Laurie Emerson, Executive Director
NAMI Vermont
March 17, 2016
Committee: House Committee on Health Care
Re: Mental Health Advocacy Day

Good Morning. My name is Laurie Emerson. I am the Executive Director of the National Alliance of Mental Illness of Vermont (NAMI Vermont). NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness, a statewide non-profit, grassroots, volunteer organization comprised of family members, friends, and individuals affected by mental illness. As our mission, NAMI Vermont supports, educates and advocates so that all communities, families, and individuals affected by mental illness can build better lives.

Today 39 co-sponsors have joined together with advocates, family members, peers, and mental health professionals throughout the state for Mental Health Advocacy Day. We are all here to ensure that adequate funding will continue to be available for mental health services. In Vermont, 1 in 5 people are affected by mental illness - approximately 23,000 adults and 6,000 youth and teenagers. One in 17 adults lives with serious mental illness such as schizophrenia, major depression or bipolar disorder.

The State of Vermont has become a leader in the nation by establishing community-based mental health Designated Agencies to serve communities locally. But during this time of structural transition, the need for mental health services has grown steadily and even intensively in certain areas. Since Tropical Storm Irene reshaped the banks of our system of care, funding has not matched the needs of the new system for mental health services. Budget shortfalls have eroded the service structure even further, with continually slipping Medicaid reimbursement rates already starting to upset Vermont's mental health landscape. Cutting mental health services causes unintended consequences that will increase other health care costs in the long run. We need to invest more in effective community services to prevent further services from being washed away.

The human impact of underfunded mental health services cannot be understated. Untreated mental health conditions cost our state in emergency rooms, corrections, homeless shelters, law enforcement, schools and other public services. Providing evidenced-based, preventive treatment helps individuals avoid crises and, in the long run saves money, protects public safety and provides effective and efficient services. Vermont's youth deserve quality community mental health services: 50% of lifetime mental illness cases begin by age 14, and 75% begin by age 24. Treating cases early could reduce disability, before mental illnesses become more severe.[1]

The good news is that every day, research advances and innovations are helping health care providers better understand which treatments and services are effective for mental illness. We need more investment in programs to provide effective services that meet Vermonters' needs. These services help individuals and families move from long term dependence on public services to self-sufficiency. Treatment works and while recovery is possible, long delays occur - sometimes years - before people get help.[1] For instance, there is an average delay of 8.5 years between the onset of symptoms and the beginning of treatment for people living with schizophrenia.[2] Psychotic, manic or depressive episodes can result in lasting cognitive impairment, emergency room visits, hospitalizations - and in the worst cases, incarceration or suicide.

Now is the time to focus on an integrated system of health care, where physical, mental, emotional wellbeing and spiritual health services are all working together. Mental health is a health service that ought to be treated the same as other forms of health care. It is easy to call for mental health parity, but to exercise it in practice is another matter. Integrated health models truly provide this parity. When mental illness co-occurs with other health conditions, integrated care allows complicated treatment paths and rising overall medical costs to be managed efficiently.[3] Over one in five adults living with serious mental illness has a co-occurring substance use disorder.[4] The inherent link between substance abuse and mental health is just one area where an understanding of the integration between mental health and other forms of health care is vital. An all-payer model of care could provide the kind of integrated understanding of mental health's place in the larger system of care.

The need for mental illness treatment is on the rise across the nation. In the past decade, one out of every five community hospital stays in the U.S. involves a principal or secondary diagnosis of mental illness.[5] As a nation, we lose one life to suicide every 15.8 minutes. The vast majority of those who die by suicide live with mental illness - often undiagnosed or untreated.[6] Protecting and strengthening state and local mental health services will save lives.

We have the opportunity to capitalize on recent advances in mental health, and optimize the use of the new infrastructure provided by the Department of Mental Health's designated agencies. Rather than forcing these organizations to do more with less through chronic budget skimming, Vermont must dedicate resources to a mental health system of care that will work. NAMI Vermont encourages the pursuit of strategies that effectively leverage public dollars to promote recovery and economic self-sufficiency for individuals with mental health disorders. Long term dependency on public programs can be reduced as recovery becomes the norm. Economic activity and community safety can be enhanced, all with a longer view of the financial predicament of the mental health's real cost, rather than a shorted sighted view of current budgetary straits.

We hope that you will continue to engage with the mental health community to find the best solutions for Vermont to invest efficiently and improve the quality of life for individuals, families and communities affected by mental illness. Your leadership on these issues can help transform our mental health service systems to be more effective and fiscally responsible.

Thank you for your attention and listening to our comments.

1. National Institute of Mental Health. *Mental Illness Exacts Heavy Toll, Beginning in Youth*. Press Release, (June 6, 2005).
2. *Schizophrenia: Public Attitudes, Personal Needs*, Views from People Living with Schizophrenia, Caregivers, and the General, Public Analysis and Recommendations, (June 10, 2008.
3. Statistical Brief #62, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality, Rockville, Md., (November 2008).
4. 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).
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.