Mental Health Facts

A GUIDE TO UNDERSTANDING SERIOUS MENTAL ILLNESSES

"Mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life."[1]

What is Mental Illness?

Serious mental illnesses (SMI) include schizophrenia, bipolar disorder, post-traumatic stress disorder (PTSD), borderline personality disorder, and major depression.[2]

Mental illnesses are **more common than cancer, diabetes, or heart disease**. Mental disorders are the leading cause of disability in North America, Europe, and increasingly, the world.[3]

One in 17 – about **13.6 million** Americans – live with a serious mental illness such as schizophrenia, major depression, or bipolar disorder.

- Approximately 1.1 percent (**2.6 million**) of adults in the United States live with schizophrenia.
- Approximately 2.6 percent (**6.1 million**) of adults in the United States live with bipolar disorder.[4]

Impact of Mental Illness

Serious mental illnesses cost the United States **$193.2 billion** in lost earnings per year.[5]

Mood disorders, such as depression, are the **third most common cause of hospitalization** in the United States for both youth and adults ages 18 to 44.

Individuals living with serious mental illness face an increased risk of having chronic medical conditions. In the United States, adults living with serious mental illness, on average, **die 25 years earlier** largely due to treatable medical conditions.

More than 50 percent of students with a mental health condition age 14 and older who are served by special education drop out – **the highest dropout rate** of any disability group.

Suicide is the tenth leading cause of death in the United States and the third leading cause of death for ages 15 to 24 years. More than **90 percent of those who die by suicide had one or more mental disorders.**

[1] National Alliance on Mental Illness (n.d.). *What is Mental Illness: Mental Illness Facts*. Retrieved from http://www.nami.org/template.cfm?section=about_mental_illness
[2] National Alliance on Mental Illness (2013, March). *Mental Illness: Facts and Numbers*. Retrieved from http://www.nami.org/factsheets/mentalillness_factsheet.pdf
[3] Community Alliance (n.d.). *Resources*. Retrieved from http://www.community-alliance.org/www/index.php?option=com_content&view=article&id=47&Itemid=62
[4] National Institutes of Health, National Institute of Mental Health. (n.d.). *The Numbers Count: Mental Disorders in America*. Retrieved from http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml
[5] Insel, T.R. (2008). *Assessing the Economic Costs of Serious Mental Illness*. The American Journal of Psychiatry. 165(6), 663-665

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MENTAL ILLNESS AND HOMELESSNESS

Approximately 20 to 25 percent of the single adult homeless population suffers from some form of severe and persistent mental illness.[6]

According to the Federal Task Force on Homelessness and Severe Mental Illness, only 5 to 7 percent of homeless persons with mental illness need to be institutionalized; most can live in the community with appropriate supportive housing options.[7]

MENTAL ILLNESS AND CRIMINAL JUSTICE

According to a report from the Council of State Governments Justice Center, **16.9 percent of adults in a sample of local jails had a serious mental illness** – 3 to 6 times the rate of the general population. If these rates were applied to 13 million jail admissions reported in 2007, the study findings suggest that more than **2 million bookings of a person with a serious mental illness occur every year**.[8]

TREATMENT

For many years persons with serious mental illness were warehoused and treated in psychiatric hospitals. Institutional-based care, sometimes even referred to as "asylum-based" care, however, came under severe criticism beginning in the 1950's.[9]

The deinstitutionalization movement was propelled with passage of the **Community Mental Health Centers Act of 1963**, which limited who could be committed to psychiatric hospitals and increased community services.[10]

Advances in psychiatric medication therapy, beginning in the 1950's, provided significant benefit for persons with serious mental illness. According to the National Alliance on Mental Illness (NAMI), "Mental health medications do not cure mental illness. However, they can often significantly improve symptoms and help promote recovery and are recognized as first-line treatment for most individuals."[11]

Along with the deinstitutionalization movement, health care providers began to adopt recovery-based models of mental health care, drawing on successes for treatment of persons with alcohol and drug addiction and 12-step programs. Currently, recovery focused care is the prevailing model for supporting persons with severe mental illness and is supported by clinical research and the New Freedom Commission on Mental Health recommendations.[12]

Today, a variety of **community-based settings and approaches serve persons with serious mental illness**. These include community mental health centers, case-management programs, mobile outreach teams, crisis care centers, supervised residential programs (short- and long-term, secure), skilled nursing facilities, rehabilitation centers, and acute psychiatric care hospitals.

[6]National Coalition for the Homeless (2006). *Mental Illness and Homelessness: NCH Fact Sheet #5*. Retrieved from: http://www.nationalhomeless.org/publications/facts/Mental_Illness.pdf
[7]National Coalition for the Homeless (2009 July). *Who is Homeless?* Retrieved from: http://www.nationalhomeless.org/factsheets/who.html
[8]Department of Justice (2009 Dec. 1). Addressing Mental Illness in the Criminal Justice System [Web log post]. Retrieved from http://blogs.justice.gov/main/archives/431
[9]Unite for Sight (n.d.). *A Brief History of Mental Illness and the U.S. Mental Health Care System*. Retrieved from http://www.uniteforsight.org/mental-health/module2
[10]National Council for Behavioral Health (n.d.) *Community Mental Health Act*. Retrieved from http://www.thenationalcouncil.org/about/national-mental-health-association/overview/community-mental-health-act/
[11]IBID
[12]Hogan, Michael F. (2003 July 3). Memo on the New Freedom Commission. Retrieved from: http://store.samhsa.gov/shin/content/SMA03-3831/SMA03-3831.pdf

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TREATMENT

Assertive Community Treatment (ACT), developed in the 1970's at the Mendota Mental Health Institute in Madison, Wisconsin, is one of the most effective service delivery approaches to providing community-based services to individuals with complex needs. ACT services include assessment, services planning; employment, vocational, and housing assistance; psychiatry and medication management, co-occurring disorder services, peer services, and other services and supports critical to an individual's ability to live successfully in the community.[13]

ACT was the basis of California's landmark Proposition 63, the Mental Health Services Act (MHSA), which places an **emphasis on community-based programs that reduce homelessness and acute hospitalizations**. MHSA's successful Full Service Partnership programs, a modification of ACT[14], are viewed as a national model for doing 'whatever it takes' to improve residential stability and mental health outcomes for persons with serious mental illness.[15]

The best treatments for serious mental illness today are highly effective: between **70 to 90 percent of individuals have significant reduction of symptoms and improved quality of life** with a combination of pharmacological and psychosocial treatments and supports.[16]

Telecare's own "**Recovery-Centered Clinical System**" draws on industry best practices and clinical research. RCCS includes two distinct but complementary elements: culture and conversations. **Culture** consists of five "awarenesses" which help cultivate an environment where recovery can grow and thrive. **Conversations** consist of five components that focus on awakening and enlivening recovery within individuals.

ADDITIONAL REFERENCES

National Alliance for the Mentally Ill (NAMI): *About Mental Illness*- www.nami.org/Content
National Coalition for the Homeless: *NCH Fact Sheet #5;* Published by the National Coalition for the Homeless-
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National Institute for Mental Health: www.nimh.nih.gov
PBS. "Brilliant Madness: The Story of Nobel Prize winning mathematician John Nash" –
http://www.pbs.org/wgbh/amex/nash/timeline/

[13]Wisconsin Department of Health Services (2014 April 17). *PACT Program History and Mission.* Retrieved from http://www.dhs.wisconsin.gov/mh_mendota/programs/Outpatient/PACT/history.htm
[14]Brown, Timothy Tyler (2012 August). The Impact of California's Full-Service Partnership Program on Mental Health Related Emergency Department Visits. *Psychiatric Services, 63* (8). Retrieved from http://ps.psychiatryonline.org/data/Journals/PSS/24697/pss6308_0802.pdf
[15]Arevalo, Jennifer (2010, July 8). CA FSP Program is Cost Effective. *UC San Diego News Center.* Retrieved from http://ucsdnews.ucsd.edu/archive/newsrel/health/06-08PartnershipProgram.asp
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