THE ADVOCACY BULLETIN

OF THE NORTH TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS (NTSPP)
EXECUTIVE COUNCIL

APRIL, 2013

Is North Texas Ready for the Future of Public Mental Health?

Although the NorthSTAR model has addressed concerns about consumer choice and wait times while costing less dollars per capita than any other system in Texas, the public must appreciate that success in the public mental health arena is not defined by a short-sighted economic strategy. This is the only system in the United States that has an open door policy with capitated funding. The negative consequences of this include incentivizing brief medication management and crisis-oriented services over recovery-oriented services, the development of a clinically artificial "priority" population, cost shifting to other public systems like the criminal justice system, and the shrinkage of a dedicated public mental health workforce.

As other states across the country have done, this system can improve by incorporating a recovery-oriented philosophy to its practices. Recovery-oriented care emphasizes an approach that is centered on hope, empowers patients and peer-providers, and supports patients to live with mental illness while improving their social and occupational functioning. Psychiatrists support recovery-oriented care when they are not marginalized as pill dispensers, but included as important members of a team that ensures resources remain dedicated to patients to address their complex yet individualized biological, psychological, and social issues.

Despite its mission, this system continues to reduce recovery-oriented services and demoralize providers. In many cases, peer involvement has been eliminated altogether, and no psychosocial support through clubhouse activities is available anywhere. (Clubhouses are not like drop-in centers, which are meant just for brief socialization and engagement; clubhouses are consumer-driven, certified rehabilitation communities that help people gain work skills despite their disabilities.) The success of the system ought to be measured by how well it engages people in creating expectations and avenues for meaningful life activities such as employment. We believe the system should promote independence and higher levels of functioning.

The mental health provider workforce shortage in Texas is at crisis levels and will worsen with

(*Future* continued on p. 2)

Future, continued from p. 1

the influx of people to our region. If providers are not offered meaningful careers in community mental health, unmet psychiatric service needs will grow and impact the entire community. We have to stop our short-term thinking and embrace a model of care that will help evolve the system to become an ideal place for providers to work using a model that is practiced successfully across the country—a model that creates consumer satisfaction, provider satisfaction, peer-provider satisfaction, and improved outcomes.

This system is not recovery-oriented in practice because providers are not familiar with it, patients are not empowered to expect it, administrators are not incentivized to promote it, the public is not aware of how well the system is achieving it, and most importantly, the State of Texas has not dedicated resources to ensure that it is truly incorporated on a daily basis at all levels.

Advocacy needs to include a push for funding that is dedicated to supporting the longer-term goals of the system. As a start, this would include public accountability for achieving recovery-oriented processes and outcomes. Adequate funding is required to assure that such reports are independent of the insurance company, statistically and clinically meaningful, and have input from a variety of stakeholders inside and outside of the system.

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The Advocacy Bulletin will be published periodically to inform legislators of mental health and addiction issues. We welcome comments and requests for information on specific topics. Contact NTSPP at: ntsppchapter@gmail.com.

Summer Reading

Sunset Advisory Commission Staff Report
Department of State Health Services, May 2014
https://www.sunset.texas.gov/public/uploads/files/reports/DSHS%20Staff%20Report_1.pdf

A Collaborative Review and Discussion of NorthSTAR System:
Performance and Trending Data
June 5, 2014
http://www.ntbha.org/docs/Collaborative_Report_06-05-14.pdf

Texas has 209,858 persons with schizophrenia and 419,717 with severe bipolar disorder. According to National Institutes of Mental Health data and the 2014 Census bureau data as calculated by The Treatment Advocacy Center, 40% of those with schizophrenia are not being treated and 51% of those with severe bipolar disorder are not being treated.

These illnesses are chronic and disabling but if treated can reasonably be expected to improve the person's overall health and social functioning. Failing to treat psychiatric illnesses leads to repeated hospitalizations, emergency room visits, jail, and a lifespan shortened by at least 2 decades.

The shortened lifespan of those with these illnesses leads us to point out another critical need: Integration of primary care medical services with psychiatric services. On may 17,2014, at a conference held at The University of Texas Southwestern Medical School's Department of Psychiatry Paul Gionfriddo, CEO and President of Mental health America, addressed the need for primary care services coordinated with psychiatric – specific services and the cost of not doing the same. **Why is this well-recognized medical issue not being addressed in Texas?**

Similarly, integration of mental health treatment with substance abuse treatment is essential for best outcomes. In the NorthStar system of 42325 enrollees in the 2nd quarter of fiscal year 2014 only 4.2% received mental health and substance abuse services in the same quarter. Only 6% received substance abuse services only. Of those receiving substance abuse services only, the length of treatment for 49% of them was 0 to 10 days! It is well-known that the population served by our public mental health system can be expected to have a 50% addiction rate. Those with "dual diagnosis" (i.e., psychiatric illness with a substance use disorder) are being overlooked and The Department of State Health Services has reported the same.

The Department of State Health Services (DSHS) Sunset Staff Report of May 2014 acknowledged " On the most basic level, 11 years after consolidation, DSHS has still not integrated "front door" assessment, screening, and referral services for mental health and substance abuse, allowing people to more easily fall through the cracks." (p9).

The above statistics demand a better approach to citizens who suffer form severe and persistent psychiatric illnesses and/or addictions. Clearly ,it is not happening. **The knowledge base, the medications, and the types of services to address "dual diagnoses" are available and could be implemented if there were political will to do so.**

Further, the above DSHS Sunset Report finds that bed capacity for the mentally ill decreased by 19% between 2001 and 2013 while the Texas population grew by 25 % during the same period. In fiscal year 2013, Texas State Mental Hospitals had a 22% shortage of psychiatrists and a 7.5% shortage of nurses. The issues facing doctors nurses, social workers and counselors in the public mental health system will be the focus of our next Patient Advocacy Bulletin.