

**A**ccording to the U.S. Surgeon General, one in five Americans experiences a mental illness each year. Sadly, less than one-third of adults and even fewer children receive any mental health services. The consequences of untreated mental illness can be severe: job loss, economic and personal hardship, disability, homelessness and even suicide.

Despite this public health crisis, funding for community-based mental health services in real dollars has actually declined in recent years. This widening deficit exists even though research demonstrates that mental health treatment is effective and beneficial for individuals, families and society as a whole. In addition, the U.S. Supreme Court in *Olmstead v. LC* mandated that states develop community services to move people with disabilities out of institutions.

Without increased funding, however, efforts to transition people out of institutions and to better serve those currently living in our communities will fail.

- <sup>1</sup> Mental Health: A Report of the Surgeon General, 1999.
- <sup>2</sup> Center for Mental Health Services, Homeless Programs Branch. <http://www.mentalhealth.org/publications/allpubs/KEN95-0015/KEN950015.htm>.
- <sup>3</sup> U.S. Department of Justice. Bureau of Justice Statistics Special Report: Mental Health and Treatment of Inmates and Probationers, 1999. <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhtip.pdf>.
- <sup>4</sup> U.S. Department of Justice. Youth with Mental Health Disorders: Issues and Emerging Responses. *Juvenile Justice*, 7(1): 3-31, 1999.
- <sup>5</sup> National Advisory Mental Health Council. Health care reform for Americans with severe mental illnesses. *American Journal of Psychiatry*, 150(10): 1447-65, 1993.
- <sup>6</sup> Mental Health: A Report of the Surgeon General, 1999.
- <sup>7</sup> Coalition for Fairness in Mental Illness Coverage, 1998.
- <sup>8</sup> Murray, C.J.L., & Lopez, A.D. (Eds.). The Global Burden of Disease. A Comprehensive Assessment of Mortality and Disability From Diseases, Injuries and Risk Factors in 1990 and Projected to 2020. Cambridge, MA: Harvard School of Public Health, 1996.
- <sup>9</sup> Rice, P. Dorothy & Leonard S. Miller. Health economics and cost implications of anxiety and other mental disorders in the United States. *British Journal of Psychiatry*, 173(34): 4-9, 1998.
- <sup>10</sup> World Health Organization, 2000. <http://www.befrienders.org/info/statistics.htm>.
- <sup>11</sup> U. S Department of Health and Human Services. National Expenditures for Mental Health and Substance Abuse Treatment 1997, 2000.
- <sup>12</sup> Bazelon Center for Mental Health Law. Under Court Order: What the Community Integration Mandate Means for People with Mental Illness. The Supreme Court Ruling in *Olmstead v. L.C.*, 1999.

To support states and local governments, NMHA has identified model programs with proven effectiveness that can be tailored to the specific needs of each community. For more information about efforts to expand investment or for technical assistance on community services, contact:



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# A CALL FOR INVESTMENT:

## Expanding Community-based Mental Health Services

# Why Invest in Mental Health Services?

## Americans Lack Needed Care

Millions of Americans—family members, friends, neighbors and co-workers—do not receive treatment for their real, common and treatable mental illnesses. Consequently, these individuals are suffering unnecessarily. Increasingly, many are living on our streets or end up in our juvenile detention centers, jails and prisons.

- ◆ The U.S. Surgeon General's Report on Mental Health indicates that less than one-third of adults with a diagnosable mental disorder, and even a smaller proportion of children, receive any mental health services in a given year.<sup>1</sup>
- ◆ On any given night, more than 600,000 people are homeless in the U.S., one-third of whom have a serious mental illness.<sup>2</sup>
- ◆ A 1999 report by the U.S. Department of Justice notes that more than 280,000 people with serious mental illnesses are confined in local jails, and state and federal prisons.<sup>3</sup>
- ◆ Twenty percent of youths in juvenile justice facilities have a serious emotional disturbance and most have a diagnosable mental disorder. Up to an additional 30 percent of youths in these facilities have substance abuse disorders, or co-occurring mental health and substance abuse disorders.<sup>4</sup>

## Treatment Offers a Powerful Return on Investment

Investing in mental health services helps make proven treatments more accessible and increases opportunities for individuals to recover and regain their lives.

- ◆ More than 80 percent of people with depression can be treated successfully with medication, psychotherapy or a combination of both.<sup>5</sup>
- ◆ The availability of effective community-based systems of care for children results in fewer

reinstitutionalizations after discharge from residential settings and reduced out-of-state placement. It also leads to other positive outcomes for youth such as a reduced number of behavior problems and increased satisfaction with services.<sup>6</sup>

- ◆ Comprehensive community-based mental health services for children and adolescents can cut public hospital admissions and lengths of stay, and reduce average days of detention by approximately 40 percent.<sup>7</sup>

## Not Investing in Mental Health Is Far More Expensive

When our citizens cannot access needed care, society pays both a human and economic cost.

- ◆ According to the *Global Burden of Disease* report by the World Health Organization (WHO) et al., the impact of mental illness on overall health and productivity is profoundly under-recognized. Today, in market economies such as the United States, mental illness is the second leading cause of disability and premature mortality.<sup>8</sup>
- ◆ Each year, the U.S. pays a high cost for the consequences of untreated or inadequately treated mental illness, including \$105 billion in lost productivity and \$8 billion due to crime and welfare costs.<sup>9</sup>
- ◆ The WHO estimates that depression and substance abuse are associated with more than 90 percent of all cases of suicide.<sup>10</sup>

## Mental Health is Under Funded

Despite the documented need, public and private expenditures for mental health services are declining. As a result, community-based mental health services have been understaffed and underdeveloped.

- ◆ Mental health and substance abuse expenditures decreased as a percentage of overall healthcare expenditures by 13 percent over a recent 10-year

period. In 1997, mental health and substance abuse expenditures represented only 7.8 percent of the more than \$1 trillion of all U.S. healthcare expenditures. In 1987, they represented 8.8 percent.<sup>11</sup>

- ◆ The overall real purchasing power for state mental health appropriations between 1955 and 1997 declined from \$16.5 billion to \$11.5 billion.<sup>12</sup>

## A Call for Investment

**Full investment in community-based care is necessary to ensure effective and accessible treatment for children and adults with mental illnesses. With coordinated healthcare, education, housing, employment, finances and social services at the community level, these individuals can lead fulfilling, productive lives.**

Policy makers at the federal, state and local levels must examine how they consider mental health services in their budgets and take action to expand investment. We challenge policy makers to:

- ◆ Protect and increase investments in community-based mental health services.
- ◆ Encourage collaboration among health, mental health, justice systems and social services agencies.
- ◆ Ensure that Medicaid covers a full range of community-based services and treatment for people with mental illness.
- ◆ Reach out to people with mental illness, family members and advocates for ideas, evaluation and implementation of services.