

Mental Health Association in New York State, Inc.

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Working to ensure available and accessible mental health services for all New Yorkers



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Legislative Issue Brief

Access to Services

Background

Each year one in five Americans will suffer from a mental disorder. About half of those with lifelong mental illness began having symptoms by age 14; while three quarters began experiencing symptoms by age 24. Nonetheless, only fifteen percent of the adult population accesses any form of mental health service during a given year. In fact, over a 12-month period, 60 percent of Americans with a mental disorder received no treatment at all. Untreated psychiatric disorders can lead to more frequent and more severe episodes, and are more likely to become resistant to treatment.

Untreated early-onset mental disorders are associated with school failure, teenage childbearing, unstable employment, early marriage, and marital instability and violence. Traditionally underserved groups, such as the elderly, racial/ethnic minorities and those with low income or without insurance, have the greatest unmet need for treatment.

We know that effective community-based care reduces reliance on emergency rooms, jails, prisons and other highly expensive care. That's why MHANYS is committed to increasing access to community-based mental health services. Included in our 2008 legislative agenda are key initiatives aimed at opening doors to the services people need to move them in the direction of more healthy, independent and productive lives.

Issues/Recommendations

Mental Health Treatment Parity: Timothy's Law Expansion

Issue: Establishing Mental Health Parity through the passage of Timothy's Law represents an historic landmark in the advancement of mental health treatment access. Unfortunately, people suffering from Post-Traumatic Stress Disorder (PTSD) are not included among the biologically based illnesses that are covered under the new law. The exclusion of PTSD negatively impacts returning veterans, children and adults who have suffered sexual abuse and trauma. PTSD is marked by clear biological changes as well as psychological symptoms.

Moreover, two of New York's most comprehensive state-subsidized health care programs for the working poor *do not include mental health treatment as a covered service*. We agree with Commissioner Hogan that there can be no health without mental health. How then can we justify health insurance programs that treat only part of a person's health care needs?

Recommendations

- Support S6818(Morahan), which would add Post Traumatic Stress Disorder to the list of biological based illnesses in Timothy's Law;
- Add Child Health Plus and Family Health Plus to Timothy's Law.

Medication Accessibility

Issue: The governor's Executive Budget calls for excluding anti-depressants from the carve out of mental health medications in the Medicaid Preferred Drug List. This budget provision is intended to save the state \$7 million by limiting Medicaid payments to a select few anti-depressants. Although legislative amendments allow the physician to prevail in authorization denials, exercising this allowance detracts from doctor-patient face-to-face time and frustrates psychiatrists with yet another regulatory burden within the Medicaid program.

Recommendation: Eliminate this provision from the budget and restore access to the full range of anti-depressant medications.

Veterans Services

Issue: According to a new report by the Iraq and Afghanistan Veterans of America (January, 2008) between 30 and 40 percent of Iraq and Afghanistan veterans will face serious mental health injuries. The VA's Special Committee on PTSD has concluded that: "15 to 20 percent of OIF/OEF [Operation Iraqi Freedom/Operation Enduring Freedom (Afghanistan)] veterans will suffer from a diagnosable mental health disorder. Another 15 to 20 percent may be at risk for significant symptoms short of full diagnosis but severe enough to cause significant functional impairment." An even higher percentage of troops will experience less acute mental health injuries that may still require the care of a mental health professional.

Recommendations:

- Support MHANYS and NASW Training individual training proposals for veterans with psychiatric disabilities with focus on PTSD and Suicide Prevention (\$165,000).
- Funding to provide greater outreach and increase awareness of the needs of veterans with mental health issues

Geriatric Mental Health and Chemical Dependence Treatment

Issue: According to the American Association of Geriatric Psychiatry, nearly 20 percent of those who are 55 years and older experience mental disorders that are not part of normal aging. Studies show, however, that mental disorders in older adults are underreported. It is estimated that only half of older

adults who acknowledge mental health problems receive treatment from any health care provider, and only a fraction of those receive specialty mental health services (3 percent). This rate of utilization is lower than for any other adult age group. Intertwined with mental health are issues of chemical dependency. According to the New York State Office of Alcohol and Substance Abuse Services (OASAS), alcohol and substance abuse among the elderly is a hidden national epidemic. It is believed that about 10% of this country's population abuses alcohol, but surveys revealed that as many as 17% of the over-65 adults have an alcohol-abuse problem. The Robert Wood Johnson Foundation suggest an escalation nationally of the approximately 1.7 million current substance dependent and abusing adults over age 50 in 2001 to 4.4 million by 2020.

The Geriatric Mental Health Act was able to fund 9 different demonstration projects around New York State. However, 55 other proposals were left unfunded because there was no additional funding added to the budget for this significant issue.

Recommendation:

- *Support the addition of \$3 million in the budget to fund additional Geriatric Mental Health Demonstration Projects and to fund a Geriatric Mental Health Center of Excellence*
- Support A9846(Dinowitz)/S6817(Morahan): "Mental Health and Chemical Dependence Demonstration Program" with the inclusion of additional funding over the base appropriation that funds the existing nine Geriatric Mental Health Demonstration projects.

Suicide Prevention

Issue: Suicide is now the third leading cause of death among young New Yorkers ages 15-24, according to the National Center for Health Statistics. According to a study published in July 2007 by the Journal of Epidemiology and Community Health, male U.S. military veterans are twice as likely to commit suicide as men who haven't served in the armed forces, a new study claims.

Statistical trends like these have led MHANYS to focus suicide prevention advocacy on teens, college students and veterans.

Recommendation:

- Support A1941, which would establish the *Collegiate Suicide Prevention Program* to inform incoming students about suicide prevention measures through programs such as workshops, seminars, discussion groups, and film presentations.
- Support additional funding in the budget for suicide prevention efforts