Serious Mental Illness: Health Focus Area 8

Excerpted from Component A of *The Rhode Island State Health Improvement Plan*

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Definition

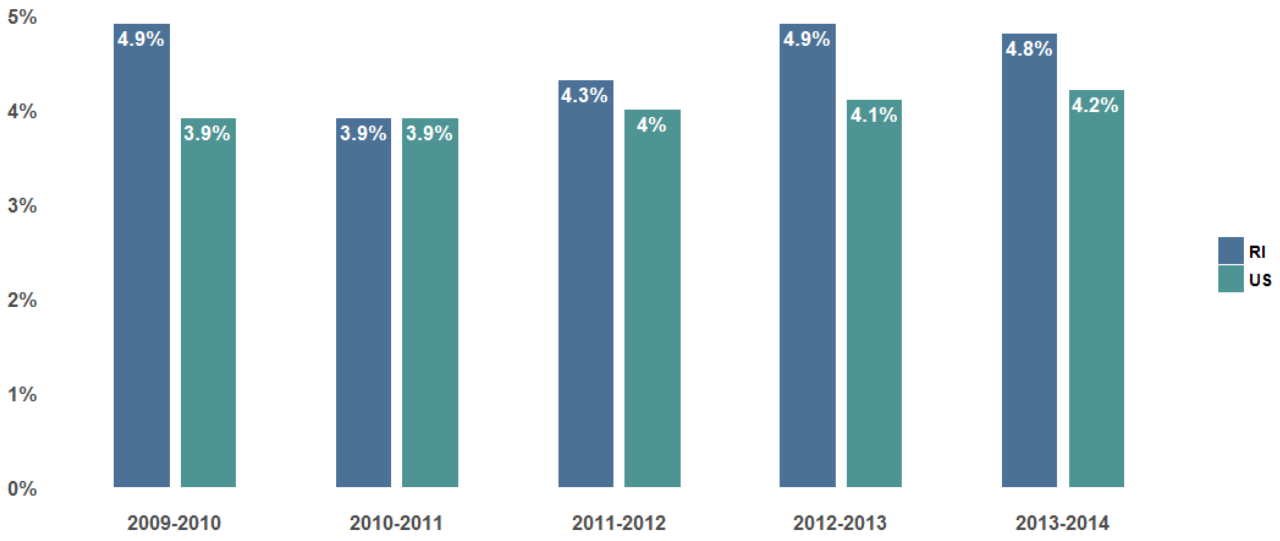
Serious mental illness (SMI) is a severe and/or persistent mental or emotional disorder in a person age 18 and older that seriously impairs his/her functioning relative to primary aspects of daily living such as personal relations, living arrangements, or employment.

The information presented in this Report about the percentage of residents who have experienced SMI or a major depressive episode in the past year based on clinical interviews and predictive modeling used by Substance Abuse and Mental Health Services Administration (SAMHSA) in its National Survey on Drug Use and Health (NSDUH).

Prevalence across the Life Span

Due to the small sample size of Rhode Islanders completing its survey, SAMHSA combined multiple years of data to estimate the prevalence of SMI in Rhode Island. According to clinical interviews and predictive modeling generated by SAMHSA, during 2012-2013, 4.9% of all Rhode Island adults had "experienced a serious mental illness within the year prior to being surveyed."[1] (See Figure 1.) Among Rhode Islanders, rates of SMI and rates of at least one major depressive episode in the past year vary slightly by age range but all rates are higher than the national average.

Figure 1: Percentage of Rhode Island Adults Experiencing a Significant Mental Illness in the Previous Year, 2011-2014



- *Source: National Survey on Drug Use and Health, 2009-2014*

Children

Please see Health Focus Area 6: Children with Social and Emotional Disturbance for a thorough discussion of mental illness among children.

Young Adults

Based on 2013 NSDUH data, 4.9% of young adults, age 18–24, living in Rhode Island experienced SMI, slightly higher than the national average of 4.2% for this age group.[2] Young adults with emerging SMI who fail to engage with treatment that meets their needs are at risk of:[3]

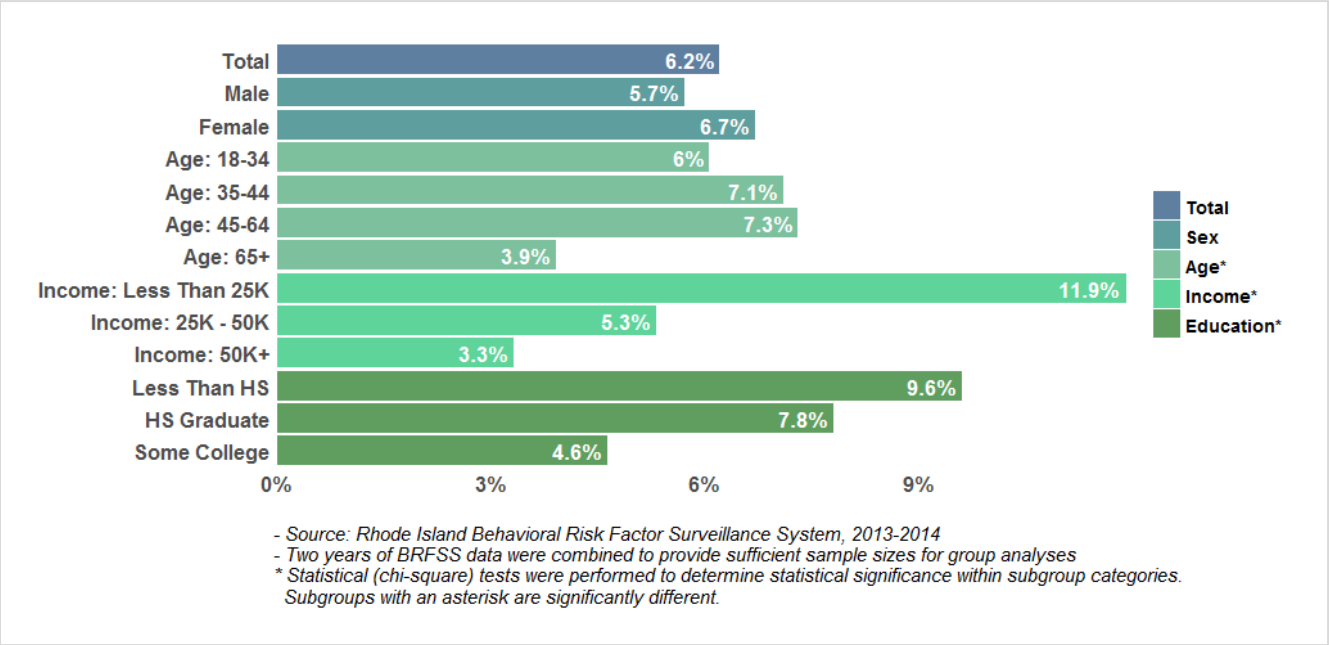
- Developing a chronic mental disorder;
- Becoming incarcerated, homeless, and/or addicted to illicit drugs and/or alcohol;
- Re-experiencing severe psychiatric crisis; and
- Academic underachievement, unemployment, and the loss of social supports.

Adults

According to NSDUH 2013 data, 5% of adults, age 25-64, living in Rhode Island experienced SMI, which is slightly higher than the national average of 4.1% for this age group.[4]

According to the Rhode Island Behavioral Health Risk Factor Surveillance System (RI BRFSS), in 2013-2014, 6.2% of adults age 18 and older reported experiencing 21 days of poor mental health during the last month. As seen in Figure 2, analysis determined that there were significant differences between those who reported 21 days of poor mental health and those who reported less days. For instance, 11.9% of individuals with household incomes less than $25,000 per year reported having 21 or more poor mental health days during the last month. Similarly, 9.6% of individuals without a high school degree report 21 or more poor mental health days during the last month. Subgroup analyses among the education and income groups found that the differences within these groups are statistically significant.

Figure 2: Rhode Island Adults Aged 18 and Older Reporting 21 or More Days of Poor Mental Health During the Last Month, 2013-2014.



Older Adults

The 2013 NSDUH data indicate that 5.1% of adults age 50 and older experienced SMI in the previous 12 months. It is possible that some individuals may be counted twice; first as an adult with SMI, then as an older adult with SMI. Nonetheless, the rate of 5.1% of SMI among older adults living in Rhode Island exceeds the national average of 3.1%.[5]

Rhode Island also has high rates of Alzheimer's. This may be attributed to the higher incidence of Alzheimer's with increasing age[6] and the higher than average life expectancy of Rhode Island's older adult population.[7]

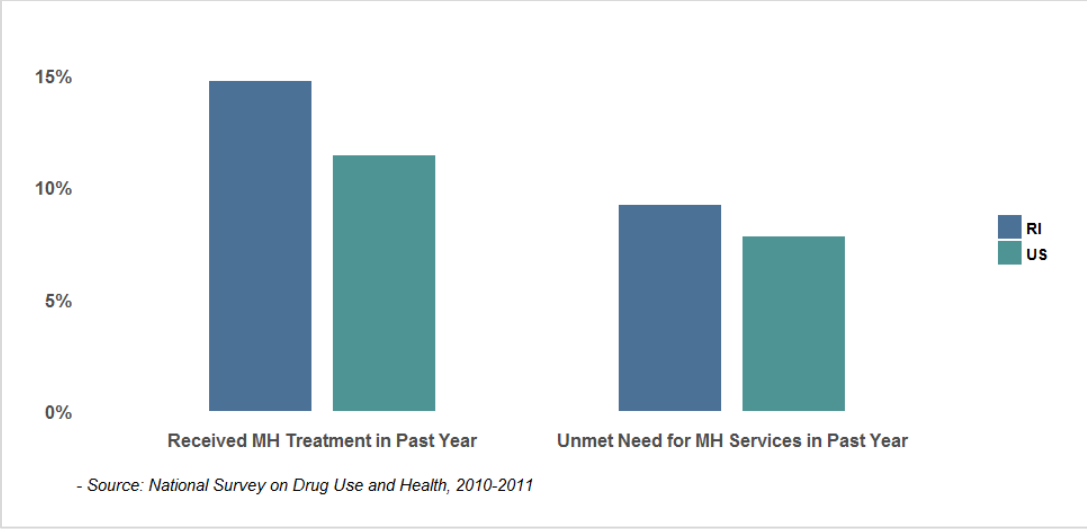
Access to Treatment

Young Adults

As depicted in Figure 3, the *Truven Report* identified that young adults in Rhode Island were both more likely to receive any mental health treatment within the past year and to report unmet needs for mental health services at rates higher than the national average.[8] Based on responses from 2010-11 NSDUH data, 14.7% of Rhode Islanders age 18-24 reported having received any mental health treatment in the past 12 months, exceeding the national average of 11.2%.[9] At the same time, 9.1% of Rhode Island young adults

reported an unmet need for mental health services in the past 12 months, which was also higher than the national average of 7.6% within this age group.[10]

Figure 3: Indicators of Mental Health Treatment for Young Adults Age 18-24, with Serious Mental Illness in Rhode Island, 2010–2011.

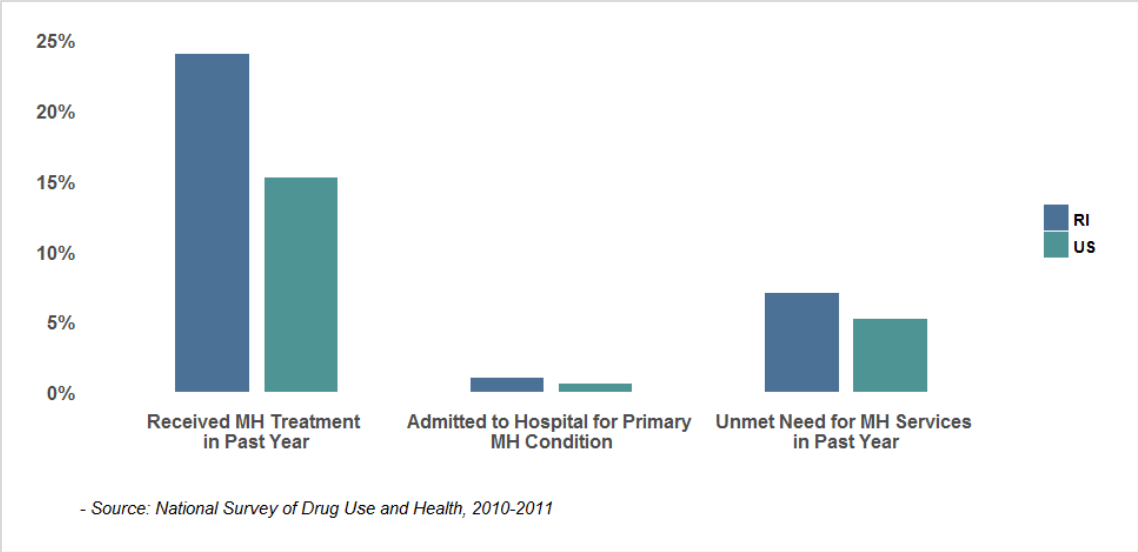


In a recent federal grant application, Rhode Island reported that 3,563 (approximately 2.3%) young adults age 16-25, were treated for SMI , severe emotional disturbance (SED), or co-occurring mental health and substance use disorders (COD) by the two public behavioral health agencies, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) and the Department of Children, Youth and Families (DCYF). These two agencies estimated that approximately 10,200 young adults age 16-25 with SED, SMI, or COD are not receiving treatment in the public behavioral health system. While some of the young adults are likely receiving treatment through primary care practices and/or private mental health practitioners, it is also likely that many are not receiving any treatment. Improving access to treatment is critical for this age group as early identification and intervention for mental health issues results in improved outcomes, including faster and more complete recovery, and decreased frequency and severity of relapses.

Adults

As depicted in Figure 4, the *Truven Report* identified that adults age 25-64 in Rhode Island were also more likely to receive any mental health treatment within the past year and to report unmet need for mental health services at rates higher than the national average.[11] This discrepancy may be attributed to the high rates of psychiatric inpatient admissions among adults with SMI in Rhode Island, and the limited access to recovery services and supports. The expansion of Medicaid benefits to include assertive community treatment teams and Integrated Health Homes will help to address this imbalance; however, access to evidence-based treatment approaches and supports, such as Peer Support, would help to further improve recovery outcomes.

Figure 4: Mental Health (MH) Treatment for Adults Age 25–64, with Serious Mental Illness in Rhode Island, 2010–2012.



Detecting and treating SMI among adults is essential for impacting population health. A seminal 2006 study by the National Association of State Mental Health Program Directors found that the rates of mortality and morbidity among people with SMI are alarmingly high in comparison to the rest of the population.[12] Increased morbidity and mortality among those with SMI are largely due to other treatable medical conditions that are caused by modifiable risk factors such as smoking, obesity, and substance use, as well as inadequate access to medical care.

Individuals with SMI are less likely to have access to adequate healthcare, as evidenced by[13]:

- Over-use of emergency and medical acute inpatient care;
- Lack of a primary care relationship (Healthcare Home);
- Lower rates of routine testing to identify health conditions; and
- Poor dental care.

Additionally, a large National Institute of Mental Health (NIMH) Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) study of adults with schizophrenia found:[14]

- 88.0% of participants who had dyslipidemia (high cholesterol) were not receiving treatment;
- 62.4 % of participants who had hypertension (high blood pressure) were not receiving treatment; and
- 30.2% of participants who had diabetes were not receiving treatment.

Disparities in healthcare access and utilization may be even more pronounced between certain groups of individuals with SMI, differing by race, ethnicity, gender, economic disadvantage (including housing

stability) and socioeconomic status, and geographic location (chiefly, rural versus urban residence). Disparities exist for individuals identifying as lesbian, gay, bisexual, transgender, and queer (LGBTQ) and those who have difficulty communicating in English as it is a second language.[15]

Adults with untreated SMI often experience poor quality of life as the result of their disorder. In Rhode Island, one-third of individuals seeking services at an emergency shelter or transitional housing setting in 2014 reported having a mental health issue. More than half were assessed as having problems with alcohol and one-quarter as having problems with illicit drugs. In addition to behavioral health disorders, individuals who are homeless often have untreated chronic medical conditions. These co-morbidities result in high costs associated with ambulance transports, emergency room admissions, inpatient hospitalizations (including for mental health reasons), and interactions with the police.[16] In addition, it is estimated that more than half of all prison and jail inmates have a mental health issue. In Rhode Island, there are more than 3,000 individuals incarcerated annually in the adult correctional system.[17]

When appropriate physical and behavioral services, including rehabilitation-recovery services, are provided in a coordinated system, overall healthcare costs are reduced through:

- Reduction in inappropriate emergency room use;
- Reduction in hospital stays, both for acute physical and mental health interventions; and
- Elimination of prescription duplication and an increase in medication adherence.[18]

Individuals with SMI can and do recover when provided the proper treatment and support services. The percentage of adults reporting improved functioning from treatment received through the public mental health system was slightly higher in Rhode Island (71.6%) than in the nation as a whole (70%).[19]

Older Adults

Similar to other age groups with SMI, the *Truven Report* identified that older adults living in Rhode Island were more likely to receive any mental health treatment within the past year, as well as be admitted to a hospital with a primary mental health condition, at rates higher than the national average.[20] Older adults also were more likely to be admitted to State mental health services than the national average.[21]

Table 1: Indicators of Mental Health (MH) Treatment for Adults Age 65 and Older with Serious Mental Illness in Rhode Island, 2010 - 2011.

	Received Any MH Treatment in Past Year	Admitted to Hospital with Primary MH Condition	Admitted to State MH Services
Rhode Island	18.0%	0.4%	10.2/100,000
National Average	10.7%	0.3%	6.9/100,000

Sources: National Survey on Drug Use and Health; Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP); State Inpatient Databases, 2010-12, Center for Mental Health Services Uniform Reporting System (URS), 2011

Older adults are less likely to seek treatment from the formal behavioral health system, which may be a concern as older adults present unique challenges for treatment with regard to the use of antipsychotic medications. For older adults receiving antipsychotics, the risks of dangerous side effects such as strokes, fractures, kidney injury, and mortality are increased.[22] Yet despite these concerns, a study funded by the NIMH found:[23]

- The use of antipsychotic medications increases with age after age 65, approximately twice as high among adults age 80- 84 as among those age 65-69;
- Despite warnings issued by the Food and Drug Administration (FDA), around 80% of antipsychotic prescriptions among adults age 65 and older were for atypical medications; and
- About half of older adults age 65-69 and only one fifth of those age 80-84 who were treated with antipsychotics received these prescriptions from psychiatrists.

This issue is particularly relevant for Rhode Islanders due to having the highest proportion of older adults age 85 and older in the nation, the higher than average prevalence of SMI among older adults and the high prevalence of dementia.[24] In addition to supporting treatment for children, psychiatric consultation services may also be beneficial for primary care professionals treating older adults with SMI.

Co-morbidities

Adults with SMI often have co-morbid medical conditions as well as substance use disorders; not only do these co-morbidities exist but there are interactions between the illnesses that can worsen the course of both.

- In a study sponsored by the Robert Wood Johnson Foundation (RWJF), more than 68% of adults with a mental disorder reported having at least one general medical disorder.[25]
- Individuals with SMI are estimated to be losing 28.5 years of life; 85% of the premature deaths are due to preventable conditions such as high blood pressure, high cholesterol, diabetes, and heart disease.[26]
    - The rates of obesity are higher among individuals with SMI than the general public.[27]
    - People with depression are 1.2 to 1.8 times more likely than the general public to have obesity.
    - People with bipolar disorder are 1.5 to 2.3 times more likely than the general public to have obesity.
    - People with schizophrenia are 3.5 times more likely than the general public to have obesity.

A number of studies have substantiated substance use disorders among individuals with SMI:

- About 47% of individuals with schizophrenia also had a lifetime diagnosis of substance use disorder (SUD).[28]
- About 56% of individuals with bipolar disorder had a lifetime SUD.[29]

- Individuals with depression were approximately twice as likely to have SUD.[30]
- Individuals diagnosed with mood or anxiety disorders are about twice as likely to also have a drug use disorder (abuse or dependence) compared to the general population.[31]

These co-morbidities lead to poor outcomes. People with bipolar disorder who also abuse drugs or alcohol benefit less from any treatment they are receiving, recover more slowly from violent mood swings, and are more likely to commit suicide. Similarly, individuals with psychotic disorders who abuse drugs or alcohol spend more days hospitalized, have higher rates of HIV infection, relapse, re-hospitalization, depression, and suicide risk.[32]

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