

Position Statement 16: Health and Wellness for People with Serious Mental Illnesses

Policy Position

Mental Health America is committed to ensuring that there is a significant reduction in the alarmingly high rates of overall health problems (morbidity) and premature death (mortality) among individuals with serious mental illnesses. For mental health consumers to have a fair chance to live healthy and long lives, MHA believes that medical practice, health policy and public dialogue must reflect the fact that overall health and mental health are intertwined.

A recent report issued by the National Association of State Mental Health Program Directors (NASMHPD) found that the rates of mortality and morbidity among people with serious mental illnesses are not only alarmingly high in comparison to the rest of the population, but that these rates are increasing. The report found that many of the factors contributing to this disparity are preventable, such as smoking, substance abuse, infectious diseases and suicide. Some additional factors, such as obesity and diabetes, are often results of side effects of the very medications used to treat these mental illnesses.

The promotion of seamless, effective and culturally appropriate healthcare services and supports for people with serious mental illnesses is fundamental to Mental Health America's mission. Therefore, MHA believes that the recommendations proposed by NASMHPD be immediately adopted if individuals with severe mental illnesses are to have a fighting chance to recover and lead meaningful lives in the community. The key recommendations are:

1. To prioritize the public health problem of morbidity and mortality among people with serious mental illnesses as a priority health disparities population.
2. To track and monitor morbidity and mortality in populations served by our public mental health systems (surveillance).
3. To implement established standards of care for prevention, screening, assessment, and treatment.
4. To improve access and integration with general medical care services.

MHA further believes that consumers with co-occurring general and mental health problems must be included in the planning, implementation and evaluation of the needed system reforms to combat this dire public health problem.

Background

In October 2006, the National Association of State Mental Health Program Directors (NASMHPD) released a report entitled *Morbidity and Mortality in People with Serious Mental Illness*. [1](#) Among the report's findings were the following devastating outcomes for the population with serious mental illnesses:

- Persons with serious mental illnesses are now dying 25 years earlier than the general population.
- Sixty percent of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases.
- Increased morbidity and mortality are largely due to treatable medical conditions that are caused by modifiable risk factors such as smoking, obesity, substance abuse, and inadequate access to medical care.
- Antipsychotic medications have become more highly associated with weight gain, diabetes, dyslipidemia, insulin resistance and the metabolic syndrome.
- Access to adequate healthcare for individuals with serious mental illnesses is greatly impaired by numerous factors

Call to Action

Mental Health America envisions a healthcare system that fully integrates general medical health and mental wellness by ensuring accessible, high-quality care for all people regardless of treatment setting, disability, racial or ethnic background, and income. In order to eliminate the disparities in overall health and wellness for people with serious mental illnesses, MHA fully supports the following strategies as proposed within the NASMHPD report:

National Level

Designate the Population with Serious Mental Illness as a Health Disparities Population

- Federal designation of people with serious mental illness as a distinct at-risk health disparities population is a key first step, followed by development and adaptation of materials and methods for prevention in this population as well as inclusion in morbidity and mortality surveillance demographics.

Adopt Ongoing Surveillance Methods

- Establish a committee at the federal level to recommend changes to national surveillance activities that will incorporate information about health status in the population with serious mental illness.
- Engage at the national and state levels, per the IOM report, in developing the National Health Information Infrastructure (NHII) to assure that electronic health records and personal health record templates include the data elements needed to manage and coordinate general medical health and mental health care.

Support Education and Advocacy

- Share information widely about general medical health risks in persons with serious mental illness to encourage awareness and advocacy. Educate the health care community. Encourage persons served and family members to advocate for wellness approaches as part of recovery.

- Build on the development of SAMHSA evidence-based practices by creating a toolkit focused on health status and healthy lifestyles.
- Promote adoption of recommendations in the NASMHPD Technical Reports on Polypharmacy and Smoking to implement policies and programs addressing these risk factors.

State Level

Prioritize the Public Health Problem of Morbidity And Mortality and Designate the Population with Serious Mental Illness as a Priority Health Disparities Population.

- Collect surveillance data on morbidity and mortality in the population with serious mental illness.
- Apply a public health approach and population based interventions.

Improve Access to General Medical Health Care

- Require, regulate, and lead the public behavioral health care system to ensure prevention, screening, and treatment of general health care issues.
- Build adequate capacity to serve the general medical health care needs of the serious mental illness population.

Promote Coordinated and Integrated Mental Health and General Medical Health Care for Persons with Serious Mental Illness

- Utilize the system transformation recommendations from the New Freedom Commission, Institute of Medicine and SAMHSA to achieve a more person-centered mental health system. Specifically, implement the following selected recommendations, as identified in the IOM report, and modified to address the morbidity and mortality issues.
 - Create high-level mechanisms to improve collaboration and coordination across agencies
 - Promote integration of general healthcare and mental health records
 - Revise laws and other policies to support communication between providers
- Implement the recommendations found in the 11th NASMHPD Technical Paper: Integrating Behavioral Health and Primary Care Services.

Support Education and Advocacy

- Develop and implement toolkits and guidelines to help providers, self-help/peer support groups and families understand how to facilitate healthy choices while promoting personal responsibility.
- Establish training capacity. A key component of this plan will be training and technical assistance for the mental health workforce on the importance of the issues.
- Involve academic and association partners in planning and conducting training.
- Address stigma / discrimination.

Address Funding

- Assure financing methods for service improvements. Include reimbursement for coordination activities, case management, transportation and other supports to ensure access to general medical health care services.
- As a health care purchaser, Medicaid should:
 - Provide coverage for health education and prevention services (primary prevention) that will reduce or slow the impact of disease for people with serious mental illness.
 - Establish rates adequate to assure access to primary care by persons with serious mental illness.
 - Cover smoking cessation and weight reduction treatments.
 - Use community case management to improve engagement with and access to preventive and primary care.

Develop a Quality Improvement (QI) Process that Supports Increased Access to General Medical Healthcare and Ensures Appropriate Prevention, Screening and Treatment Services.

- Establish a system goal for quality health care with the same priority as employment, housing or keeping people out of the criminal justice system.
- Join with the Medicaid and Public Health agencies at the state level to develop a quality improvement (QI) plan to support appropriate screening, treatment and access to health care for people being served by the public mental health system, whether Medicaid or uninsured.
- Assure that all initiatives to address morbidity and mortality have concrete goals, timeframes and specific steps. Gather performance measurement data and use to manage overall system performance.
- Use regulatory, policy and other programming opportunities to promote personal responsibility for making healthy choices by changing the locus of control from external (program rules, regulations, staff) to the individuals we serve (self-control and management).
- Continue to promote adoption of recommendations in the NASMHPD Technical Reports on Polypharmacy and Smoking to implement policies and programs addressing these risk factors.

Provider Agencies / Clinicians

Adopt as Policy that Mental Health and General Medical Healthcare Should Be Integrated.

Help Individuals to Understand the Hopeful Message of Recovery, Enabling their Engagement as Equal Partners in Care and Treatment

Support Wellness and Empowerment of Persons Served to Improve Mental and General Medical Well-Being

Support personal empowerment and individual responsibility, enabling individuals to make healthy choices for recovery to promote their individual recovery efforts; this means engaging people with serious mental illness in their health care in new ways.

Ensure the Provision of Quality, Evidence-Based General Medical and Mental Health Care by Provider Agencies and Clinicians.

- Utilize the system transformation recommendations from the New Freedom Commission, Institute of Medicine and SAMHSA to achieve a more person-centered mental health system.
- Implement standards of care for prevention, screening and treatment in the context of better access to health care.
- Improve comprehensive health care evaluations.
- Assure that all initiatives to address morbidity and mortality have concrete goals, timeframes and specific steps. Gather performance measurement data and use to manage overall system performance.

Implement Care Coordination Models.

Assure that there is a specific practitioner in the MH system who is identified as the responsible party for each person's medical health care needs being addressed and who assures coordination all services.

Persons Served / Families / Communities

Encourage the Persons We Serve, Families and Communities to Develop a Vision of Integrated Care.

Share information so that the mental health community and others become more aware of the co-morbid general medical health risks and integrated care approaches.

Encourage Advocacy, Education and Successful Partnerships to Achieve Integrated General Medical and Behavioral Health Care.

Encourage integrated general medical and behavioral health care as a high priority similar to employment, housing and staying out of the criminal justice system.

Pursue Individualized Person Centered Care that is Recovery and Wellness Focused.

Support individualized partnerships, between the person served and the care provider, for integrated behavioral and general medical health care.

Effective Period

This policy was approved by the Mental Health America Board of Directors on March 3, 2007. It is reviewed as required by the Public Policy Committee.

Expiration: December 31, 2012

1. [Morbidity and Mortality in People with Serious Mental Illness. NASMHPD. October 2006.](#)