

Mental Health



“We envision a future when everyone with a mental illness will recover, a future when mental illness can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community.”

President’s New Freedom Commission on Mental Health, 2003

One-third of Americans between the ages of 15 and 54 will develop a mental illness in their lives. According to data from the Substance Abuse and Mental Health Services Administration (SAMHSA), 1 in 5 people experience a diagnosable mental disorder in any given year—for Louisiana this is an estimated 650,000 adults and 245,000 children.¹

In the chapter on “Using the Parish Profiles,” the broad definition of health was introduced. Part of that broad definition of health in a community is the concept of community mental health, which may be reflected in all the aspects of that broad definition. Each community needs to decide how it will define the idea of community mental health status. The positive assets of a community can significantly impact community and individual mental health. These positive qualities include a nurturing, tolerant, stimulating, diverse, safe and pleasant place in which to live. Each community needs to decide what characteristics represent the positive aspects of their community’s mental health. It is these positive aspects that are used, and improved on, in any community process to improve quality of life.

However, most of the data that are collected nationally and in Louisiana about mental health are based on a need for individual mental health services, the use of those services and additional community-based support systems that can be developed. Because of limited resources, the individuals most likely to get services are those with the most severe forms of mental illness.

In Louisiana, it is estimated that 650,000 adults and 245,000 children have diagnosable mental illness.

This section discusses the following indicators:
Prevalence of mental illness for state and parish;
mental illness diagnoses of clients served in state; and
per capita mental health expenditure in Louisiana.

Defining the Scope of Mental Illness

The impact of mental illness and the promotion of mental health are major public health concerns, yet mental illness remains widely misunderstood. Mental illness is more common

than any other major public health concern. It is more common than cancer, diabetes or heart disease. Psychiatric disorder is the number one reason for hospital admissions nationwide. At any given moment, almost 21 percent of all hospital beds are filled by people with mental illness. Nearly eight million children and teens have serious emotional problems. Mental illness is common in all walks of life. It is a little known fact that many famous and influential people have suffered from severe mental illness, including Abraham Lincoln, Beethoven, Van Gogh and Winston Churchill, to name just a few.³

DID YOU KNOW?

- *Approximately 18% of all children in foster care are placed in residential treatment facilities due to their complex mental health care needs each year.*
- *Nearly 40% of youth in secure care have a serious emotional disturbance*
- *20% of inmates entering prison receive mental health services²*

Mental disorders fall along a continuum of severity. The most serious and disabling conditions affect five to ten million adults (2.6% to 5.4% of the population) and three to

five million children ages five to seventeen (5% to 9%) in the United States.⁴ Serious mental illness is defined as a diagnosable mental, behavioral, or emotional disorder that meets criteria of the Diagnosis and Statistical Manual of Mental Disorders (DSM-IV – American Psychiatric Association, 1994) and results in functional impairment substantially interfering with or limiting one or more major life activities.^{5,6} Serious mental illness includes schizophrenia and psychotic disorder, major depression, and bipolar disorder.

Despite its prevalence, only about one-third of those afflicted receive appropriate mental health treatment yearly.⁷ Many of those who are treated in hospitals or treatment centers would be better served in less restrictive, more normalized, community-based programs. Other issues affecting those with mental illness are housing, employment, and overcoming the stigma of mental illnesses.

Funding for mental health diagnoses, treatment, and prevention comes from Medicare (federal funds), Medicaid (state and federal funds), state funds only, private insurance, and self-pay.⁸ Individuals with mental illness can invest great expense over their lifetimes due to the high cost of care. As a result, there recently have been successful efforts to improve the mental health benefits of group health care insurance plans, such as the Mental Health Parity Act of 1996.⁹

Mental Health Reform –The President’s New Freedom Commission on Mental Health Report (2003) has outlined a national agenda for reforming the mental health system in the nation making recommendations that enable adults with serious mental illnesses and children with serious emotional disturbances to live, work, learn, and participate fully in their communities.¹⁰ To this end, in June of 2005, the Governor’s Health Care Reform Panel issued a report on mental health issues facing the state of Louisiana. The complete report is available on line at www.dhh.louisiana.gov, key words “health care reform”.

Mental Disorders

Severe mental illnesses, such as schizophrenia, major depression, and bipolar disorder, are biologically-based brain disorders. These disorders significantly disrupt a person’s ability to think, feel, and relate to others. These disorders are long lasting and episodic. This means that they affect the person to some degree most of his or her lifetime. State mental health services address the needs of people with severe mental illness. In Louisiana over 90 percent of all people served through OMH have a severe mental disorder.¹¹ Many of the remainder of those served are at risk for a severe disorder.

Estimated Population with Severe Mental Illness, 2000

	Lafayette	Louisiana
Children	4,690	109,782
Adults	3,598	84,479
Total	8,288	194,261

Source: Louisiana Department of Health and Hospitals,
Based on national prevalence estimates using
U.S. Census 2000

DID YOU KNOW?

Schizophrenia occurs equally in both genders, and is usually diagnosed between 18 and 25 years of age. Men have a slightly earlier onset than Women. Onset of symptoms after the age of 40 is rare.

*Office of Mental Health,
2004*

Suicide

From 1998 until 2001, the rate for self-inflicted injuries and suicide attempts in Louisiana was 38.2 per 100,000 population (ages 10 years and up).¹² Teen suicide is the 3rd leading cause of death of adolescents in Louisiana.¹³ For the same time period, nearly 62 percent of the attempts were by females while just over 38 percent were attempted by males. In looking at differences in age groups, persons in the 20-29 and 30-39 age groups have more attempts while persons in the 60 years and older have the fewest attempts.¹⁴ **In Lafayette Parish from 1998-2001 there were less than 30 suicide and self-inflicted injury attempts, therefore no rate was calculated.**¹⁵

Suicide Attempts and Self-Inflicted Injuries		
1998 – 2001		
Region 4	Number	Rate per 100,000
Total	700	37.9
	Number	% of Total
By Age Group		
10-19	125	17.9%
20-29	185	26.4%
30-39	180	25.7%
40-49	126	18.0%
50-59	41	5.9%
60+	43	6.1%
By Sex		
Male	289	41.3%
Female	411	58.7%

Source: Louisiana Hospital Inpatient Discharge Database

Co-Occurrence of Serious Mental illness with Substance Abuse/Dependence

Many people with a serious mental illness also suffer from substance abuse/dependence. In 2003, the rate of adults who were dependent on or abused alcohol or illicit drugs was 21 percent for adults with serious mental illness and only 7.9 percent among those without serious mental illness. An estimated 4.2 million adults met the criteria for both serious mental illness and substance dependence or abuse in the past year. In 2004, the Office of Mental Health and the Office of Addictive Disorders received a federal grant to develop programs of integrated treatment to serve the needs of people with co-occurring serious mental illness and substance abuse.¹⁷

*21% of adults with serious mental illness are dependent on or abuse alcohol or illicit drugs.*¹⁶

Primary Diagnoses of Clients Served by the Louisiana Office of Mental Health, 2003-04			
ADULTS		CHILDREN	
Diagnosis	Percent of total	Diagnosis	Percent of total
• Major affective disorder	52.0%	• Attention deficit disorder	23.1%
• Schizophrenia	21.7%	• Major affective disorder	15.7%
• Depressive disorder	6.8%	• Depressive disorder	9.6%
• Anxiety disorder	3.5%	• Oppositional disorder	6.6%
• Mental retardation	1.1%	• Anxiety disorder	4.8%
• Substance abuse disorder	1.2%	• Conduct disorder	4.4%
• Adjustment disorder	1.0%	• Adjustment disorder	3.8%
• Personality disorder	0.1%	• Schizophrenia	.3%
• Other	13.6%	• Other	8.7%

Source: Office of Mental Health, 2004

Addressing the Needs of Severe Mental Illness

Costs

According to the 1999 Surgeon General's Report on Mental Health, it is estimated that the annual economic indirect cost of mental illness to United States is \$79 billion.¹⁸ Each year, about one in four Social Security disability payments are for people with severe mental illness. In Louisiana for the 2003/04 fiscal year, 45 percent of the mental health expenditures were for mental health medications.¹⁹ According to the National

Association of State Mental Health Program Directors Research Institute, the total per capita mental health expenditures in Louisiana for 2003 was \$51. This compares to \$92.81 for the United States. Nationally, Louisiana ranked 27th in per capita mental health expenditures.²⁰ The Office of Mental Health budget has remained steady at about \$50 million despite efforts over the years to increase this level of funding. These requests usually focus on pharmacy, housing, and children's programs. Research evidence shows that improved access can directly reduce the long-term costs of mental health care.²¹

Each year, about one in four Social Security disability payments are for people with severe mental illness.

Treatment

The treatment of mental disorders includes use of medications and a wide range of community-based treatment approaches. Providing support in the person's natural environment (e.g., work/school, home, community) can also help. There has been much success with community-based treatment approaches. When people are treated at home or in a community, they do not require hospitalization as often. Nationally, and in Louisiana, there is an active agenda to reduce the number of people hospitalized and the length of hospital stays. At the same time, OMH hopes to increase the available community-based care.²²

DID YOU KNOW?

According to the National Institute of Mental Health, individuals with serious mental illness have a 90 % unemployment rate.²³

Medications have been a crucial factor to help people function better and more independently. In recent years, there have been amazing advances in the development of new antidepressants and antipsychotic medications (e.g., clozapine, risperidone, olanzapine). These now have better results and fewer negative side-effects. Obtaining funding for these newer, more effective medications has been an OMH priority over the past two years.²⁴

Access to Mental Health Services

The state mental health system in Louisiana includes 43 community mental health centers and 31 community outreach clinics. It also includes seven regional acute inpatient units, over 300 contract community programs (e.g. crisis, case management and school-based programs), and five state psychiatric hospitals. Service delivery is organized into six regionally integrated systems of care and four human service districts. These systems provide a wide range of treatment and support services as close as possible to the client's home. There are a growing number of state-of-the-art programs. This includes assertive community

treatment and programs of housing. Employment and education are also included. Within the Louisiana Medicaid Mental Health Rehabilitation Program, OMH supports the provision of services in home and community settings outside clinics through a statewide provider network of mental rehabilitation vendors. For online access to mental health support services offered by the Office of Mental Health, visit the DHH Web site at www.dhh.louisiana.gov.

School-Based Services

Louisiana school-based health centers (SBHC) provide mental health services to students including, but not limited to, crisis counseling, individual, family and group therapy. School-based mental health services can facilitate access and target early intervention which can prevent school failure or involvement in the juvenile justice system.²⁵ Each center is staffed with a master's level mental health professional who works closely with the center's medical personnel. Some centers also provide onsite psychiatric services. The emphasis is on prevention, early intervention and risk reduction. In 2003-2004, mental health was the second leading reason for a visit to a school-based health center.²⁶ Additional information on SBCHs, including a parish list, can be found in the Access to Appropriate Health Care chapter.

Consumer, Family, and Community Services

There is growing consumer (service recipient) and family involvement in mental health systems planning, development, and evaluation. Mental health consumers are becoming partners in decision-making regarding goals, programs and funding priorities. Communities can have direct impact on the availability and quality of services in their areas.²⁷ In Louisiana, there are active and regionally representative state mental health planning councils, local advisory councils, and consumer/advocacy organizations. There are also organizations for adult family members, such as the National Alliance for Mental Illness, and for parents, and the Federation of Families for Children's Mental Health. Two additional agencies in Louisiana that provide statewide education and advocacy for the mental health community are the Mental Health Association (www.mhal.org/) and Meaningful Minds of Louisiana (www.meaningfulmindsla.org). Both websites provide links to additional mental health information and resources available throughout the state.

Early Childhood Supports and Services (ECSS)—Identifies and mitigates the risks for young children, ages 0-5 years and their families, who are exposed to abuse, neglect, violence, parental mental illness, prenatal substance abuse, poverty, and developmental disabilities. ECSS brings together state agencies and local community organizations, such as Head Start and the March of Dimes, to identify these targeted children and refer them to the appropriate service. Currently the program is operating in nine parishes, including DeSoto, East Baton Rouge, Lafayette, Ouachita, Terrebonne, and St. Tammany. For more information visit the ECSS web site at www.ecssla.org.

DID YOU KNOW?

Visit the DHH Web site at www.dhh.louisiana.gov for online access to mental health support services offered by the Office of Mental Health. The site features a "clickable" state map with detailed information by region.

Community-Based Supports

Community capacity to support the preference of people with mental illnesses to live independently complements the basic treatment services provided by the Office of Mental Health and other providers. Currently, OMH has programs to help consumers with housing, education, employment and business development. The focus there is not just treatment but readiness for jobs and job skills, and supporting youth in their home and school environments.²⁸

Housing

Housing is a critical need for people with serious mental illnesses. OMH assists people with a mental illness with housing and independent living. Supported housing services include assistance with finding and keeping housing, moving expenses, local transportation assistance, initial grocery expenses, baby-sitting and clothing needs. More support, such as an aide or intense support services, may be arranged at the beginning of independent living and tapered off in order to make the transition easier. Over 3,500 people in Louisiana are served through this program each year.²⁹

In Louisiana over 3,500 people receive supported housing services each year

Education

Supported education provides individual and group support to students with serious mental illness pursuing post-secondary education. The focus of supported education is to help the students handle academics and adapt to university life. Many students with severe mental illness would ordinarily have difficulty staying in school and performing well. OMH operates two successful programs, one at Louisiana State University (LSU) in Baton Rouge and one at the University of Louisiana (ULL) in Lafayette.³⁰ Supported education is a national best practice, and Louisiana is proudly one of the few states offering this service.

In 2003-2004, 172 students were served through the LSU program and 151 students were served through the ULL program. OMH hopes to make the program available for replication in other Louisiana post-secondary institutions, including the new community college system in the coming years.³¹

Employment

OMH recognizes that work is a major component in the recovery process and supports consumers in seeking, getting, and keeping a job. Traditionally, because an individual with severe mental illness was considered unable to work, employment was seldom a consideration in treatment planning. If placed, people with a mental illness were often put in low-level, low-paying positions unrelated to their strengths or preferences. This has all changed with the implementation of supported employment services.

The Office of Mental Health works closely with the Louisiana Rehabilitation Services to provide supported employment services. OMH provides supported employment services across the state, training consumers and establishing ties with the Louisiana Rehabilitative Services (Louisiana Department of Social Services) and establishing consumer-run businesses. There are trained consumer employment coordinators in every region of the state. Through these services, consumers are employed in meaningful jobs and better integrated into the communities in which they live. In 2003-2004, OMH provided supported employment to over 1,500 consumers statewide.³²

A very successful consumer employment initiative has been the development of micro-enterprise, self-employment programs in partnership with the Louisiana Rehabilitation Services (LRS). Micro-enterprises are sole proprietorship, partnerships, or family businesses. Consumers work with employment specialists to learn business skills and to develop and implement business plans.

The Community Can . . .

Educate political, business and civic leaders on community-based mental health services³³

- Identify gaps in existing service for persons with mental illnesses.³⁴
- Support peer-support groups for persons with mental illness.^{35,36}
- Support businesses in implementing work place mental health programs.³⁷

Toolkits & Guides:

National Mental Health Association, The Village, www.nmha.org/pbeduadult/model/village.cfm.

Peer Support Services, www.nmha.org/pbedu/adult/peerSupport.cfm.

Promoting Mental Health in the Workplace, www.nmha.org/workplace/MH_Workplace.pdf.

Consumer-to-Consumer Outreach, www.nmha.org/pbedu/adult/model/Consumer-to-Consumer.pdf.

Develop and implement community-based support programs³⁸

- Increase the options for persons with mental illness to have safe, decent and affordable housing.³⁹
- Support employment programs for persons with mental illness, such as LaHIRE.⁴⁰
- Support higher education programs for persons with mental illness.⁴¹

Toolkits & Guides:

An Advocate's Guide to Expanding Housing Options for People who have Mental Illnesses, www.nmha.org/pbedu/adult/HousingManual.pdf.

A Guide to Implementing Effective Employment Services for People with Psychiatric Disabilities, www.nmha.org/pbedu/adult/EmploymentManual.pdf.

On Our Own of Maryland, www.onourwnmd.org.

Fast Track to Employment, www.nmha.org/pbedu/adult/model/fasttrac.cfm

Improve adolescent mental health

- Support and implement school-based programs aimed at suicide prevention.
- Conduct a suicide awareness and prevention week.⁴²

Toolkits & Guides:

Yellow Ribbon Suicide Prevention Program, School or Community Based Suicide Prevention Program, www.yellowribbon.org/.

Yellow Ribbon International Suicide Awareness and Prevention Week toolkit, www.yellowribbon.org/Week.html.

References

1. Louisiana Department of Health and Hospitals (LaDHH), "A Report on the State of the Mental Health Delivery System in Louisiana", Governor's Health Care Reform Panel, Jun2 2005.
2. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
3. National Alliance for the Mentally Ill.
4. National Alliance for the Mentally Ill (NAMI), 2004, <<http://www.nami.org>>.
5. American Psychiatric Association, 1994, Diagnostic and Statistical Manual of Mental Disorders (4th Revised Edition). Washington, D.C., American Psychiatric Association.
6. Department of Health and Human Services, U.S. Public Health Service, Office of the Surgeon General 1999, Mental Health: A Report of the Surgeon General. Rockville, MD.
7. Department of Health and Human Services, U.S. Public Health Service, Office of the Surgeon General, 1999, Mental Health: A Report of the Surgeon General.
8. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
9. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
10. New Freedom Commission on Mental Health. Achieving the Promise: Transforming Mental Health Care in America, DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003. <<http://www.mentalhealthcommission.gov>>.
11. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
12. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Hospital Inpatient Discharge Database 1998-2001, Prepared by: EMS/Injury Research & Prevention Program, Aug 2004.
13. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
14. Louisiana Department of Health and Hospitals, Office of Public Health (LaDHH/OPH) , Louisiana Hospital Inpatient Discharge Database 1998-2001, Prepared by: EMS/Injury Research & Prevention Program, Aug 2004
15. LaDHH/OPH, Louisiana Hospital Inpatient Discharge Database 1998-2001
16. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
17. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
18. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
19. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
20. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
21. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
22. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
23. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
24. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
25. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
26. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."

27. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
28. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
29. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
30. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
31. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
32. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
33. National Mental Health Association, Partners in CARE, Community Access to Recovery and Empowerment, 6 July 2005 <<http://www.nmha.org/pbedu/adult/index.cfm>>.
34. National Mental Health Association, Partners in CARE, Community Access to Recovery and Empowerment.
35. National Mental Health Association, Partners in CARE, Peer Support Services 19 July 2005, <<http://www.nmha.org/pbedu/adult/peerSupport.cfm>>.
36. National Mental Health Association, Consumer-to-Consumer Outreach, Mental Health Association of Tulsa, 18 July 2005, <<http://www.nmha.org/pbedu/adult/model/Consumer-to-Consumer.pdf>>.
37. National Mental Health Association, "Promoting Mental Health in the Workplace", 19 July 2005, <http://www.nmha.org/workplace/MH_Workplace.pdf>.
38. National Mental Health Association, An Advocate's Guide to Expanding Housing Options for People who have Mental Illnesses, 19 July 2005, <<http://www.nmha.org/pbedu/adult/HousingManual.pdf>>.
39. National Mental Health Association, An Advocate's Guide to Expanding Housing Options for People who have Mental Illnesses.
40. National Mental Health Association, A Guide to Implementing Effective Employment Services for People with Psychiatric Disabilities, 19 July 2005, <<http://www.nmha.org/pbedu/adult/EmploymentManual.pdf>>.
41. National Mental Health Association, Model Program, Supported Educations Community Action Group at the University of Michigan, 20 July 2005, <<http://www.nmha.org/pbedu/adult/model/supported.cfm>>.
42. Yellow Ribbon International, Suicide Awareness and Prevention Week, 20 July 2005, <<http://www.yellowribbon.org/Week.html>>.