

Behavioral Health: Developing a Better Understanding

WHAT'S IT GOING TO TAKE?

One has to wonder after all of the educating and stigma reduction that has occurred concerning alcoholism, drug addiction, and mental illness, “**what is it going to take?**” to get all Ohioans and State leaders to understand that the wisest and most responsible choice to make is to fund alcohol, drug addiction and mental health services adequately.

- We’ve tried telling stories about the life changing and positive affects that treatment has on individuals with an addiction and/or mental illness, and there are many!
- We’ve tried to show that even prior to the cuts of SFY 2010 there were thousands of Ohioans in need of treatment who were not receiving it. For example, less than 1/3 of adults with a diagnosable mental disorder received mental health services and more than 236,000 Ohioans needing addiction treatment did not get it in 2008.
- We’ve tried to show how funding mental health and addiction treatment is the wise fiscal choice. By spending a little up front for prevention and treatment, taxpayers save a great deal later in the consequential cost of jails, prisons, out of home placement for children, emergency room visits, hospitalizations, etc.
- We’ve tried to convey that behavioral healthcare is healthcare; and while Ohio is increasing spending and expanding eligibility for physical healthcare, it is rolling back services for behavioral healthcare.
- We know that the Ohio Business Roundtable sees depression as one of the top three health issues affecting businesses today. Additionally, for every dollar spent on treatment we will see a \$4-\$7 return in increased productivity.
- We have tried giving the facts behind Treatment Works and People Recover. For example, we know the recovery rates for addiction and mental health treatment are often far better than the recovery rates for many physical conditions.

Condition	Treatment Success Rate
Bipolar Disorder	80%
Major Depression	70%
Panic Disorder	70%
Obsessive Compulsive Disorder	70%
Schizophrenia	60%
Addiction	60%
Heart Disease	45%
Acute Lymphoblastic Lukemia	40%
Hepatitis C	40%

So again the question becomes, “What’s it going to take?” We hope that Ohio won’t wait for a catastrophe like the Virginia Tech tragedy, or a lawsuit like in New York State, or a major natural disaster like hurricane Katrina in the Gulf Coast before we take the steps necessary to provide services for those in need. We have to realize that there are certain issues that rise to the top when determining what needs funding, and if meeting the needs of Ohio’s most vulnerable, the mentally ill and addicted children and adults, does not meet that criteria, then we don’t know what does.

Mental illness is nothing to be ashamed of, but stigma and bias shame us all.

~ Bill Clinton, U.S. President

THE FACTS, AND NOTHING BUT THE FACTS

- It is estimated that 1 in 4 Ohioans have a diagnosable mental disorder in any given year.
- Overdoses are now the leading cause of accidental death in Ohio.
- In 2009 Ohio suicides have reached a 5 year high.
- Murder-suicides have tripled in Ohio in the past year.
- 9.6% of Ohioans have a substance abuse problem or addiction.
- 80% of youth in foster care have at least one parent with a substance abuse disorder.
- Over 50% of all inmates at the Ohio Department of Rehabilitation and Correction (DRC) have a substance abuse disorder, and 56% have a diagnosable mental illness.
- 75% of youth in the Ohio Department of Youth Services (DYS) have a substance abuse disorder; 35% have a diagnosable mental illness.
- 50% of students with a mental illness at age 14 or older drop out of high school.
- Of the single individuals experiencing homelessness, 40% will have a severe and persistent mental illness, and 32% will be addicted to alcohol and/or other drugs.
- Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44.
- About 24 percent of all adult hospital stays, 29 percent of all days in the hospital, and 22 percent of total hospital costs were attributable to adults with a mental health or substance abuse disorder in 2004.
- It costs \$80,000/year to keep a youth at the Ohio Department of Youth Services (DYS), \$28,000/year to keep an inmate at the Ohio Department of Rehabilitation and Correction (DRC), and \$18,000 a year to keep a youth in foster care; however, **it costs only \$7,400 a year to treat an individual with a mental illness (including up to 2 medications) in the community, and \$1,600 to treat substance abuse in the community.**

Take addiction. We heard testimony that for every dollar spent on addiction treatment, we save \$7. That's partly because the real cost of addiction is not treatment but all of the other problems addiction costs us – property loss, vehicle crashes, crime, physical injury and illness. The costs of alcohol addiction alone to business are over \$150 billion a year in lost productivity, absentee employees, disability and job turnover.

~ Kathleen Vinehout, Wisconsin State Senator

So we ask again, “what is it going to take?” to convince Ohio’s leaders that funding mental health, alcohol and other drug services is not only the wise fiscal choice, but also the right choice for all Ohioans.

Sources:	Agency for Healthcare Research & Quality	Johns Hopkins University
	National Institute of Mental Health	New England Journal of Medicine
	Ohio Department of Rehabilitation & Correction	Ohio Department of Youth Services
	Ohio Department of Mental Health	Ohio Department of Alcohol and Drug Addiction Services
	Ohio Department of Health	Ohio Business Roundtable

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