emergency department visits in 2006.¹

Treatment works and while recovery is possible, long delays occur—often years—before people get help.² There is an average delay of 8.5 years between the onset of symptoms and the beginning of treatment for people living with schizophrenia.³ When treatment is delayed, conditions may become more severe and more resistant to treatment.⁴ A psychotic, manic or depressive episode may result in lasting cognitive impairment, emergency room visits, hospitalizations—even incarceration or suicide.

One out of every five community hospital stays today involves a principal or secondary diagnosis of mental illness.⁵ As a nation, we lose one life to suicide every 15.8 minutes.⁶ The vast majority of those who die by suicide live with mental illness—often undiagnosed or untreated.⁷

Protection and strengthening of state and local mental health services are needed to save lives. For people living with serious mental illness, life expectancy is 25 years less than that of other Americans. People diagnosed with schizophrenia die from heart disease, diabetes and other medical conditions at a rate two to three times greater than the rest of the population.⁸

By the Numbers

One in four adults experiences a mental disorder in every year. One in 17 adults lives with serious mental illness such as schizophrenia, major depression or bipolar disorder. One in 10 children lives with a serious mental or emotional disorder.^{9, 10}

50% of lifetime mental illness cases begin by age 14, 75% by age 24. Treating cases early could reduce disability, before mental illnesses become more severe.¹¹

Mental illness often co-occurs with other health conditions, complicating treatment and raising overall medical costs.¹² Over one in five adults living with serious mental illness has a co-occurring substance use disorder.¹³ Persons with substance use disorders are roughly twice as likely to have a mood or anxiety disorder.¹⁴

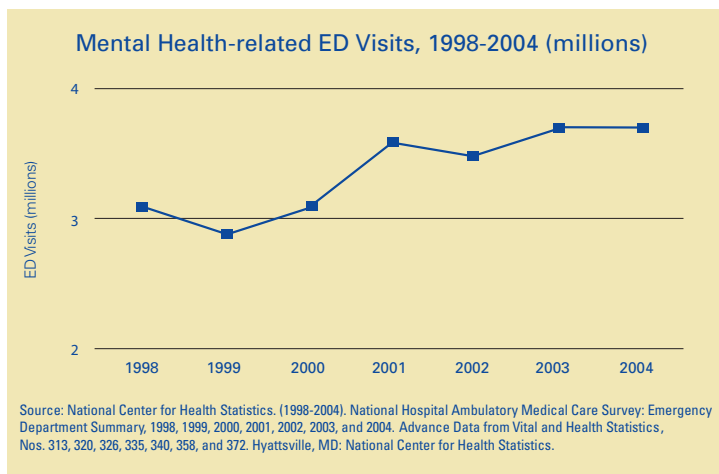
Patients with diabetes and co-morbid depression have health care costs that are 4.5 times higher than those without co-morbid depression.¹⁵ Despite their prevalence, mental disorders in people with chronic health conditions often go undiagnosed and untreated.¹⁶

As community mental health services decrease, hospital CEOs report a dramatic increase in the average length of stays for patients requiring emergency, psychiatric admission.¹⁷

Saving Money, Saving Lives

Mental health treatment works and is an investment in recovery. From models that support individuals with the most severe or complex conditions to treatments that provide relief for more moderate mental illness, mental health treatment saves lives and reduces other costs.

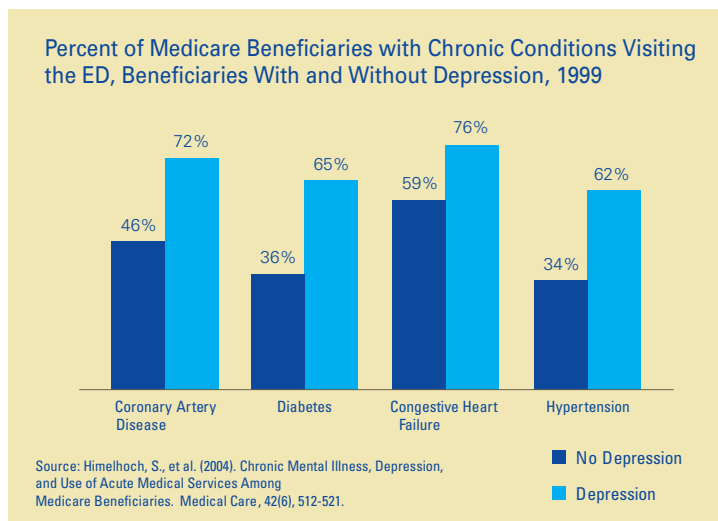
- Assertive Community Treatment, (ACT) is a proven, cost-effective, coordinated team approach that combines intensive treatment and support services. In Oklahoma, the number of hospital days dropped 73 percent and days in jail fell 64 percent within a year after one group of 229 individuals living with mental illness was admitted to an ACT program.¹⁸
- Collaborative, team-based care in treating older adults for depression have demonstrated both lower rates of depression and severity of symptoms and lower use of



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medical care services. Depression affects about 3 million older adults in America and is associated with 50-70 percent higher health care expenses. It is often intertwined with other illnesses.¹⁹

- People with co-occurring mental health and substance use disorders have high rates of recovery when integrated dual disorders treatment is provided.²⁰ Integrated treatment leads to dual recovery and reduces



costs, yet in 2005 only 8.5 percent of 5.2 million adults with co-occurring disorders received treatment for both problems.²¹ Greater access to integrated treatment is needed to reduce costs for mental health systems, which spend most of their resources on a small percentage of individuals—typically, those with the most severe, co-occurring disorders.

Endnotes

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- ⁵ Statistical Brief #62, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality, Rockville, Md., (November 2008).
- ⁶ McIntosh, J.L., *Suicide: 2006 Official Final Data*, American Association of Suicidology, (2009).
- ⁷ New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, Md., (2003), p.21.
- ⁸ Parks, J. et al. (eds) *Morbidity and Mortality in People with Serious Mental Illnesses*, National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, Alexandria, Va., (October 2006).
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- ¹⁰ The National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment, *Blueprint for Change: Research on Child and Adolescent Mental Health*, (2001).
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- ¹² Statistical Brief #62, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality, Rockville, Md., (November 2008).
- ¹³ Institute of Medicine of the National Academies, "Improving the Quality of Health Care for Mental and Substance-Use Conditions," *Quality Chasm Series*, The National Academies Press, (2006).
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- ¹⁸ Report on the implementation of Programs of Assertive Community Treatment (PACT), submitted to the President Pro Tempore of the Oklahoma Senate and the Speaker of the Oklahoma House of Representatives pursuant to House Bill 1084, Oklahoma Department of Mental Health and Substance Abuse Services, (April 1, 2007).
- ¹⁹ National Institute of Mental Health, *Team Care for Depressed Older Adults Cuts Overall Medical Costs*, NIMH Science Update, (Feb. 14, 2008).
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