

# Summary of Recommendations for Including Mental Illness and Substance Use Disorder Prevention, Treatment, Rehabilitation, and Recovery in Health Reform

## ADDRESSING MENTAL ILLNESS AND SUBSTANCE USE DISORDERS IS ESSENTIAL TO IMPROVE HEALTH AND REDUCE COSTS

Medical experts agree that substance use disorders and serious mental illness are chronic diseases that can be prevented and treated effectively. **Including the full continuum of mental health and substance use disorder prevention, treatment, rehabilitation and recovery support services in healthcare reform will improve the quality of life for millions of Americans and dramatically reduce healthcare costs.** The undersigned organizations put forth these recommendations to fully and equitably incorporate mental health and substance use disorder services in healthcare reform:

- Recognize substance use disorders and mental illnesses as preventable, treatable health conditions, as accepted by the American Medical Association, all other public health and medical standards, and decades of scientific research;
- Include equitable and full coverage of substance use disorder and mental health prevention, treatment, rehabilitation, and recovery support services at parity with other health conditions;
- Require all public and private health insurance to cover these critical services with appropriately trained professionals and best practices, and promote comprehensive communitywide prevention, early intervention, recovery and research for adults and youth;
- Make substance use disorder and mental health services and prevention fully available and accessible to all those in need or at risk, including family members;
- Ensure the provision of mental health and substance use disorder prevention, treatment, rehabilitation, and recovery support services nationwide by continuing and enhancing financing for publicly funded safety net programs, including the Substance Abuse Prevention and Treatment Block Grant, the Mental Health Services Block Grant and discretionary programs;
- Guarantee that State laws which provide better coverage, rights, methods of access to treatment and consumer protections from the standpoint of the insured are not preempted.

**Fully and equitably addressing mental illness and substance use disorders in healthcare reform is essential to ensure that millions of Americans can lead healthier lives.**

- Less than half of the 15 million adults with serious mental illness received treatment or counseling and only 10.4 percent of the 23.2 million people needing help for a substance use disorder received any form of treatment in the past year.<sup>1</sup>
- 25 percent of the admissions to our nation's hospitals are directly related to untreated mental illness and/or substance use disorders.<sup>2</sup>

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<sup>1</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2007 National Survey on Drug Use and Health: National Findings*, September 2008

<sup>2</sup> Agency for Healthcare Research and Quality, "Care of Adults with Mental Health and Substance Abuse Disorders in U.S. Community Hospitals, 2004," *HCUP Factbook No. 10*. <http://www.ahrq.gov/data/hcup/factbk10/factbk10b.htm#fniv>

- Untreated substance use disorders and mental illnesses can aggravate or mask symptoms of medical conditions and complicate the effectiveness of treatment for co-occurring chronic illnesses, such as diabetes and heart disease.

**Addressing mental illness and substance use disorders is essential to containing healthcare costs. Studies show that health costs decline significantly when people receive prevention and treatment:**

- Delaying the age of initiation of alcohol and other drug use saves significant amounts of money. Adolescents who begin drinking before the age of 15 are four times more likely to develop alcohol dependence. Each year of delayed onset reduces the probability of dependence by 14%.
- Individuals diagnosed with mental illness who receive treatment have lower subsequent medical costs and a reduced risk of death. Costs for disabled Medicaid beneficiaries receiving outpatient treatment go down by \$105 per member per month in the first year and \$126 in the second year.<sup>3</sup>
- Inpatient, emergency room, and total healthcare costs decline by 39 percent, 35 percent, and 26 percent respectively after individuals receive addiction treatment.<sup>4</sup> Total medical costs per patient per month are more than halved, from \$431 to \$200.<sup>5</sup> Medicaid beneficiaries who receive treatment have medical costs that are \$4,500 less over a five-year follow-up period.<sup>6</sup>

**Healthcare reform should address substance use disorders and mental health as follows:**

Benefit design and delivery of care reforms must ensure that:

1. Any minimum or basic benefit package includes equitable and full coverage for substance use disorders and mental illnesses at parity with coverage of other chronic health conditions.
2. Care provided through healthcare reform, including the full range of mental illness and substance use disorder benefits, is fully accessible and available to all those in need.
3. The provision of quality mental illness and substance use disorder prevention, treatment, rehabilitation, and recovery services and practices is promoted and supported.
4. Individuals with serious mental illness and/or substance use disorders have access to the full array of services appropriate for recovery from these chronic health conditions.

Workforce development initiatives must ensure that:

1. All health professionals receive education in their basic core curricula and training about how serious mental illnesses and substance use disorders are preventable, treatable chronic diseases and that millions of Americans are in long-term recovery from these diseases.

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<sup>3</sup> Washington State Mental Health Services, "Cost Offsets and Client Outcomes Fact Sheet," December 2003.

<sup>4</sup> Parthasarathy, S. et al. *Association of Outpatient Alcohol and Drug Treatment with Health Care Utilization and Cost: Revisiting the Offset Hypothesis* Division of Research, Kaiser Permanente Medical Program, 2001.

<sup>5</sup> Parthasarathy, S., Mertens, J., Moore, C., & Weisner C., "Utilization and Cost Impact of Integrating Substance Abuse Treatment and Primary Care." *Medical Care*, 41(3):357-367, March 2003

<sup>6</sup> Luchansky, Bill & Longhi, Dario, "Cost Savings in Medicaid Medical Expenses: An Outcome of Publically Funded Chemical Dependency Treatment in Washington State," Washington State Department of Social and Health Services, June 1997.

2. All health professionals receive the requisite education to recognize the symptoms and screen for mental illness and/or substance use disorders. These initiatives should also ensure that funding is provided to train health professionals to conduct brief interventions and to ensure that individuals in need of treatment services receive the appropriate level of care.
3. Mental health and substance use disorder professionals are included and prioritized in any broader workforce development efforts that are a part of any national healthcare reform package.

Successful integrated care models, including medical home models, must:

1. Recognize and address the special healthcare and other needs of individuals with mental illness and/or substance use disorders.
2. Ensure that individuals with mental illness and/or substance use disorders and their family members, when appropriate, can work directly with their providers to design services and determine how they are delivered.
3. Include funding for additional programs and services targeted to individuals at high-risk for substance use and/or mental health disorders.

Successful wellness and chronic disease prevention initiatives in national healthcare reform must:

1. Cover the full range of prevention, treatment, rehabilitation and recovery support services for all chronic diseases, including mental illnesses and substance use disorders, and ensure that these services are available to all of those in need, including family members.
2. Ensure that wellness promotion and chronic disease prevention initiatives include prevention of mental illness and substance use disorders, and link them to primary health care.
3. Create a “health and wellness” fund to improve health and prevent chronic diseases, including mental illness and substance use disorders. Activities of this fund should promote long-term recovery from mental illness and substance use disorders and their prevention.
4. Utilize a public health model for preventing substance use through the mobilization of multiple community sectors to organize, plan, implement and evaluate appropriate strategies and programs using an array of public and private resources.
5. Include incentives in public and private plans for covering interventions to prevent mental and emotional disorders.
6. Ensure wellness promotion and chronic disease prevention initiatives include the community-wide capacity to implement environmental strategies and supports needed to promote prevention and sustain long-term recovery from mental illness and/or substance use disorders.

Equitable and full inclusion of prevention, treatment, rehabilitation, and recovery of mental illness and substance use disorders in national healthcare reform will reduce overall health costs and ensure that millions of people lead healthier lives, thereby strengthening individuals, families, communities, and our nation as a whole.