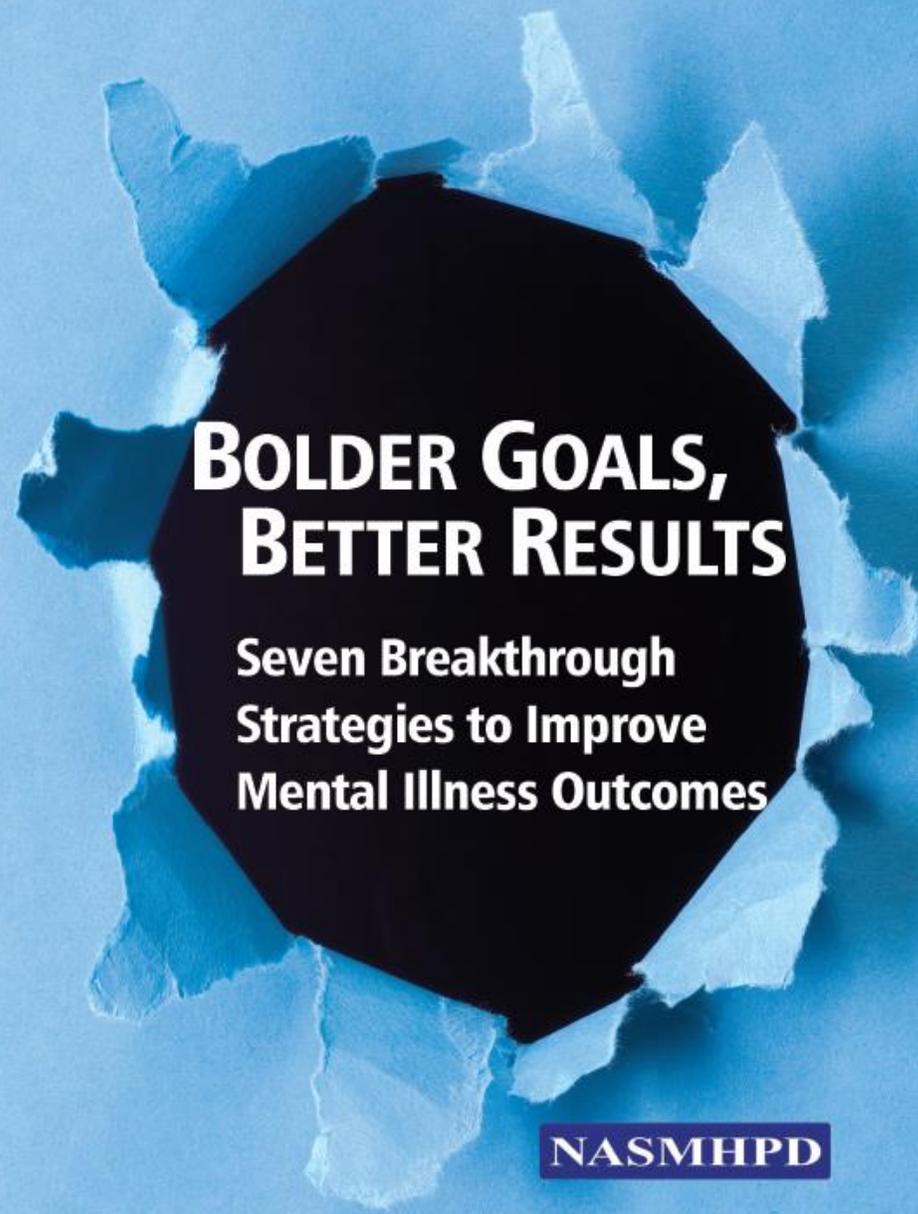


# National Association of State Mental Health Program Directors

## 2018 Annual Conference

July 29, 2018



**BOLDER GOALS,  
BETTER RESULTS**

Seven Breakthrough  
Strategies to Improve  
Mental Illness Outcomes

**NASMHPD**

## **DEBRA A. PINALS, M.D.**

**Medical Director, Behavioral Health and Forensic Programs  
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Treatment Advocacy Center**



National Association of State Mental Health Program Directors

# THE ORIGINAL BOLD NEW APPROACH



**JOHN F. KENNEDY**

*XXXV President of the United States: 1961-1963*

**50 - Special Message to the Congress on Mental Illness and Mental Retardation.**

*February 5, 1963*

**Accessible for the American Presidency Project:**

<http://www.presidency.ucsb.edu/ws/?pid=9546>

*Mental illness and mental retardation  
are among our most critical health problems.*



*They occur more frequently, affect more people, require more prolonged treatment,  
cause more suffering by the families of the afflicted, waste more of our human resources  
and constitute more financial drain ... than any other single condition.*

*This situation has been tolerated far too long. It has troubled our national conscience—but only as a problem unpleasant to mention, easy to postpone, and despairing of solution.*



*The time has come for a **bold new approach**....*



*New medical, scientific and social  
tools and insights are now available.*

*Our attack must be focused on **three major objectives**.*

JFK's BOLD NEW APPROACH:

## #1: PREVENT and ERADICATE

- ❖ **Seek out** causes for mental illness and retardation
- ❖ Use that knowledge to **prevent** these conditions

*Here, more than in any other area, "an ounce of prevention is worth more than a pound of cure."*

## JFK's BOLD NEW APPROACH

# #2: **STUDY** and **TRAIN**

- ❖ **Strengthen** the underlying resources of knowledge and, above all, of skilled personnel
- ❖ **Increase** existing mental health training programs and launch new ones

*If we are to learn more about how to prevent and treat the crippling or malfunction of the mind, research efforts must be expanded and the mental health work force must increase several-fold.*

JFK's BOLD NEW APPROACH

## #3: PROGRAM and EQUIP

**Strengthen and improve** community-based programs and facilities serving the population

*The emphasis should be upon timely and intensive diagnosis, treatment, training and rehabilitation...*

*We cannot afford to postpone any longer a reversal in our approach to mental affliction. For too long the shabby treatment of the many millions of the mentally disabled in custodial institutions and many millions more now in communities needing help has been justified on grounds of inadequate funds, further studies and future promises. We can procrastinate no more.*



February 5, 1963

***FAST FORWARD...***

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# PSYCH SERVICES ANNIVERSARY

- 1977: "The General Accounting Office publishes the first governmental study of the problems of deinstitutionalization, called *Returning the Mentally Disabled to the Community: Government Needs to Do More.*"

Psychiatric Services, Vol 50, Issue 1, 2000

1950-2000: FIFTY YEARS IN REVIEW



THE LAST HALF-CENTURY OF  
PSYCHIATRIC SERVICES AS REFLECTED  
IN *PSYCHIATRIC SERVICES*

Miller, M.D., M.P.H.

January 2000

## PSYCHIATRIC SERVICES



♦ 1950-2000: Reflections  
on the Past Fifty Years  
of Psychiatric Services

♦ Psychiatric Research  
and Practice: The Need  
for a Social Perspective

♦ The Human Factor in  
the Consolidation of  
Managed Care Firms

♦ Law & Psychiatry: Can  
Patients Be Held Liable  
for Suicidal Behavior?



implies that many settings where patients ended up were not institutional. Also covered in detail, as reflected in the journal, are community care and treatment, economics, patient empowerment, and the interface issues of general hospitals, outpatient commitment, and psychosocial rehabilitation. The author notes that some concepts, such as outpatient commitment and patient empowerment, emerged earlier than now assumed, and that others, like psychosocial rehabilitation, recurred in slightly different forms over time. He concludes that even after 50 years of moving patients out of state hospitals and putting them somewhere else, mental health policymakers and practitioners remain too myopically focused on the locus of care and treatment instead of on the humaneness, effectiveness, and quality of care. (*Psychiatric Services* 51: 41-67, 2000)

Anniversaries provide the backdrop for two important types of social interaction. They are the occasion, first, for collective expressions of sentiment and, second, for hard-headed retrospection and assessment. Unless we look back from time to time and appraise our course, we will repeat past mistakes or make similar ones next time around.—Eli Ginzberg (1).

The American Psychiatric Association announced in November 1949 that under a grant from the Commonwealth Fund, it was launching a Mental Hospital Service that would include a monthly mental hospital news bulletin. The publication, initially called the *A.P.A. Mental Hospital Service Bulletin*, was first published in January 1950. Its name changed as of the seventh issue of volume 2 to *Mental Hospitals*. In January 1966 it was renamed *Hospital and Community Psychiatry*, and in January 1996, at volume 46, its name was changed to *Psychiatric Services*.

The year 2000 is the 50th anniversary of the journal and an opportune time, as Ginzberg notes, to reflect on our past so that it may better inform our future. This paper uses the 50 years of this journal's publication to examine the history of the last half-century of psychiatric services in the United States. For convenience, when the journal is cited in any general way, it will be referred to as *Psychiatric Services*.

# PSYCH SERVICES ANNIVERSARY

- 1985 ... "There are increasing numbers of the mentally ill in jails, single rooms of seedy hotels, halfway houses and single-room-occupancy hotels... None of these facilities provide adequate treatment or living quarters"

Psychiatric Services, Vol 50, Issue 1, 2000

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# PSYCH SERVICES ANNIVERSARY

- 1991 - "Once a way station on the path to definitive care, emergency departments are, for many, the end of the line; their halls and examining rooms have become the new asylums ..."

Psychiatric Services, Vol 50, Issue 1, 2000

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# PSYCH SERVICES ANNIVERSARY

- 1992 ... "What is more stigmatizing than the everyday sight of blatantly mentally ill homeless persons in torn filthy clothing using shopping bags and shopping carts to carry their meager possessions, eating out of garbage cans...."

Psychiatric Services, Vol 50, Issue 1, 2000

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# The Problem: Everyone seems to be burdened, backlogged, and waiting....for "Beds"

The New York Times

N.Y. / Region

WORLD U.S. N.Y. / REGION BUSINESS TECHNOLOGY SCIENCE HEALTH SPORTS OPINION

## SYSTEM TO TREAT MENTAL PATIENTS IS OVERBURDENED

By JOSH BARBANEL  
Published: February 22, 1988

Correction Appended

Overcrowding at municipal psychiatric wards in New York City has reached record levels, according to city doctors, who say they fear that the mental-health system is heading for a collapse.

"The system is moving toward disaster," said the director of psychiatry at Kings County Hospital Center in Brooklyn, Dr. Martin Kesselman. "We can no longer give reasonable assurances of the safety of patients or staff in our emergency room."

At one point last week, each of the 1,160 adult psychiatric beds in the city's 11 municipal hospitals was filled, while 108 additional patients, some handcuffed to wheelchairs for days at a time, were crammed into wards, hallways and emergency rooms.

### Upsurge in Patients

The overcrowding is the latest in a series of episodes that have troubled a costly, fragmented and, by most accounts, backward mental-health system since the state emptied many of its long-term psychiatric wards in the 1950's and 1960's.

FACEBOOK

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81°

The Charlotte Observer



FULL MENU

NEWS

SPORTS

ENTERTAINMENT

REAL ESTATE



NEWS

JULY 10, 2017 4:45 PM

## Mental health problems put stress on emergency rooms



BY NORA DOYLE-BURR

Valley News



RANDOLPH, VT. — It's no secret that both New Hampshire and Vermont lack a sufficient number of beds for people suffering mental health problems, forcing some hospitals to serve as holding stations while patients wait for an appropriate facility.

## Patients Wait Hours, Days As Demand For ER Psychiatric Beds Grows

June 05, 2017

By Deborah Becker

Share



For five straight days this spring, Patty — who doesn't want her last name used to protect her son's privacy — sought refuge in the chapel at Heywood Hospital in Gardner. That's where her 28-year-old son Eric had been waiting for a psychiatric treatment bed.



NEWS abc 13 WLOS WESTERN NORTH CAROLINA

## Mental hospital filled with inmates, while other patients wait for help

by Kimberly King



# Beyond Beds

The Vital Role of a Full  
Continuum of Psychiatric Care



October 2017

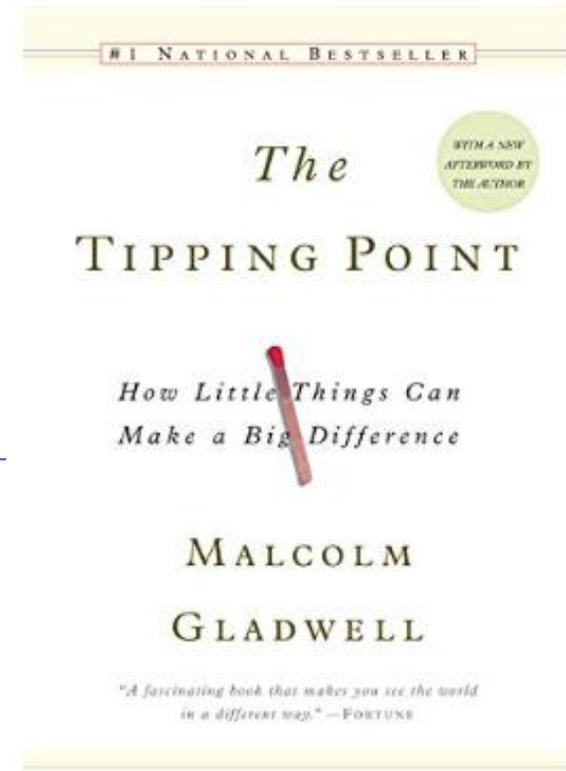


## A Paradigm Shift Toward the Vital Role of the Continuum of Care

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# THE CASE FOR TIPPING...

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# CANCER

*"There is broad agreement that cancer research has advanced to the stage where a substantial increase in resources and effort could be very productive." ~ 92nd Congress, 1970*

1970

- Cancer is the #2 cause of death in the U.S.
- President Nixon declares "war on cancer"
- Congress declares the "conquest of cancer" a "national crusade"

1971+

- Congress passes the National Cancer Act
- Congress authorizes \$1.6 billion in cancer research over the next three years
- 15 National Cancer Institute research centers, local control programs and an international cancer research data bank open.

1990 .....> 2014

THE OVERALL CANCER DEATH RATE  
IN THE UNITED STATES

FELL BY

25%

Source: SEER Cancer Statistics Review (CSR) 1975-2014  
cancer.gov

# HIV/AIDS

*Nobody really knows what the tipping point for reducing AIDS may be. Donald Des Jarlais, an epidemiologist at Beth Israel Hospital, in Manhattan, estimates that halving new infections to 20,000 a year would be ideal. ~ "The Tipping Point," New Yorker Magazine, 1996*

## 1980s

- AIDS epidemic starts in 1981
- AIDS death rate by 1987 is 95%
- Zidovudine (AZT) in 1987 becomes the first anti-HIV drug approved by the Food and Drug Administration

## 1990s

- Congress passes the Comprehensive AIDS Resources Emergency (CARE) Act and authorizes funds for AIDS research and treatment
- AIDS deaths peak in 1995
- AIDS death rate declines 47% by 1997

## 2018

- Congress budgets \$2.2 billion in federal funds AIDS research
- New AIDS diagnoses are in a multi-year decline
- AIDS death rate is 22%

**~ In 2016, 18,160 people received an AIDS diagnosis. ~ Centers for Disease Control**

# MALARIA

*"Our goal is a world free of malaria." – Bill & Melinda Gates Foundation*

2000

- 839,000 people worldwide die of malaria, 723,000 of them children
- Less than 2% of sub-Saharan Africa's people sleep under mosquito nets
- Spending on malaria control totals less than \$200 million

2000—2014

- Bill & Melinda Gates Foundation commits to eradicating malaria
- The Gates Foundation alone gives more than \$3 billion to reach that goal
- Nearly 1 billion insecticide-treated mosquito nets are distributed in sub-Saharan Africa

2015

- 438,000 people worldwide die of malaria, 306,000 of them children
- 55% of sub-Saharan Africa's people sleep under mosquito nets
- An estimated 663 million cases of malaria worldwide are estimated to have been avoided since 2000

*... the target of Millennium Development Goal (MDG) 6 "to have halted and begun to reverse the incidence of malaria" has been achieved. ~World Health Organization, 2015*

# EARLY-INTERVENTION PROGRAMS

*for initial episode of psychosis*

## 2008

- First-episode coordinated care specialty (CCS) programs are operating in **2 states**

## 2008-2016

- 2008: NIMH begins funding large-scale studies to develop a model for treating first-episode psychosis
- 2014-2016: Congress repeatedly authorizes funding for CCS programs and includes more in the 21<sup>st</sup> Century Cures Act

## 2018

- CCS programs are operating in at least **48 states**

***Coordinated specialty care has been shown to be more effective at reducing symptoms, improving quality of life and increasing involvement in work or school. ~ National Institute of Mental Illness, 2016***

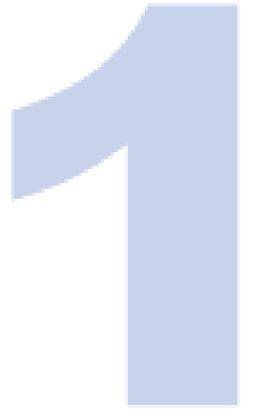
**BOLDER GOALS,  
BETTER RESULTS**

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# ***GOAL CRITERIA***

Each bold goal meets these three criteria:

- ❖ **Achievable** – Previous success and substantial public-private support already have laid a foundation for success
- ❖ **Measurable** – Progress toward the goal and results are verifiable with objective, evidence-based measures
- ❖ **Far-reaching** – Large numbers of youth, adults, families and others would experience improved outcomes as a result



## **BOLD GOAL**

**BOLD  
GOAL** **100%**

Early screening, identification and timely response after the onset of mental illness symptoms in youth and adults



## **BOLD GOAL**

# 2

---

**BOLD  
GOAL** **100%**

---

Access to effective medication and other evidence-based therapies for individuals with psychiatric conditions



## **BOLD GOAL**

# 3

---

**BOLD  
GOAL** **100%**

---

Compliance with legal requirements for health care networks to make the full continuum of psychiatric care available to patients

# **BOLD GOAL**

---

**BOLD  
GOAL** **100%**

---

Access without delay to the most appropriate 24/7 psychiatric emergency, crisis stabilization, inpatient or recovery bed



## **BOLD GOAL**

# 5

---

**BOLD  
GOAL** **100%**

---

Diversion from arrest, detention or incarceration when individuals with mental illness intersect with the justice system and can be appropriately redirected



# **BOLD GOAL**

# 6

---

**BOLD  
GOAL** **100%**

---

Homeless people with serious  
mental illness permanently  
housed



# **BOLD GOAL**

# 7

---

**BOLD  
GOAL** **100%**

---

Suicides prevented

# BACK TO THE FUTURE

---

# Problems



# Solutions

*“It always seems impossible  
until it’s done.”*



*Nelson Mandela*

# Comments? Questions? Feedback?

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