

Behavioral Health

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PRACTICEUPDATE

A SUMMARY OF THE FINAL REPORT FROM THE PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH

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INTRODUCTION/BACKGROUND

In April 2002, President George W. Bush announced the creation of the President's New Freedom Commission on Mental Health (herein referred to as "the New Freedom Commission"). This Commission was a key component of the New Freedom Initiative—announced in February 2001, and established to promote increased access to educational and employment opportunities for people with disabilities—and was launched to address the problems in the current mental health service delivery system (New Freedom Commission, 2003). The New Freedom Commission was specifically charged with studying the problems and gaps in the mental health system, and making recommendations to be implemented by federal, state, and local governments and agencies, and public and private health care providers. The Commission spent a year studying the mental health system, reviewing research, hearing testimony from over 2,300 stakeholders, and visiting mental health service organizations.

In late July 2003, the New Freedom Commission released its final report titled, *Achieving the Promise: Transforming Mental Health Care in America*. The purpose of this update is to provide an overview of the findings, a summary of the goals of a transformed mental health care system, and the potential policy implications of the New Freedom Commission's report.

OVERVIEW OF FINDINGS

Prevalence of Mental Illness

The New Freedom Commission's report states, "Mental illnesses are shockingly common," (New Freedom Commission, pp. 3) affecting almost every American family. Mental illness can happen to individuals from any racial/ethnic background, at any stage of life

(e.g., adolescence, adulthood), all genders and sexual orientations, and within any socio-economic group. Studies indicate that approximately five to seven percent of adults have a serious mental illness, and between five and nine percent of children have a serious emotional disturbance in any given year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2002; Kessler, Berglund, et al, 2001). One in five (20 percent) suffers from mental illness at some point in their lives. According to a report by the World Health Organization (WHO), mental illnesses rank the highest among illnesses that cause disability in the U.S. and other countries (WHO, 2001). This same WHO report indicates that suicide is often a result of undiagnosed, untreated, or under-treated mental illnesses, and worldwide it causes more deaths every year than homicide or war.

Economic Impact of Mental Illness

It is estimated that the annual economic indirect costs of mental illnesses in the U.S. are \$79 billion (New Freedom Commission, 2003). More than three-fourths (79 percent), or \$63 billion, of this amount is due to the loss of productivity as a result of these illnesses. An additional \$4 billion is due to productivity losses for incarcerated individuals and for caregivers, and nearly \$12 billion of the indirect costs are due to premature deaths related to mental illnesses (Rice & Miller, 1996). Direct costs—costs to treat mental illnesses—are estimated to be beyond the indirect costs, although the last year that comparable data exist is from 1997 when nearly \$71 billion was spent in the U.S. treating mental illnesses (Coffey, Mark, et al, 2000). Furthermore, the majority (57 percent) of mental health expenditures are publicly funded. It is important to note that these estimates do not include the costs, direct and indirect, associated with substance abuse disorders.

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The Current Mental Health System

According to the report released by the New Freedom Commission (2003), the current mental health delivery system is fragmented and in disarray. It goes on to state, “Problems derive principally from the manner in which the Nation’s community-based mental health system has evolved over the past four to five decades” (p. 3). The problems with the current system lead to disability, homelessness, school failure, and incarceration, all of which are unnecessary and costly. In many communities, access to quality care is substandard resulting in many problems for individuals with mental illness. The contemporary system is not oriented to the most important goal of individuals with mental illness—the hope of recovery (New Freedom Commission, 2003). In short, this report confirms that there are unmet needs and that many barriers exist that impede mental health care for individuals with mental illnesses. Although there are problems with the current mental health care system, it is important to note that the report does not attribute any of these failings to lack of professionalism or compassion of mental health care workers.

GOALS OF A TRANSFORMED MENTAL HEALTH CARE SYSTEM

The overarching goal of a transformed mental health care system is to help ensure recovery from mental illness. Inherent in this goal is the promise of community living for everyone (New Freedom Commission, 2003). In this transformed system, the highest quality of care and information will be available to consumers and their families. The information available to consumers and their families will promote learning, self-monitoring, and accountability. Health care providers will also have access to the most up-to-date information that is research-based in order to provide optimum care. In such a system the health care provider, consumer, and their families will develop an individual care plan for managing the illness. Since recovery is the ultimate goal within the transformed mental health care system, stigma may be reduced. This section will focus on the six goals of a transformed mental health care system described in the report, as well as some of the recommendations associated with each of the goals.

- **Goal One: Americans Understand that Mental Health is Essential to Overall Health.** Individuals will seek mental health care when they need it, and with the same confidence that they seek treatment for other health problems (New Freedom Commission, 2003). However, there are problems or issues (e.g., stigma, restrictive financing sources) inherent in the current mental health care system that affect this goal. In order to transform the

mental health care system to achieve this goal, the New Freedom Commission has made two specific recommendations:

First, a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention should be implemented. Reducing stigma can be achieved through public education activities that encourage individuals to seek treatment, as well as by demonstrating the effectiveness of mental health services. Such campaigns should use a multi-faceted approach, and should be a collaboration of the public and private sectors. The Commission also recommended that the National Strategy for Suicide Prevention, developed and launched by advocates, clinicians, researchers, and survivors, be swiftly implemented and enhanced as a blueprint.

Second, mental health should be addressed with the same urgency as physical health. Adults with serious mental illness and children with serious emotional disturbances should be treated with the same dignity, urgency, and quality of care that is given to those with other illnesses. This recommendation also suggests that any future discussions about health care reform in this society must include the mental health care delivery system.

- **Goal Two: Mental Health Care is Consumer and Family Driven.** In a transformed system a well-planned and coordinated array of services and treatments will be defined in a single plan of care, which will be developed by the consumers, family members, and service providers. Consumers will also play a major role in designing and developing the systems of care. In such a system, the types and mix of services will be driven by consumers’ needs and preferences. As part of this goal the commission recommends aligning relevant federal programs to improve access and accountability, as well as the creation of comprehensive mental health plans by each state. Furthermore, the mental health care system must protect and enhance the rights of people with mental illness.
- **Goal Three: Disparities in Mental Health Services are Eliminated.** All Americans will be afforded the best available services and outcomes, regardless of race, ethnicity, gender, or geographic location. According to the report, people of color are underserved in the current system and face barriers to receiving appropriate mental health care. The report also acknowledges the need to improve access to mental health services in rural America.

In order to achieve this goal the commission recommends improving access quality care that is culturally competent—providing services that are responsive to the cultural concerns of racial and ethnic minority groups, including language, histories, traditions, beliefs, and values (U.S. Public Health Service [PHS], 2001). Within this context, the commission recommends that each comprehensive state mental health plan (See Goal 2) include, but not be limited to: 1) setting standards for culturally competent care; 2) collecting data to identify disparities; and 3) evaluating effectiveness and consumer satisfaction of services. Furthermore, it is recommended that the workforce crisis in mental health services for racial and ethnic minority populations be addressed.

As part of this goal, the commission also recommends that access to quality care in rural and geographically remote areas be improved. The commission encourages DHHS to convene a workgroup to examine rural workforce issues, and recommends that SAMHSA and other agencies collaborate to support the training and ongoing development of rural mental health professionals.

- **Goal Four: Early Mental Health Screening, Assessment, and Referral to Services are Common Practice.** Comprehensive testing and screening will be an expected and typical occurrence in a transformed mental health system. Within this goal there are four specific recommendations: 1) promote the mental health of young children; 2) improve and expand school-based mental health programs; 3) screen for co-occurring mental and substance use disorders and link with integrated treatment strategies; and 4) screen for mental disorders in primary health care, across the life span, and connect to treatment and supports. Inherent in these recommendations is the idea that the screening, detection, and links with services should be occurring in a variety of settings (e.g., schools, primary health care) and across the life span (e.g., children, older adults).
- **Goal Five: Excellent Mental Health Care is Delivered and Research is Accelerated.** Consistent use of evidence-based, state-of-the-art medications and therapies will be standard practice. The report describes five major components to understanding the development of this goal. First, it takes too long for research to reach practice, often as much as 15 to 20 years before the research becomes routine patient care (Institute of Medicine, 2001). Second, too few individuals are receiving the benefit of evidence-based practices (EBPs), although such practices exist for most serious mental illnesses and

serious emotional disturbances (PHS, 1999). Third, current reimbursement policies make it difficult for moving research into practice, since many payers will not cover the costs associated with EBPs. Fourth, there is a serious workforce shortage—a lack of mental health providers and providers trained in EBPs.

Last, there are four areas that have not been studied thoroughly including: 1) minority disparities in mental health research; 2) long-term effects of medications; 3) impact of trauma; and 4) acute care. The four specific recommendations of this goal target each of the five components described. These recommendations include: 1) accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses; 2) advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation; 3) improve and expand the workforce providing evidence-based mental health services and supports; and 4) develop the knowledge base in the four understudied areas.

- **Goal Six: Technology is Used to Access Mental Health Care and Information.** Advanced communication and information technology will empower consumers and families, and will assist providers to deliver best care (New Freedom Commission, 2003). The commission suggests that it is time to establish a national health information infrastructure to support the health system and meet the needs of consumers. This goal focuses on two technological components: 1) a telehealth system that will improve access and care; and 2) an integrated health records system and health information system. A robust telehealth system could help improve access to mental health care to individuals in remote areas or in underserved populations.

IMPLICATIONS FOR SOCIAL WORKERS

The goals and recommendations described in the New Freedom Commission report demonstrate that there is a great deal of work that needs to be done to ensure that the mental health care system is transformed. There are opportunities to support this transformation through policy, direct clinical services, and advocacy activities. Social workers are the one profession in the mental health field comprised of individuals who are trained and experienced in all of these arenas.

Reviewing and adapting public policy at the local, state, and federal levels to support the goals of a transformed mental health services system is an important step. Some

of the policy issues include, but are not limited to: 1) financing and reimbursement of services; 2) supporting and promoting related research; 3) improving access to mental health services; 4) implementing evidence-based programs; and 5) improving and increasing the mental health workforce. The opportunities for social workers and other mental health professionals to develop affiliations to target key policy issues at all levels are numerous, including working with their own professional associations to support new legislation to move the recommendations of this report forward.

Social workers have a strong history of providing direct mental health services in this country, and have been identified as providing the majority of such services in the United States (SAMHSA, 2001). It is important that social workers continue providing mental health services, including ethnically and racially underserved populations and individuals in rural and geographically remote areas. This profession also has a long history of developing and implementing interventions and services that are culturally competent. There is ample opportunity for the profession to become more involved in the implementation of evidence-based practices, working closely with researchers and other professions that develop evidence-based practices.

The social work profession has an opportunity to take the lead in advocacy activities that can have an impact on policy issues, clinical or service activities, and consumer and family rights. It is important for the profession to continue working with consumers and families to advocate for the rights to quality care, appropriate mental health information, and other related issues. Supporting consumer and family advisory councils or other advocacy groups at the local, state, and federal levels provides additional opportunities for social workers to be involved with advocacy work. There is a need for professionals to advocate, either as individuals or as part of an affiliation, for the implementation of the recommendations contained within the New Freedom Commission report. Such efforts should target local, state, and federal governments, focusing on legislative, regulatory, financial and reimbursement, and programmatic domains.

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National Strategy for Suicide Prevention (NSSP), a collaborative effort of SAMHSA, CDC, NIH, HRSA, and IHS. Resources, materials, and other related links online at <http://www.samhsa.gov/centers/clearinghouse/clearinghouses.html>; click on “National Strategy for Suicide Prevention.”