No One is In Charge

Mental Health and the Law Symposium

Indiana University Robert H. McKinney School of Law

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Mark J. Heyrman

markheyrman@outlook.com

773-852-1408

Prevalence of Mental Illnesses

- Prevalence of mental illnesses: One in five people will experience a mental health problem in any given year: 1.35 million Hoosiers (equivalent to 4 years of attendance at the Indy 500)
- Prevalence of serious mental illnesses:
  - Schizophrenia 1% of the population 68,000 Hoosiers
  - Bipolar disorder 1.5% of the population 103,000 Hoosiers
  - Serious depression 4.4% of the population 302,000 Hoosiers
- Schizophrenia and bipolar disorder are highly treatable, but incurable
- Serious depression can be once in a lifetime event or an ongoing problem—it also is highly treatable
- Serious mental illnesses are associated with a substantial increase in the likelihood of suicide

Unmet Mental Health Needs

- Mental illnesses and treatment for mental illnesses are associated with substantial stigma in the United States
- People are often unwilling to access mental health services due to this stigma
- There is also a substantial shortage of mental health professionals:
  - Psychiatrist, psychologists, social workers, counselors
- In 2014 Mental Health America created a website that provides free, anonymous, evidence-based screeming for ten mental health conditions
  - https://screening.mhanational.org/screening-tools/
- In 2021 Mental Health America created a web portal that allows access to data by county from the millions of people who have taken mental health screens.
  - https://mhanational.org/mhamapping
- Data from the portal demonstrates substantial unmet mental health needs

Continuity of Care

- Serious mental health conditions often require care on both an inpatient and outpatient basis
- Serious mental health conditions often require on-going care which may last months or even years or decades
- On-going treatment requires coordination across providers and funders

Funding of mental health services

- Medicare
- Other Federal funding
  - Substance Abuse and Mental Health Services Administration (SAMHSA) block grants
  - Federal criminal justice funding for persons with mental health conditions
- Medicaid—joint Federal/state funding program
  - Medicaid is the largest funder of mental health services in each of the 50 states
- State funding
  - State hospitals
  - State prisons
  - Other state funding—special taxing to support mental health services
- City and county funding
  - County jails
- Private insurance
- Charitable giving

Mental Health Service Providers

- State hospitals
- Private hospitals
- Nursing homes
- Residential programs, including supported housing
- State prisons
- County Jails
- City and county health departments
- Community mental health providers
- Independent mental health professionals

Adults v. children and adolescents

- This presentation will be focused entirely on adults.
- The mental health system for children and adolescents is even more complex than that for adults because is also includes:
  - Schools which must, by Federal and state law, provide individual education plans for person with mental health conditions
  - The juvenile justice system through which courts and the state child welfare agency must serve children who are delinquent or dependent, many of whom have mental health conditions
- Nevertheless, I am happy to respond to question about the juvenile justice system

Public v. Private

- The presentation will focus almost exclusively on the publicly-funded health system.
- The most important issue involving the privately-funded system were the topic of an earlier panel on mental health insurance parity

No one is in charge

- Macro: No one is responsible for the mental health system
- Micro: No one is responsible for insuring that any individual gets appropriate care

Macro: Responsibility for the mental health system

- People with serious mental health conditions are often moving between various institutional and other systems: State prisons, county jails, state hospitals, private hospitals and a range of community treatment setting most commonly funded by Medicaid
- There is rarely any coordination between these entities in terms of:
  - Insuring that the providers communicate with each other
    - Record sharing
  - Insuring that the providers cooperate with each other
    - Discharge planning
  - Insuring that providers share the same psychotropic medication formulary

Micro: Insuring that individuals get appropriate care

- No one is responsible for making sure that someone appropriately turned away from a psychiatric hospital because not in need of inpatient care is connected to appropriate community mental health services in a timely manner
- No one is responsible for making sure that someone who is discharged from a psychiatric hospital is connected to appropriate mental health services in a timely manner
- No one is responsible for making sure that someone with a serious mental illness who is released from a state prison or county jail is connected to appropriate mental health services in a timely manner
- No one is responsible for making sure that persons are getting the appropriate array of community mental health services needed to keep them safe and out of institutions.

Managed Care

- In theory, managed care organizations (MCOs) are responsible for insuring that persons get appropriate care
- However, most MCOs are not truly “at risk” for negative outcomes because:
  - They bear no costs if their patients are arrested
  - They bear no costs if their patients are placed in a state-operated facility
  - They bear no costs if their patients die by suicide

Ways in which the system fails

- Lack of community treatment alternatives often means that:
  - People are admitted to a hospital when that is unnecessary
  - People who are denied admission disappear from the mental health system because the level of care they need in the community is not available
    - Some of these people end up dying by suicide, homeless or in the criminal justice system
  - People are kept in inpatient settings who could be discharged because the level of care they need in the community is not available
- Lack of continuity of medication
  - People with serious, chronic mental health conditions often need ongoing treatment with psychotropic medications
  - It is often difficult to identify a medication which is effective and minimizes side effects
  - Persons often have their medications changes solely because they move from one provider or funder to another. This often happens when someone leaves a public or private hospital, a county jail or a state prison
  - Changing medications without a clinical basis for doing so is often harmful to maintaining persons in stable remission

Some suggestions

- A board or commission with authority to create a unified psychotropic medication formulary for all state-funded mental health services inclusing Medicaid, state hospitals and prisons and, to the extent feasible, county jails
- Specific laws or rules setting forth the responsibilities of hospitals, prisons and jails to coordinate with each other and with community providers to insure continuity of care when people leave institutions
  - Dedicated funding to support discharge/transfer coordination
  - Reporting requirements to track outcomes for persons leaving institutions