



Laurie Emerson, Acting Executive Director
NAMI Vermont
February 11, 2015
Committee: House Committee on Health Care
Re: Mental Health Advocacy Day

Good Morning. My name is Laurie Emerson. I am the Acting Executive Director of the National Alliance of Mental Illness of Vermont (NAMI Vermont) located in Williston. 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. Our mission is to provide education, support and advocacy to individuals and family members living with serious mental illness.

We are joined here today with 20 other co-sponsors of Mental Health Advocacy Day along with the many advocates, family members, peers, and mental health professionals throughout the state. We need to ensure that adequate funding will continue to be available for mental health services. In Vermont approximately 23,000 adults and 6,000 youth and teenagers face serious mental illness - that's one in 4 adults and one in 10 children. One in 17 adults lives with serious mental illness such as schizophrenia, major depression or bipolar disorder. The good news is that most people living with mental illness can lead fulfilling, productive lives, but only if they have access to treatment. We need to protect and strengthen mental health services and programs. We are calling on you to pass legislation relating to mental health that will invest in proven, cost-effective, community-based treatment and services that promote recovery.

Cutting mental health services causes unintended consequences that increase other health care costs. When children and adults living with mental illness cannot get mental health services, they often end up using more health care resources, such as emergency rooms. Mental health disorders accounted for more than 4.2 billion hospital emergency department visits in 2006.¹

Treatment works and while recovery is possible, long delays occur - often years - before people get help.² There is an average delay of 8.5 years between the onset of symptoms and the beginning of treatment for people living with schizophrenia.³ A psychotic, manic or depressive episode may result in lasting cognitive impairment, emergency room visits, hospitalizations - even incarceration or suicide.

One out of every five community hospital stays today involves a principal or secondary diagnosis of mental illness.⁴ As a nation, we lose one life to suicide every 15.8 minutes.⁵ The vast majority of those who die by suicide live with mental illness - often undiagnosed or untreated.⁶

Protection and strengthening of state and local mental health services are needed to save lives. For people living with serious mental illness, life expectancy is 25 years less than that of other Americans.

50% of lifetime mental illness cases begin by age 14, 75% by age 24. Treating cases early could reduce disability, before mental illnesses become more severe.⁷

Mental illness often co-occurs with other health conditions, complicating treatment and raising overall medical costs.⁸ Over one in five adults living with serious mental illness has a co-occurring substance use disorder.⁹

Mental health treatment works and is an investment in recovery. From models that support individuals with the most severe or complex conditions to treatments that provide relief for more moderate mental illness, mental health treatment saves lives and reduces other costs. Many of the co-sponsors of Mental Health Advocacy Day provide preventative services to help with this very need.

Our overall advocacy goal is to ensure youth and adults living with mental illness receive the right care at the right time and in the right place to experience lives of resiliency, recovery and inclusion. I hope that we can count on all of you to ensure that we meet this goal.

Thank you for your time and attention.

1. Centers for Disease Control and Prevention, *National Center for Health Statistics. National Hospital Ambulatory Medical Care Survey: 2006 Emergency Department Summary*, (August 6, 2008).
2. National Institute of Mental Health. *Mental Illness Exact Heavy Toll, Beginning in Youth*. Press Release, (June 6, 2005).
3. *Schizophrenia: Public Attitudes, Personal Needs*, Views from People Living with Schizophrenia, Caregivers, and the General, Public Analysis and Recommendations, (June 10, 2008).
4. Statistical Brief #62, *Healthcare Cost and Utilization Project*, Agency for Healthcare Research and Quality, Rockville, Md., (November 2008).
5. McIntosh, J.L., *Suicide: 2006 Official Final Data*, American Association of Suicidology, (2009).
6. 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.
7. National Institute of Mental Health, *Mental Illness Exact Heavy Toll, Beginning in Youth*, (June 2005).
8. Statistical Brief #62, *Healthcare Cost and Utilization Project*, Agency for Healthcare Research and Quality, Rockville, Md., (November 2008).
9. 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).