

THE COUNCIL OF STATE GOVERNMENTS
RESOLUTION SUPPORTING STATE
LEGISLATIVE MENTAL HEALTH CAUCUSES

Resolution Summary

Mental illness is costly for individuals, families and society. The National Institute of Mental Health reports that mental health disorders cost the United States more than \$150 billion each year, which includes the costs of treatment, social services and disability payments, \$63 million in lost productivity and premature death. Besides the obvious impact of mental health on states' health and mental health systems, state justice, corrections, juvenile justice and child welfare systems are also impacted.

At least six states, Colorado, Massachusetts, Minnesota, Oregon, and New Mexico and Louisiana in 2008, have established formal legislative caucuses on mental health. These caucuses attempt to educate fellow legislators about, and increase awareness of and draw attention to, mental health policy issues. According to Mental Health America, caucuses engage in the following activities:

- **Colorado:** Holds monthly educational lunch meetings during the legislative session; reviews budget committee updates; and discusses mental health bills.
- **Massachusetts:** Hosts three to four formal educational forums a year; tracks and analyzes relevant legislation; creates "Dear Colleague" letters; releases annual budget recommendations; and prepares monthly informational packages that consist of a newsletter and recent press articles related to mental health.
- **Minnesota:** Convenes educational forums; coordinates review of, and support for, mental health legislation; facilitates visits to organizations that provide mental healthcare.
- **Oregon:** Meets weekly to discuss current mental health topics such as relevant bills and budget hearings in session and current issues brought by state mental health organizations; considers strategies to advance their mental health agenda; and maintains a list serve.

Efforts to form mental health caucuses in Ohio and New Hampshire during 2009 have included legislators, service providers and advocacy groups who were initially gathered together at Health Policy Forums sponsored by The Council of State Governments.

Additional Resource Information

The Council of State Governments: Trends in America publications

Campus Violence and Mental Health at

<http://www.csg.org/pubs/Documents/MentalHealth-CampusSafety.pdf>

Mental Health Parity at http://www.csg.org/pubs/Documents/TIA_MH_Parity.pdf

National Institute of Mental Health

<http://www.nimh.nih.gov>

Centers for Disease Control and Prevention

<http://www.cdc.gov/mentalhealth/>

Mental Health America

<http://www.nmha.org>

Mental Health America: Mental Health Caucuses

<http://www.nmha.org/go/mental-health-caucuses>

National Alliance on Mental Illness

<http://nami.org>

CSG Management Directives

Management Directive #1: Support states' efforts to educate the legislature and the public on mental health needs and services in their states.

Management Directive #2: CSG staff will post approved resolution on CSG's Web site and make it available through its regular communication venues at the state and local level to ensure its distribution to state legislative leaders.

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WHEREAS, mental health is essential to one's overall health and well-being and will strike one in five adults each year regardless of age, gender, race, ethnicity, religion or economic status; and

WHEREAS, the costs of mental health disorders is more than \$150 billion each year, including the costs of treatment, social services and disability payments, lost productivity and premature death; and

WHEREAS, the indirect costs of mental illnesses are estimated at \$79 billion, \$63 billion of that due to lost productivity; and

WHEREAS, more than half of all prison and jail inmates have a mental health problem; and

WHEREAS, thousands of youth are placed each year in child welfare or juvenile justice systems due to unmet intensive mental health needs; and

WHEREAS, research has established that most mental disorders are as treatable and manageable as general medical conditions, and, with proper treatment, persons with mental illness have at least a 75 percent rate of recovery compared to coronary disease which has only a 50 percent success rate; and

WHEREAS, people with mental illness who are in recovery can lead full, productive lives in the community; and

WHEREAS, when treating mental illness, it's important to know that each individual patient responds differently to the different treatment options; and

WHEREAS, due to the similar symptoms among the diseases that comprise mental illness – schizophrenia, bipolar disorder, major depressive disorder and others – making an accurate diagnosis can take time; and

WHEREAS, accurate diagnosis of bipolar disorder can take up to 10 years¹, with 31%-69%² of bipolar patients being potentially misdiagnosed; and

¹ Hirschfeld RM, et al. Perceptions and impact of bipolar disorder: how far have we really come? Results of the national depressive and manic depressive association 2000 survey of individuals with bipolar disorder. *J Clin Psychiatry*. 2003;64(2):161-174.

² Hirschfeld RM, Calabrese JR, Weissman MM, et al. Screening for bipolar disorder in the community. *J Clin Psychiatry*. 2003;64:53-59.

WHEREAS, misdiagnosis of bipolar disorder can lead to increased healthcare costs³, higher hospitalization rates and increased suicide rates⁴, inappropriate treatment,⁵ with potentially misdiagnosed patients costing nearly \$5,000 more per patient per year than correctly diagnosed bipolar patients⁶, thereby highlighting the important role of early and appropriate diagnosis; and

WHEREAS, nationally the economic costs of alcohol and drug abuse is well over \$254.7 billion annually with \$97.7 billion due to drug abuse; and

WHEREAS, more than half of the children involved in the foster care system have parents with drug or alcohol related problems; and

WHEREAS, approximately ten million Americans have co-occurring addictive and mental disorders; and

WHEREAS, substance use and mental health conditions are widespread among persons with other health conditions including cancer, heart disease, diabetes, and other illnesses; and

WHEREAS, individuals with mental health conditions are more likely to suffer from hypertension, diabetes, heart disease, asthma, and acute respiratory disorders than the general population; and

WHEREAS, the effects of substance abuse and mental health issues influences all branches of state government including public health, children and family services, criminal justice, housing, employment, and other services.

NOW THEREFORE BE IT RESOLVED, The Council of State Governments commends those state legislatures that have created state mental health caucuses as a venue for legislators to learn about important mental health issues affecting the residents of their states and to ensure those residents are best served; and

BE IT FURTHER RESOLVED, given the scope of mental health issues facing states and the challenges that exist in current systems of care, the Council of State Governments urges other state legislatures to form a mental health caucus; and

³ McCombs JS, et al. The impact of unrecognized bipolar disorders among patients treated for depression with antidepressants in the fee-for-services California Medicaid (Medi-Cal) program: a 6-year retrospective analysis. *J Affect Disord.* 2007; 97:171-179. Birnbaum HG, et al. Economic consequences of not recognizing bipolar disorder patients: a cross-sectional descriptive analysis. *J Clin Psychiatry.* 2003;64:1201-1209.

⁴ Shi L, et al. The impact of unrecognized bipolar disorders for patients treated for depression with antidepressants in the fee-for-services California Medicaid (Medi-Cal) program. *J Affect Disord.* 2004;82:373-383.

⁵ Matza L, et al. Misdiagnosed patients with bipolar disorder: comorbidities, treatment patterns, and direct treatment costs. *J Clin Psychiatry.* 2005;66:1432-1440.

⁶ Kamat SA, Rajagopalan K, Pethick, N, Willey V, Bullano MF. Prevalence of potential misdiagnosis of bipolar disorder in a commercially insured population. Presented at the Academy of Managed Care Pharmacy Annual Meeting, San Diego, CA, April 11-14, 2007.

BE IT FURTHER RESOLVED, that the Council of State Governments urges the state legislative mental health caucuses to develop a strong message about the priority of mental health and wellness, finding solutions that bridge unmet needs, improve the quality and outcomes of care, and strengthen local communities and states; and

BE IT FURTHER RESOLVED, that the Council of State Governments urges the state legislative mental health caucuses to work to ensure that mental health treatment and services, including community support systems , are funded at appropriate levels; and

BE IT FINALLY RESOLVED, that that the Council of State Governments encourages the state legislative mental health caucuses to work with public and private providers, non-profit groups such as the National Alliance on Mental Illness, the Mental Health Association and other mental health patient advocacy groups, as well any other private or public entities with an interest in mental health issues in order to educate the legislature and the public on mental health needs and services in their states.

Adopted this ____Day of November, 2009 at the CSG Annual Conference in La Quinta, California

Governor Joe Manchin III, West Virginia
2009 CSG President

Sen. Bart Davis, Idaho
2009 CSG Chair