

**February 27, 2013**

**Testimony before Joint Legislative Public Hearing on the 2013-14 Executive Budget --  
Mental Hygiene**

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Good afternoon. My name is Tom Easterly. I am President of the National Alliance on Mental Illness-New York State (NAMI-NYS). With me is Don Capone, our Executive Director. Thank you for this opportunity to provide testimony today.

NAMI is the largest family and consumer grassroots mental health organization in the country, with 48 affiliates in New York State alone. We offer support, education, and advocacy for family members of those who have serious mental illnesses, as well as for those who suffer with mental illness themselves.

We appear before you today at a very difficult time for mental health advocates. Recent events and actions have resulted in a renewed identification of mental illness with violent behavior. NAMI-NYS works tirelessly to erase the stigma of mental illness, and the inclusion of our community into discussions about gun violence only further stigmatizes people with psychiatric disorders.

It is important to recognize that the vast majority of people suffering with mental illness are not dangerous, and are, in fact, more likely to be victims rather than perpetrators of violent acts. The discussion of mental illness and violence detracts from another important discussion: the need for increased treatment and services for the mentally ill. Recovery from mental illness is possible, and we need to provide the necessary support system to give individuals the opportunity to live the most productive lives possible.

Of New York's approximately 19.5 million residents, close to 673,000 adults live with serious mental illness<sup>i</sup> and about 204,000 children live with serious mental health conditions.<sup>ii</sup> More than 1.4 million New Yorkers have co-occurring mental health and substance use disorders.<sup>iii</sup> In 2007, 1,396 New Yorkers died by suicide.<sup>iv</sup> Mental health diagnoses are generally associated with a higher rate of suicide. Suicide is the eleventh-leading cause of death overall and is the third-leading cause of death among youth and young adults aged 15-24.<sup>v</sup> Fifty percent of people with co-occurring mental health and substance use disorders receive no treatment, while only ten percent receive evidence-based treatment for both conditions.<sup>vi</sup> During the 2006-07 school year, approximately 50 percent of New York students aged 14 and older living with serious mental health conditions who receive special education services dropped out of high school.<sup>vii</sup> In New York, a study of 10,000 homeless people found that homeless persons living with mental illness cost \$40,449 per person in publicly funded services a year for use of emergency rooms, hospitals, shelters and incarceration.<sup>viii</sup>

This is why it is critical to maintain the current level of funding for services that assist those with mental illness and the research that we pray will eradicate mental illnesses and save lives. We also urge New York to invest in several initiatives that would not only benefit those with mental illness but have the ability to ease New York's financial burden moving forward.

NAMI-NYS has a wide range of issues that need to be addressed. However---out of respect for time--and out of recognition for the financial challenges New York State is facing we've decided to focus on just a few of those issues.

NAMI-NYS's priorities for 2013 are:

- 1) The Need to Invest in Safe and Affordable Housing for People With Mental Illness
- 2) Reinvestment of Savings to Expand Services
- 3) Support Veterans' Mental Health
- 4) The Need for Government Sponsored Research of Mental Illnesses
- 5) Mental Health Education in Schools
- 6) Criminal Justice Related Mental Health Initiatives
- 7) Prescriber prevails

### **1-The Need to Invest in Safe and Affordable Housing for People With Mental Illness**

Ever since NAMI-NYS was incorporated in 1982, safe, affordable housing has been an ongoing priority of ours. A stable environment is vital and fundamental to people living with serious mental illness.

Access to housing remains a tremendous challenge for adults with mental illnesses. Many people with the most severe and disabling mental illnesses also need access to appropriate services and support so they can successfully live in community-based housing, which promotes their independence and dignity.

By providing decent, safe, affordable housing to needy populations, we provide a base of stability that allows us to provide in-home services at a small fraction of the cost (and usually with better outcomes for the client) compared to institutional care. By providing housing, we can often save tens of thousands of dollars per year in avoided Medicaid costs, including ambulance fees, emergency room visits, and other care.

This is why NAMI-NYS urges New York to create more safe and affordable housing for people living with mental illness. NAMI-NYS supports recommendations in the 2013-14 Executive Budget for the development of 5,000 additional supported housing beds.

Mentally ill people transitioning out of jail and forensic units at state hospital facilities are also in dire need of supervised housing. Without appropriate housing in place, recidivism is especially high within this population.

Please maintain funding to provide housing and services for the seriously mentally ill who do not have the financial resources to afford the most basic human need...that of a safe, accessible, stable and affordable place to call home.

## **2- Reinvestment of Savings to Expand Services**

The 2013-14 Executive Budget speaks to savings available from the restructuring of inpatient services. NAMI-NYS supports the reinvestment of all savings into needed services that will advance the recovery and support of those suffering from mental illness.

Additional funds are necessary to ensure that adequate services are available in the community to support those suffering from mental illness. Funding for additional housing units, treatment, employment opportunities, education programs and health and wellness programs are critically needed in our communities.

Not only would this provide for improved conditions for our members and their families, but it would most likely result in long-term savings to the mental health system as persons suffering with mental illness would be better able to maintain themselves in the community and avoid visits to the emergency room and psychiatric facilities, a far more costly alternative.

We are all aware of the history of reinvestment in New York State. The Community Reinvestment Act which was passed in 1994 authorized that the savings generated by the closure of state hospitals would be reinvested into community recovery services. While the Act was a well-intended reform designed to build community capacity needed to assist those with mental illness, significant sums were diverted to meet other state budget needs.

Only by providing a full range of services can we be certain that those suffering from mental illnesses are able to lead the most productive lives possible. It is now time to ensure that savings realized within the mental health system remain in the mental health system to address critical needs. Please support the reinvestment of funds to develop critical services and programs.

## **3-Support Veterans' Mental Health**

Supporting those who have served our country must always be a top priority. NAMI-NYS believes this and calls on the Legislature and the Governor to assist veterans on all issues, but specifically those relating to mental health.

Returning combat veterans are experiencing very high rates of serious mental illness, suicide, addiction, homelessness and incarceration related to posttraumatic stress disorder and traumatic brain injury. More must be done in New York to provide services to America's returning heroes of combat.

- Nationally, 20 percent of returning veterans live with post-traumatic stress disorder, but only half seek and receive treatment for this condition.
- This means of the almost one-million veterans living in New York State, approximately 100,000 are not receiving necessary treatment. Clearly, this is not acceptable, and reform must take place to improve the access and affordability of mental health services for veterans.
- The VA estimates that nationally there are 107,000 veterans homeless on any given night. Most of these suffer from PTSD or another serious mental illness. (Of all homeless men, it is estimated that 40 percent of them served in the armed forces).

Although funding for mental health treatment has increased in recent years, significant numbers of veterans with serious mental illness are still falling through the cracks because they are not getting the services they need. We must increase funding for mental health and medical treatment for veterans with serious mental illness. Ensure that monies

designated for mental health and substance abuse treatment for veterans are allocated to Veterans Medical Centers, Community-Based Outpatient Clinics (CBOCs) and other programs serving veterans with mental illness and utilized for the treatment of these individuals.

We have a moral obligation to provide our veterans the best and most readily available services we can offer.

#### **4-The Need for Government Sponsored Research of Mental Illnesses**

For those living with severe, persistent mental illness and their families, research is our hope for the future. NAMI-NYS strongly supports efforts to maintain and eventually increase state funding to ensure there are adequate resources for promising biomedical research into brain disorders.

Mental health research in New York State has real and measurable effects today. For example: OMH's Center for Practical Innovation (CPI) "brings research into practice." CPI has taken the lead on improving the delivery of care, training practitioners around the state and promoting recovery through consumer-based initiatives. Innovations such as these improve quality of life and reduce health care costs today by replacing less effective treatments with treatments we know work.

According to a recent study conducted by the World Health Organization, no less than four of the top ten causes of disability worldwide are severe mental illnesses. Major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder account for an estimated 20 percent of total disability resulting from all diseases and injuries. Based on the National Institute of Health's own estimates, for every research dollar spent, 15 cents is allocated to AIDS, 10 cents on cancer, two cents on heart disease, and less than one cent on schizophrenia and other severe mental illnesses. In contrast, the total cost of schizophrenia to society, per research dollar spent, is \$161.26, compared to only \$65.65 for heart disease, \$9.96 for cancer, and \$6.86 for AIDS.

New York is fortunate to have two leading research facilities, New York State Psychiatric Institute (NYSPI) in Manhattan and Nathan Kline Institute (NKI) in Rockland County. Their world-class doctors are making strides and breakthroughs every day, but we still have a long way to go. Medical science has yet to produce cures for severe mental illnesses. Furthermore, the most promising evidence-based treatments and services remain inaccessible for people who need and deserve them. From biomedical research to services research, NAMI-NYS believes that research on severe mental illnesses is underfunded.

Research paves the way for prevention, recovery, and cure. Through research we obtain better value for our healthcare dollars by bringing more effective treatments to the people who need them. The road from science to service must be well traveled to ensure accountability and promote evidence-based treatments. Without research, treatment stagnates, and our loved ones languish with expensive yet suboptimal care.

Researchers at NYSPI conduct comparative effectiveness research to study the value of new treatments and strategies. This work provides the evidence on which clinicians and policy makers base decisions. The Center for Practice Innovations disseminates and implements evidence-based practices to improve quality and value in our public mental health system.

Racial, ethnic and socioeconomic disparities characterize access to and utilization of mental health services. Research

identifies barriers to good care and develops and tests interventions to promote access and culturally competent care.

We must continue to invest in the crucial research being performed at NYSPI and NKI.

Research is our hope for the future.

## **5-Mental Health Education in Schools**

Education, early intervention and working on prevention are keys to minimizing and hopefully, eventually eradicating mental illnesses.

It is vital that New York's education system do a better job of creating awareness of mental health issues and warning signs so administrators, teachers and students have a true comprehension of mental health. Mental health education should be integrated into our educational curriculums. This will allow for better recognition of mental illness, which will lead to our children getting the proper support they need as well as a reduction in harassment and bullying which can accelerate mental illness and contribute to an already high suicide rate in adolescents.

It is important to note that:

- 10 percent of American youth suffer from serious mental health conditions;
- 50 percent of mental illnesses develop by age 14, and 75 percent by age 24;
- 70 to 80 percent of children living with mental illness do not receive needed treatment, which leads to decreased performance in schools;
- 2.2 million adolescents aged 12 to 17 have experienced a major depressive episode in the past year and nearly 60 percent of them did not receive any treatment;
- The dropout rate for children with severe emotional health and mental health issues is twice that of other students;
- Expanded school mental health services in elementary schools have been found to reduce special education referrals, improve aspects of the school climate and produce declines in disciplinary referrals, suspension and grade retention.

One initiative that demonstrates the impact of incorporating mental health education in schools is NAMI Queens/Nassau's *Breaking the Silence* program which:

- Destigmatizes mental illness via in-class education;
- Provides grades 4-12 with curriculum and lesson plans;
- Teaches warning signs, tolerance, anti-bullying, and character development;
- Fulfills national health education standards; and
- Increases knowledge and awareness of mental illness and health.

This year, NAMI-NYS has again partnered with three other organizations, the Mental Health Association in New York State, Families Together in New York State, and the American Foundation for Suicide Prevention to promote legislation (A.1911) that would formally introduce mental health education into our state's health education curriculum. This important step would significantly raise awareness of mental health issues.

## **6-Criminal Justice Related Mental Health Initiatives**

The points of contact between the criminal justice system and persons suffering from mental illness can be dangerous and/or result in poor outcomes. NAMI-NYS supports the expansion of two important innovations, Crisis Intervention Teams and mental health courts, which can significantly improve the odds for a safe and beneficial outcome.

As we are all too aware, contacts between law enforcement personnel and the mentally ill are often dangerous, and sometimes deadly. There is an alternative: Crisis Intervention Teams (CIT). The CIT model was developed in Memphis, Tennessee to address the special challenges to law enforcement posed by persons with mental illness, and to better serve the community.

The Memphis CIT model has three key components:

- Forty hour training program for law enforcement officers that includes information about mental illnesses and how to recognize them, information about the local mental health system, learning first-hand from consumers and family members about their experiences, and verbal de-escalation training.
- Community collaboration between mental health providers, law enforcement and family and consumer advocates. This group examines local systems to determine the community's needs and agree on strategies to meet these needs.
- Consumer and family involvement in decision-making, planning and leader training.

CIT works. There have been studies that document that CIT significantly reduces the arrests of people with serious mental illnesses, and also reduces the numbers of re-arrests. Individuals diverted receive more counseling, medication and other forms of treatment than individuals not diverted. CIT also reduces the number of injuries to consumers and law enforcement personnel.

CIT now functions successfully in a number of jurisdictions, and this is an alternative that needs to be expanded to serve communities across New York State.

In addition to CIT, another important innovation in addressing the issue of mentally ill offenders in New York State has been the implementation of mental health courts. These specialized courts link defendants suffering from mental illness to court-supervised, community-based treatment as an alternative to incarceration. Maintaining people in the community, rather than in jail, is not only a better treatment option, but is also significantly less costly than incarceration.

NAMI-NYS strongly supports maintaining the current mental health courts in New York State, and expanding this initiative so that this option is available to all New Yorkers.

## **7-Prescriber Prevails**

The 2013-14 Executive Budget eliminates provisions which allow for "prescriber prevails" for atypical antipsychotic medications. Prescriber prevails gives the doctor authority to decide which medicine is best for their patients. NAMI-NYS urges restoration of prescriber prevails provisions for atypical antipsychotic medications, and expansion of these provisions to cover all psychiatric medications.

Open access to medications is especially crucial for people with mental illness. Individuals who are unable to access

the most appropriate, clinically indicated psychiatric medication experience higher rates of emergency department visits, hospitalizations, and other health services. Not having the correct medication available to people with mental illness can not only worsen their condition, but also contribute to the already high rate of suicide.

Patients respond differently to different antipsychotic medications, and it can take several trials to find an appropriate drug regimen that stabilizes an individual's condition. For people with serious and persistent mental illness, providers must be able to select from a full range of drug options so as to maximize treatment efficiency, minimize side effects, and avoid drug-to-drug interactions.

We fear the terrible consequences when people are denied access to the medications that have worked best for them and are instead required to "fail first" on another drug.

In closing, our goal is to PROTECT and PRESERVE what we have; our hope is to PROGRESS and PROVIDE...for the present and for the future. You have come through for us in the past, and we are counting on you to come through again. Our members and families need your support as they struggle with mental illness. Thank you for listening...and thank you for caring.

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<sup>i</sup> Holzer, III, C.E. and Nguyen, H.T., psy.utmb.edu.

<sup>ii</sup> U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda, (Washington, DC: Department of Health and Human Services, 2000).

<sup>iii</sup> [http://www.nyshealthfoundation.org/section/resources/Integrated\\_services\\_resources](http://www.nyshealthfoundation.org/section/resources/Integrated_services_resources)

<sup>iv</sup> McIntosh, J. L. (for the American Association of Suicidology). (2010). U.S.A. suicide 2007: Official final data. Washington, DC: American Association of Suicidology, dated May 23, 2010, downloaded from <http://www.suicidology.org>.

<sup>v</sup> National Institute of Mental Health, "Suicide In the U.S.: Statistics and Prevention," 2009, <http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>, (January 25, 2010).

<sup>vi</sup> [http://www.nyshealthfoundation.org/section/resources/Integrated\\_services\\_resources](http://www.nyshealthfoundation.org/section/resources/Integrated_services_resources)

<sup>vii</sup> U.S. Department of Education, Office of Special Education Programs, Data Accountability Center, Individuals with Disabilities Education Act (IDEA) Data, "State Rank-Ordered Tables," Table 1.3b, Data Analysis System (DANS), (July 15, 2008), <https://www.ideadata.org/StateRankOrderedTables.asp>.

<sup>viii</sup> Kupersanin, E., "Getting Homes for Homeless is Cost-effective," *Psychiatric News*, (June 1, 2001).

