

KEEP WHAT WORKS

The 114th Congress passed important mental health reforms as part of the 21st Century Cures Act to address the mental health crisis in our nation. This brings hope to the 60 million Americans living with mental illness, but these reforms are in peril if mental health coverage is not preserved.

The Affordable Care Act includes provisions that improve coverage for mental health care and promote independence and self-sufficiency for people who live with mental health conditions. With fair and equal mental health coverage and Medicaid expansion, more Americans are getting treatment when they need it—helping them to stay in school, on the job and in recovery.

Insurance Safeguards and Mental Health Care

- Today, individual and small group health insurance plans are required to cover mental health conditions—and at the same level (parity) as other health conditions—due to insurance safeguards, or legal requirements, in the Affordable Care Act.
- Families can now cover their children on their health insurance plan until age 26, an important protection because 75% of mental illness begins by age 24.¹
- 45 million Americans with a mental health or substance use condition are protected from losing or being denied coverage because of safeguards for people with pre-existing conditions.²

Medicaid Expansion and Mental Health Care

- Nearly 1 out of 3 people covered by Medicaid expansion live with a mental health condition.³
- With Medicaid coverage, people have access to critical services, like Assertive Community Treatment and First Episode Psychosis programs, that improve lives and keep people out of hospitals, off the streets and out of jails.^{4,5}
- States that expanded Medicaid have significantly reduced costs for uninsured hospital visits and uncompensated care.⁶
- Medicaid expansion is important because it covers single adults with mental illness who fall through the cracks, including:
 - Young adults with first symptoms of a serious mental illness who are not ill enough to meet disability criteria (and Medicaid eligibility). Without Medicaid expansion, many young adults will not get the early intervention they need to manage symptoms and avoid a lifetime of disability.
 - People whose mental health symptoms are so severe they cannot navigate the complex federal SSI/SSDI disability determination system (which leads to Medicaid eligibility).
 - People with serious mental illness whose symptoms have been stabilized with psychiatric hospitalization and therefore are frequently ineligible for traditional Medicaid at discharge because they do not meet disability criteria.

Without mental health treatment covered by Medicaid expansion, people's conditions frequently worsen and result in costly and avoidable hospitalizations, homelessness and incarceration. With Medicaid expansion, young adults with first symptoms and adults living with serious mental illness can get the treatment they need to get well and stay well.

The High Cost of Untreated Mental Illness

Without treatment, mental illness exacts a high cost on individuals, families and our economy.

- Suicide is at a 30-year high. Every day, an average of 117 people die by suicide.⁷
- Mental health conditions cost the economy an estimated \$193 billion dollars in lost earnings each year.⁸
- Mental health conditions are the number one cause of disability and workplace absenteeism.⁹
- 1 out of every 8 emergency department visits involves a diagnosis of mental health or substance use condition.¹⁰
- Mood disorders are the 6th most common hospital stay and resulted in \$5.2 billion in hospital costs in 2013.¹¹
- Up to 25% of people who are homeless live with a serious mental illness.¹²
- People with serious mental illness are over-represented in our jails and are booked into custody at nearly 4 times the rate of other individuals.¹³

"I dare say there's probably not a family in America that doesn't have to deal with [mental illness] in some way or another, either at work, people you go to church with, people who live next door."

Sen. John Cornyn (R-TX)

¹ Kessler R.C., Chiu W.T., Demler O. & Walters E.E. (2005). Prevalence, Severity, and Comorbidity of 12-month DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62 (6). 593-602. <http://jamanetwork.com/journals/jamapsychiatry/fullarticle/208671>.

² Data Points: Covering the Already Sick. (2017, January 14). *Modern Healthcare*. http://www.modernhealthcare.com/article/20170114/MAGAZINE/301149987/data-points-covering-the-already-sick?utm_campaign=socialflow&utm_source=twitter&utm_medium=social.

³ Ali, M. M., Teich, J., Woodward, A., & Han, B. (2014). The Implications of the Affordable Care Act for Behavioral Health Services Utilization. *Administration and Policy in Mental Health*, 43, 11-22. doi:10.1007/s10488-014-0615-8. https://www.samhsa.gov/data/sites/default/files/report_2073/ShortReport-2073.html.

⁴ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2008). *Assertive Community Treatment: The Evidence* (DHHS Pub. No. SMA-08-4344). Rockville, MD. <https://store.samhsa.gov/shin/content/SMA08-4345/TheEvidence.pdf>.

⁵ Kaine, J. M. (2016). Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes from the NIMH RAISE Early Treatment Program. *American Journal of Psychiatry*, 173(4), 362-372. <http://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2015.15050632>.

⁶ Antonisse, L., Garfield, R., Rudowitz, R., & Artiga, S. (2016). *The Effects of Medicaid Expansion under the ACA: Findings from a Literature Review* (Issue brief). Menlo Park, CA: Kaiser Family Foundation. <http://files.kff.org/attachment/Issue-brief-The-Effects-of-Medicaid-Expansion-under-the-ACA-Findings-from-a-Literature-Review>.

⁷ American Association for Suicidology, U.S.A. Suicide: 2014 Final Data (2014).

⁸ Insel, T. R. (2008). Assessing the Economic Costs of Serious Mental Illness. *American Journal of Psychiatry*, 165(6), 663-665. <http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2008.08030366>.

⁹ Greenberg, P. E., Fournier, A. A., Sisitsky, T., Pike, C. T., & Kessler, R. C. (2015). The Economic Burden of Adults With Major Depressive Disorder in the United States (2005 and 2010). *Journal of Clinical Psychiatry*, 76(2), 155-162. <http://www.psychiatrist.com/jcp/article/Pages/2015/v76n02/v76n0204.aspx>.

¹⁰ Owens, P. L., Mutter, R., & Stocks, C. (2010). *Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007* (Healthcare Cost and Utilization Project, Statistical Brief No. 92). Rockville, MD: Agency for Healthcare Research and Quality.

¹¹ Heslin, K. C., Elixhauser, A., & Steiner, C. A. (n.d.). *Hospitalizations Among Mental Health and Substance Use Disorders, 2012* (Healthcare Cost and Utilization Project, Statistical Brief No. 191). Rockville, MD: Agency for Healthcare Research and Quality.

¹² U.S. Department of Housing and Urban Development. *HUD 2016 Continuum of Care Homeless Assistance Program Homeless Populations and Subpopulations*. https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatITerrDC_2016.pdf.

¹³ Compare Steadman, H. J. (2009). Prevalence of Serious Mental Illness Among Jail Inmates. *Psychiatric Services*, 60(6), 761-765. <https://csgjusticecenter.org/wp-content/uploads/2014/12/Prevalence-of-Serious-Mental-Illness-among-Jail-Inmates.pdf> with National Institute of Mental Health. Serious Mental Illness Among U.S. Adults. <https://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>.