



MENTAL DEPRESSION MENTAL WELLNESS COMMUNITY SUPPORTS HEALTH

"If people with mental illnesses are to receive the treatment, respect and economic opportunities they deserve, we will have to challenge the corporate policies of our nation's businesses and the attitudes of our nation's opinion leaders."

- National Alliance for the Mentally Ill, 1999

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MENTAL HEALTH

How is this parish doing?

Mental illness	☹
Expenditure	☹
Community supports	☹

DID YOU KNOW?

Women are twice as likely as men to suffer from unipolar depression.

- Lilly Centre for Women's Health, 1998.

Fifty percent of patients diagnosed with schizophrenia attempt suicide.

- Lilly Centre for Women's Health, 1998.

One third of Americans between the ages of 15 and 54 will develop a mental illness in their lives. **In Louisiana, 77,000 adults and 110,000 children have a serious mental illness** (Office of Mental Health, 1998).

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 which 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.

"Each year, about one in four social security disability payments are for persons with severe mental illness."

Recognizing Depression

See your doctor or other mental health professional if you experience five or more of the following symptoms for more than two weeks:

- Sad, anxious or "empty" mood which will not go away;
- Sleeping a lot more or less than usual;
- Changes in weight or appetite;
- Loss of pleasure or interest in activities;
- Feeling restless or irritable;
- Physical symptoms which don't go away, but can't be treated;
- Difficulty concentrating, remembering or making decisions;
- Fatigue or loss of energy;
- Feeling guilty, hopeless or worthless, regardless of your life situation; or
- Thoughts of suicide or death as an option

Source: Office of Mental Health, 1998.

This section discusses the following indicators:

- Prevalence of mental illness;
- Mental illness diagnoses; and
- Per capita mental health expenditure.

The impact of mental illness and the promotion of mental health are major public health concerns. Yet, mental illness remains widely misunderstood. Funding for mental health diagnoses, treatment and prevention has long been less than needed. This is particularly true in Louisiana (Office of Mental Health, 1998). The Office of Mental Health (OMH) takes a comprehensive approach to working with persons with mental illness, emphasizing physical health and wellness as a part of improving the overall quality of life.

These mental illnesses include anxiety disorders, phobias (intense fears) and post traumatic stress disorders. Panic disorder and obsessive compulsive disorders are also included ([1] U.S. Department of Health and Human Services, 1998).

In any given year, over five million adults experience severe mental illness, including schizophrenia, major depression and bipolar disorder (manic-depressive disorder) (Office of Mental Health, 1998).

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 persons with mental illness. Nearly eight million children and teens have serious emotional problems. Only about one-third of those receive mental health treatment yearly (Office of Mental Health, 1998). Many of those who are treated in hospitals or treatment centers would be better served in less restrictive, more normalized community-based programs. These kinds of programs require more funding than currently exists.

Due to that lack of funding, the public mental health system is able to serve only about 25 percent of the adults through existing programs. They are able to serve only three percent of the children (Office of Mental Health, 1998).

ADDRESSING THE NEEDS OF SEVERE MENTAL ILLNESS

Severe mental illnesses, such as schizophrenia and clinical depression, are biologically-based brain disorders. They 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 their lifetime. Many famous and influential persons have suffered from severe mental illness. Abraham Lincoln, Beethoven, Van Gogh and Winston Churchill are just a few (Office of Mental Health, 1998).

State mental health services address the needs of persons with severe mental illness. In Louisiana over 75 percent of all persons served through OMH have a severe mental disorder (Office of Mental Health, 1998). Many of the remainder of those served are at risk for a severe disorder. The table labeled "Primary diagnoses of clients served by the Office of Mental Health" shows the distribution of primary diagnosis of persons served through OMH in fiscal year 1997-1998.

It is estimated that in 1990 mental illness cost the U.S. \$74 billion. Each year, about

DID YOU KNOW?

Attention Deficit / Hyperactivity Disorder is the most common and controversial mental disorder in children. It can cause problems in school performance and peer and family relationships. Symptoms include a level of inattention unusual for the child's age, impulsiveness and hyperactivity before the age of seven.

- Office of Mental Health, 1998.

Primary diagnoses of clients served by the Office of Mental Health, Louisiana 1997-98

Diagnosis	Percentage of total
ADULTS	
♦ Major affective disorder	37.5%
♦ Schizophrenia	33.0%
♦ Depressive disorder	8.7%
♦ Adjustment disorder	4.0%
♦ Substance abuse disorder	1.2%
♦ Personality disorder	1.1%
♦ Mental retardation	1.1%
♦ Anxiety disorder	0.6%
♦ Other	12.9%
CHILDREN	
♦ Attention deficit disorder	29.0%
♦ Major affective disorder	15.4%
♦ Depressive disorder	10.2%
♦ Adjustment disorder	6.7%
♦ Anxiety disorder	6.3%
♦ Schizophrenia	4.2%
♦ Conduct disorder	1.1%
♦ Oppositional disorder	1.0%
♦ Other	26.1%

Source: Office of Mental Health, 1998.

**DID YOU KNOW?**

Nationwide, twenty-one percent of all hospital beds are occupied by people with mental illness.

- Office of Mental Health, 1998

one in four social security disability payments are for persons with severe mental illness. Individuals with mental illness can acquire great expense over their lifetimes due to the high cost of care. As a result, there have recently been successful efforts to improve the mental health benefits of group health care insurance plans, such as the Mental Health Parity Act of 1996 (Office of Mental Health, 1998).

In Louisiana, the total per capita mental health expenditures were \$38.83 in 1998. This compares to \$54.21 for the United States population in 1993 (the most recent year available for national figures). **Louisiana ranked 36th nationally in per capita expenditures.** The Office of Mental Health budget has been steady at about \$200 million. There have been 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 (Office of Mental Health, 1998).

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 persons hospitalized and the length of hospital stay. At the same time, OMH hopes to increase the available community-based care (Office of Mental Health, 1998).

Medications have been a crucial factor to help persons 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, risperidol, 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 (Office of Mental Health, 1998).

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 100 contract community programs (e.g. crisis, case management and school-based programs) and five state psychiatric hospitals. Service delivery is organized into ten regional integrated systems of care. These systems provide a wide range of treatment and support services as close as

The Five Subtypes of Schizophrenia

Schizophrenia is diagnosed if two or more of these symptoms persist for a significant period of time during a one-month period:

- Delusions;
- Hallucinations;
- Grossly disorganized speech;
- Grossly disorganized behavior; or
- Flat or inappropriate emotional expressions.

The five subtypes of schizophrenia are:

Disorganized Type: Regression to primitive, uninhibited and disorganized behavior.

Catatonic Type: Stupor, mutism, rigidity, excitement or posturing. Extreme changes between these features is common.

Paranoid Type: Prominent delusions or auditory hallucinations of persecution or grandeur, but an ability to think and reason.

Residual Type: Emotional bluntness, social withdrawal, illogical thought, odd behavior or loose association between thoughts and expressions.

Undifferentiated Type: Because patients do not always fit into one type, these patients may show some or all of the symptoms of other types.

Source: Office of Mental Health, 1998.

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. OMH serves over 50,000 citizens each year. With the Louisiana Medicaid Program, OMH works to provide services outside clinics.

There is growing consumer (service recipient) and family involvement in mental health systems planning, development and evaluation. In Louisiana, there are active and regionally representative state mental health planning councils, local advisory councils, and consumer/advocacy organizations, such as Confident, Inc., for primary consumers. There are also organizations for adult family members, such as the National

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Alliance for Mental Illness, and for parents, the Federation of Families for Children's Mental Health. In addition, there is an active Mental Health Coalition through the Mental Health Association in Louisiana. 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 area ([1] Office of Mental Health, 1998).

COMMUNITY-BASED SUPPORTS

Community capacity to support the preference of persons with mental illness to live independently complements the services provided by the Office of Mental Health and other providers. Currently, OMH has programs that 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 ([1] Office of Mental Health, 1999).

Housing

OMH assists persons with mental illness with housing and independent living. These services include assistance with finding and keeping housing, moving expenses, local transportation assistance, initial grocery expenses, baby-sitting and clothing needs. The decision to live independently is entirely the consumer's. More support, such as an aide or intense support services, may be arranged at the beginning of independent living and taper off in order to make the transition easier. Only a small number of living arrangements are fully paid for through this program. Approximately 3,500 people in Louisiana are served through this program each year.

DID YOU KNOW?

Schizophrenia occurs equally in both genders, but the age of onset differs. Men are usually diagnosed between 18 and 25 years of age, while women are diagnosed between 23 and 35. Onset of symptoms after the age of 40 occurs only in women.

- Lilly Centre for Women's Health, 1998.

Prevalence of Severe Mental Illness, Louisiana and Concordia, 1997

Concordia	Population	Prevalence
Adults	14,453	376
Children	6,375	574
Total	20,828	950
Louisiana		
Adults	2,992,704	77,810
Children	1,227,269	110,454
Total	4,219,973	188,265

Population Census Count, U.S. Bureau of the Census, 1990.
Estimated prevalence count: 2.6 percent adults, 9 percent children.
Source: Office of Mental Health, 1998

**DID YOU KNOW?**

"Fifty to 60% of homeless individuals who have major affective or psychotic disorders also experience a co-occurring substance abuse disorder."

- (3) U.S. Department of Health and Human Services, 1998.

Four in ten individuals with a lifetime history of at least one mental disorder ever obtain professional help. Only one of those four gets the help from mental health professionals.

- (4) U.S. Department of Health and Human Services, 1998.

Supported education

Louisiana State University's Supported Education Program (SEP) for students with serious mental illness is sponsored by the Office of Mental Health. SEP provides individual and group support to students with serious mental illness pursuing secondary education. The focus of SEP 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 doing well.

The program has been in operation since April, 1997. At that time it had 20 students enrolled. As of April 1999, there were approximately 140 active SEP students. The SEP hopes to make the program available for replication in other Louisiana post-secondary institutions, including the new Community College System, by the year 2000 ([2] Office of Mental Health, 1999).

Employment/Micro-enterprise projects

Traditionally, individuals with severe mental illness have been considered unable to work and seldom was employment a consideration in treatment planning. If placed, persons with mental illness were often put in low-level, low-paying positions unrelated to their strengths or preferences.

In the future, OMH envisions having more of its consumers employed in meaningful jobs and better integrated into the communities in which they live. OMH plans to achieve this through supported employment services across the state, establishing consumer-run businesses, training consumers and establishing ties with the Louisiana Rehabilitative Services.

A total of \$90,000 in federal Community Mental Health Block Grant funds was used in 1999 as seed money for four Micro Enterprise Development Pilots. There are projects in Baton Rouge, Houma, Lafayette, Alexandria, Shreveport and Slidell. Micro-enterprises are sole proprietorship, partnership or family businesses with fewer than five employees and initial credit needs of under \$15,000. OMH consumers work with OMH and employment specialists to learn business skills and the develop business plans. The selection of a business venture and responsibility for its success lies with the OMH consumer ([3] Office of Mental Health, 1999).

Mental illness and substance abuse

Mental illness and substance abuse often occur together. Nationally, 37 percent of people with an alcohol disorder also have a mental disorder. Fifty-three percent of those with other drug disorders experience a mental disorder. There is no national agreement about addressing co-occurring mental and addictive disorders. The Department of Health and Human Services has emphasized the need for states to develop systems to work with mental illness and substance abuse together ([2] U.S. Department of Health and Human Services, 1998). OMH is currently planning programs to serve this population ([1] Office of Mental Health, 1999).

THE COMMUNITY CAN . . .

To increase the capacity to care for people with severe mental illness communities can:

- Substitute home care for hospital-based care. Family, friends and neighbors can assist with care whenever possible.
- Invest in respite care or adult centers of care. This will allow families to keep their family members at home, but also provide a break for care-takers when needed.
- Create changes in the community that will assist in accessing transportation, buildings, community events and employment.
- Create help groups that provide coping skills and support for those caring for persons with mental illness.
- Contribute coaching, job-training and services to programs that help persons with mental illness move to the working world. Support micro-enterprises, if there are any, in your area and go to businesses that hire and train persons with mental illness.
- Provide education to community groups and members who may not be familiar with the challenges and strengths of persons with mental illness.

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