NAMI Vermont
National Alliance on Mental Illness

Laurie Emerson, Executive Director
National Alliance on Mental Illness of Vermont
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Chairman Lippert, Madam Vice Chair Donahue and Members of the House Health Care Committee,

The National Alliance for Mental Illness of Vermont (NAMI Vermont) supports Bill H.210. We appreciate the opportunity to provide comments to your committee as it relates to health disparities with individuals who have a mental health disability.

In reference to the bill on page 2, Sec. 1 (1) highlights "barriers to good health based on disability", however it does not include a definition of disability which would help to verify that this includes physical, mental, and developmental disabilities. When reviewing the list of organizations who were named to be on the Council, I noticed that NAMI Vermont was not named and would like to suggest adding the ability to appoint a family member representing NAMI Vermont to have our voice and perspective at the table.

Americans with depression, bipolar disorder or other serious mental illnesses die 15 to 30 years younger than those without mental illness — a disparity larger than for race, ethnicity, geography or socioeconomic status. It's a gap that has been growing and receives considerably less academic study or public attention. Americans with serious mental illness live shorter lives than those in many of the world's poorest countries.[1]

According to a new study at a large New York medical system, people with schizophrenia are almost three times more likely to die from COVID-19 than those without the psychiatric illness. The study also showed that people with other mental health conditions such as mood or anxiety disorders were not at an increased risk of death from COVID-19. [2]

Due to stigma and discrimination, people with mental illness receive poorer physical care. They commonly report barriers to having their physical care needs met, including not having their symptoms taken seriously when seeking care for non-mental health concerns.[3]

An American study has found that nearly half of all patients withhold critical information about their mental health out of fear, embarrassment and judgement. The results of the study were derived from two online surveys in 2015. Of the 4,500 people surveyed, 47.5% said they would not disclose information to medical professionals. Over 70% of those surveyed said the reason they would not disclose information about suicidal thoughts or depression was because they were embarrassed, feared being judged, or lectured.[4] Some individuals will not seek out help or treatment due to their distrust of the medical system – in fear of being harmed, involuntarily committed or treated with disrespect. In the emergency room, people who are seen for a mental health crisis are required to strip down into a gown – sometimes in front of a stranger whose job is to "watch them". Every person deserves to be treated with respect, dignity, and empathy.

We would recommend that medical professionals – especially Emergency Room professionals receive additional training to better understand trauma informed care that will benefit their care and treatment of someone who may be experiencing a mental health crisis.

People with a mental illness or substance use disorder represent 25% of the U.S. adult population, but they consume 40% of all cigarettes sold. Heart disease, cancer and lung disease, which can all be caused by smoking, are the leading causes of death for people with mental illness.[5]

Substance misuse or the repeated misuse of alcohol and/or drugs — often occur simultaneously in individuals with mental illness, usually to cope with overwhelming symptoms. According to the National Survey on Drug Use and Health, 9.5 million U.S. adults experienced both mental illness and a substance use disorder in 2019.[6]

Access to treatment and providers continues to be a barrier for individuals with mental illness. Only about 4 in 10 people in Vermont with a mental health condition received any treatment in the past year.[7] With depression being the #1 leading cause of disability in the world, we need to ensure access to health care is timely. With many wait lists for in network care, people are turning to out of network providers – thus costing more. Despite federal parity law, the promise of parity remains out of reach for people with mental illness. Overly narrow provider networks and high out-of-pocket costs are substantial barriers to individuals accessing mental health treatment. We need to ensure that individuals with mental illness can access the care they desperately need.[8]

For individuals who receive treatment, psychiatric medicine can have adverse long-term side effects that shortens their life and adds more physical issues. Older generation anti-psychotic medicine can affect and damage organs over long term use. Some of the newer medicine puts people at risk of obesity influencing other medical concerns. Tardive dyskinesia is another side effect of anti-psychotic medicines. TD causes stiff, jerky movements of your face and body that you can't control. You might blink your eyes, stick out your tongue, or wave your arms without meaning to do so.

We must not forget that HOUSING IS HEALTHCARE! For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow someone to maintain their recovery.[9]

NAMI Vermont has heard from several family members recently that they have exhausted their savings to ensure their family member is getting residential care and now have no viable options to ensure their loved one has the appropriate care they need to live in the community. Many family members serve as caregivers for their loved ones to help them get their needs met, but what about individuals who do not have family? Strangers are caring for them – through paid employment. However, with the shortage of nursing care and underfunded mental health community agencies, people's lives are at stake. What about the individuals who don't have transportation or are isolated in rural areas, unable to receive services? What about the policies that need to change to allow medical transportation when it is needed and not on a limited basis because of insurance?

During the Vision 2030 stakeholder meetings that the Vermont Dept. of Mental Health hosted, I learned that doctors who have a specialty in physical medicine are paid double if not more than a

Primary Care Doctor which is understandable since they have a specialized expertise. However, someone with a specialty in mental health counseling is paid the least of the two. Why do we devalue our mental health as a society and not pay the same as specialists in physical health?

In closing, there are many disparities for individuals with a disability of a mental condition that need to be addressed. Please include the disability status within this bill and have representation on the council to ensure those needs are identified, addressed, and met.

Thank you for listening to our comments.

Respectfully Submitted,

Laurie Emerson, Executive Director
NAMI Vermont

NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness. We are a statewide, non-profit, 501c3, grassroots, volunteer organization comprised of people who live with a mental health condition, family members, and advocates. As our mission, NAMI Vermont supports, educates and advocates so that all communities, families, and individuals affected by mental illness or mental health challenges can build better lives.

References:

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