

Mental Health 2020: A Presidential Initiative for Mental Health

The Issue

Improving health care in America requires enhancing access and treatment for mental illness and substance use disorders. The National Institute of Mental Health estimates that nearly 47 million Americans experienced a mental illness in 2017¹, of which 11 million were living with a serious mental illness². The effects of untreated mental illness and substance use disorders are clear:

- Deaths by suicide reached 45,000 lives in 2016, with suicide rates in 24 states raising 31-58 percent between 1996-2016.³
- Suicide is the second leading cause of death among children ages 10-17 and African-American children ages 5-12 are dying by suicide at nearly twice the rate of their white counterparts.
- Overdose deaths, including those from opioids, exceeded 68,000 in 2018.⁴
- Depression alone costs the economy an estimated \$210.5 billion annually.⁵
- Depression causes more lost workdays and impairment than arthritis, asthma, back pain, or diabetes.⁶

Mental health conditions are common, impacting **1 in 5 adults** – nearly 47 million Americans.



More than 38,500 physician members of the American Psychiatric Association (APA) located throughout the country diagnose, treat and prevent mental illnesses and substance use disorders. As highly trained physicians who specialize in psychiatry, they work in clinics, hospitals, private practices, university medical centers, community agencies, courts and prisons, nursing homes, industry, government, military settings, emergency rooms, and many other settings.

Solutions

Thousands of lives can be saved and improved by aggressively attacking mental illnesses and substance use disorders. The solutions are clear:

- **Treat mental illness and substance use like any other illness** by enforcing the federal parity law, enacting legislation that holds insurance companies accountable to it, and improving Medicare.
- **Protect and improve Medicaid and the ACA**, rather than capping or replacing them.
- **Enhance care integration and reduce costs for patients** through innovative approaches like the Collaborative Care Model.
- **Boost access to mental health and substance use care in rural and urban areas** by enhancing access to and payment for telepsychiatry.
- **Fight the national epidemic of suicides** by identifying early warning signs and providing early intervention and prevention services.
- **Increase funding substantially for public mental health programs and research** to improve early detection and intervention for mental illnesses
- **Eliminate the shortage of culturally competent psychiatrists and other mental health and addiction providers** by expanding residency training positions and loan repayment.
- **Defeat the scourge of opioid use** by strategically investing in treatment, research and prevention, boosting training and safe availability of medication, and ensuring addiction records are treated like other medical records.

For More Information

For detailed information on each of these initiatives, contact APA Chiefs of Government Relations and Policy, Craig Obey cobey@psych.org and Kristin Kroeger kkroeger@psych.org.

References

- ¹ National Institute of Mental Health, Mental Health Information-Statistics. Any Mental Illness (AMI) Among Adults. Accessed April 5, 2019. <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>
- ² NIMH. Any Mental Illness (AMI) Among Adults. Accessed April 5, 2019.
- ³ States rising 38-58% include: ID, KS, MN, MT, ND, NH, OK, SC, SD, UT, VT, WY. States rising 31-37% include: AK, AR, CO, IN, IA, KY, MA, MO, OH, PA, RI, WV. CDC's National Vital Statistics System, CDC Vital Signs, June 2018.
- ⁴ Secretary Azar Statement on 2018 Provisional Drug Overdose Data, July 17, 2019. <https://www.hhs.gov/about/news/2019/07/17/secretary-azar-statement-on-2018-provisional-drug-overdose-death-data.html>
- ⁵ Greenberg PE, Fournier AA, Sisitsky T, Pike CT, Kessler RC. The Economic Burden of Adults with Major Depressive Disorder in the United States (2005 and 2010). *J Clin Psychiatry*. 2015 Feb; 76(2):155-62.
- ⁶ Stewart WF, Ricci JA, Chee E, Hahn SR, Morganstein D. Cost of Lost Productive Work Time Among US Workers with Depression. *Journal of the American Medical Association* (2003) 289(23):3135-44.10.1001/jama.289.23.3135.