Mental Health & Illness

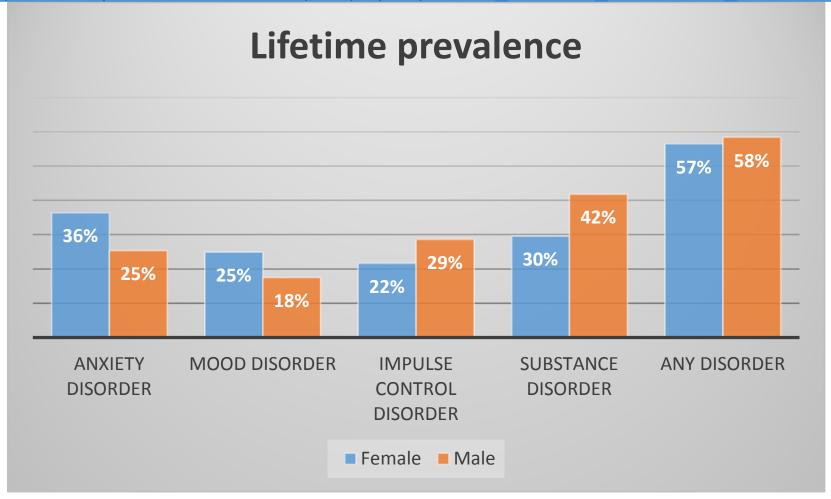
Karen L. Pellegrin, PhD, MBA

What is mental illness?

- Mood, thought, and/or behavior problems that interfere with daily life (e.g., work, relationships)
- Similar to physical illness:
 - Genetic predisposition
 - Significant burden of illness
- Difference from physical illness:
 - Diagnosis more difficult
 - Significant stigma is a barrier to treatment

Lifetime prevalence of mental disorders

(http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R Lifetime Prevalence Estimates.pdf)



Impulse control disorders: "characterized by urges and behaviors that are excessive and/or harmful to oneself or others and cause significant impairment in social and occupational functioning, as well as legal and financial difficulties" http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3089999/

The link between chronic disease, mental illness, and healthcare costs

(Milliman Research Report, July 2008, Chronic conditions and comorbid psychological disorders)

- POPULATION: commercially insured patients with one or more of ten selected chronic medical conditions
- 8.8% of the total members have one of the selected chronic diseases plus co-morbid depression or anxiety
- per chronic disease member per month (PCDMPM) total costs were \$512.25 higher for those with depression and/or anxiety compared to those with only chronic disease
- Of that amount, over 80% (\$418.33 PCDMPM) was spent on additional medical, not behavioral, healthcare
- estimated that an additional 2.5% of the total members had a chronic disease with co-morbid depression and/or anxiety that had not been diagnosed

The link between chronic disease, mental illness, and healthcare costs (cont'd)

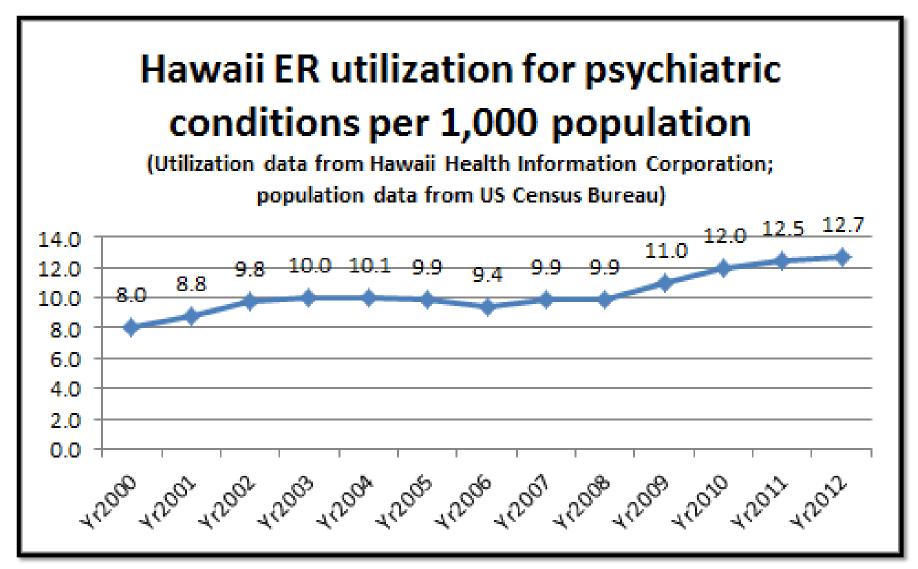
(Milliman Research Report, July 2008, Chronic conditions and comorbid psychological disorders)

- Extrapolating the cost for Medicare patients: estimated total annual excess costs from psychiatric comorbidities for Medicare patients is \$49.2-\$109.8 billion per year in the US
- "If improved behavioral healthcare services for this population can reduce these elevated medical costs, very substantial savings could be achieved"
- "...if a 10% reduction can be made in the excess healthcare costs of patients with comorbid psychiatric disorders via an effective integrated medical-behavioral healthcare program, \$5.4 million of healthcare savings could be achieved for each group of 100,000 insured members. Those savings could grow to \$6.8 million with the additional identification and treatment of patients with previously undiagnosed or untreated comorbid psychological disorders"

Cost of untreated substance disorders

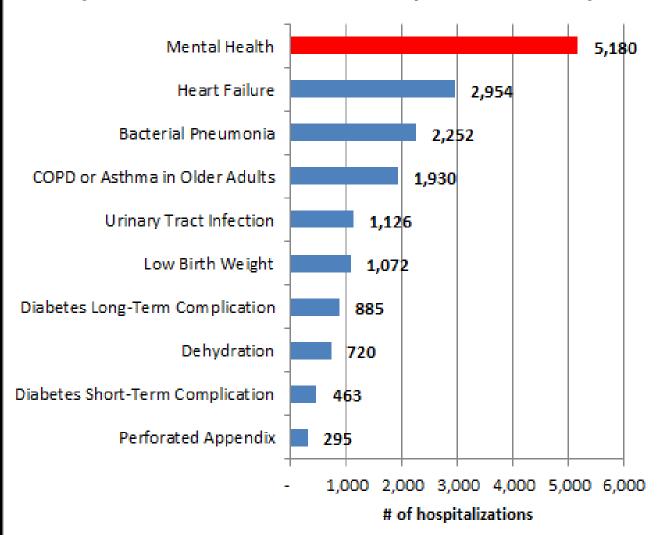
- every dollar spent on substance abuse treatment saves \$4 in healthcare costs and \$7 in law enforcement and other criminal justice costs
 - (Etner et al., 2006, Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment "Pay for Itself"? Health Services Research. 41(1): 192-213)
- In a Medicaid population in Washington State, substance abuse treatment produced a \$398 per patient per month savings in Medicaid expenditures due to reductions in hospital and ER use
 - (Estee & Norlund, 2003, Washington State Security Income (SSI) Cost Offset Pilot Project 2002 Progress Report. Washington State)
- Family members of those with substance disorders have been found to have 30% higher total healthcare costs relative to family members of similar patients without behavioral disease
 - (Ray et al., 2007, The excess medical cost and health problems of family members of persons diagnosed with alcohol or drug problems. *Medical Care*, 45(2): 116-22)

In 2012, about 23% of these ER visits (i.e., more than 4,000 out of almost 18,000 ER visits for psychiatric conditions) resulted in a hospital admission



Top 10 Causes of Preventable Hospitalizations in Hawaii, 2011

(from the 2013 Hawaii State Community Needs Assessment)



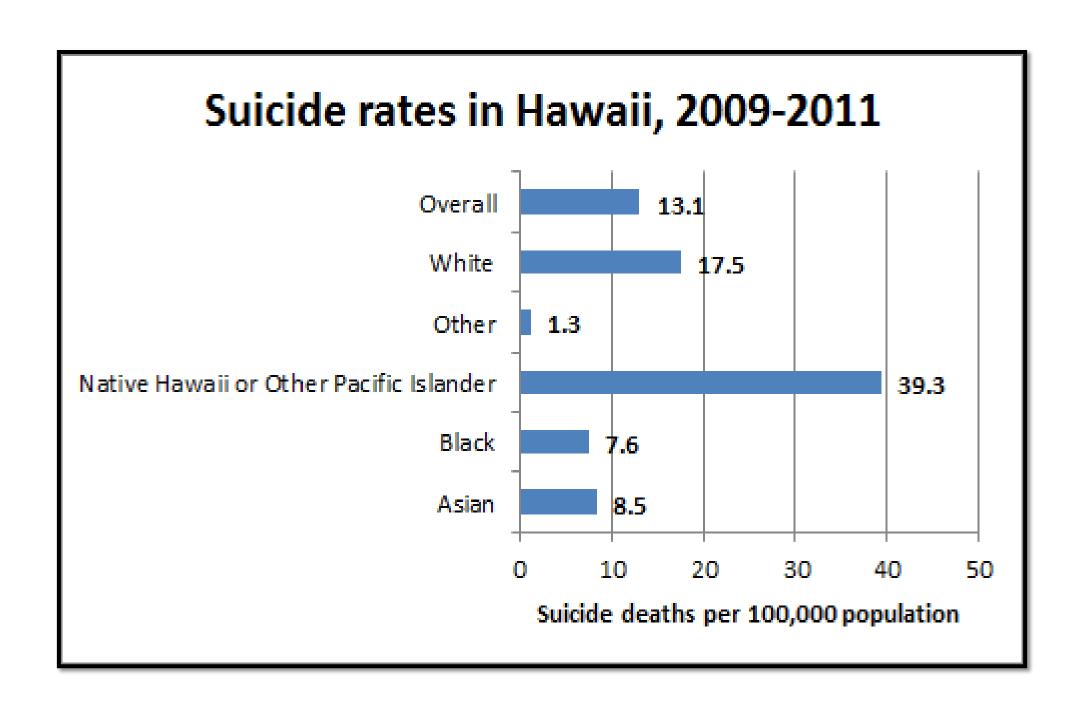
These acute care utilization statistics reflect mental health problems manifested as a primary diagnosis or reason for use

Yet, the problem is much bigger

- According to Hawaii Health Information Corporation, in 2012, there were 20,456 hospital admissions for non-psychiatric conditions in Hawaii among patients with a secondary psychiatric diagnosis (i.e., one or more ICD9 code 290-319) who were Medicare and/or Medicaid beneficiaries or who were uninsured
- In addition, there are numerous other hospital admissions and ER visits with NO psychiatric diagnosis primary or secondary but that are directly caused by alcohol or other substance abuse (e.g., cardiomyopathy, gastritis, cirrhosis, various cancers, accidents, etc.)

Some specific behavioral health needs in Hawaii: Alcohol abuse & depression

- Among adults, 21.4% report binge drinking relative to 18.3%
 nationwide, making Hawaii one of the states with the highest
 prevalence of binge drinking (Age-adjusted prevalence based on the CDC Behavioral Risk
 Factor Surveillance System: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a4.htm#fig1)
 - rates are particularly high for Native Hawaiians, who report a binge drinking rate of 31%
- According to the Hawaii State Department of Health, Vital Statistics
 - suicide rates are increasing in Hawaii
 - current rate of 13.1 suicides per 100,000 population
 - suicide rate among Native Hawaiians and Other Pacific Islanders is dramatically higher



Problems with behavioral healthcare

- Fragmented within specialty (psychiatrists, psychologists, social workers, addiction specialists)
- Generally separated from physical healthcare
- Inefficient (not enough prevention, early detection), resulting in exacerbation and high-cost ER/hospital use, preventable morbidity and mortality
- majority of patients with mental disorders access the healthcare system through primary care physicians, yet only 12.7% of those treated in the general medical sector received minimally adequate care
 - American Academy of Family Physicians. Mental healthcare services by family physicians: http://www.aafp.org/about/policies/all/mental-services.html#role
 - Wang et al. (2005). Twelve-month use of mental health services in the U.S.: Results from the National Co-morbidity Survey Replication. Archives of General Psychiatry, 62(6): 629-640

Validated screening tools

- Patient Health Questionnaire (PHQ-9) for depression
- Generalized Anxiety Disorder 7 (GAD-7)
- SBIRT screening questions for substance abuse

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "\sum " to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
 Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual 	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 +

=Total Score: _____

Developed b	y Drs. Rober	t L. Spitzer,	Janet B.W.	Williams,	Kurt Kroenke ar	nd ∞lleagues	, with an educa	ational grant from
Pfizer Inc. N	lo permission	required to	reproduce,	translate	, display or distri	bute.		

If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
at all	unneut	unnoun	unneur

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "" to indicate your answer)	Not at al		More Nearly han half every he days day		
Little interest or pleasure in doing things	0	1	2 3		
2. Feeling down, depressed, or hopeless	0	PHQ-9 Score	Depression Severity	es and Proposed Treatment Actions * Proposed Treatment Actions	
3. Trouble falling or staying asleep, or sleeping too much	0	0 – 4	None-minimal	None	
4. Feeling tired or having little energy	0	5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up	
5. Poor appetite or overeating	0	10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy	
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy	
Trouble concentrating on things, such as reading the newspaper or watching television	0	20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health	
 Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual 	0			specialist for psychotherapy and/or collaborative management	
* From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521					
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2 3	If you checked off <u>anv</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?	
FOR OFFICE CODI	NG <u>0</u>	++	+	Not difficult Somewhat Very Extremely	

=Total Score: _____

at all

difficult

difficult

difficult

GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
(Use "✔" to indicate your answer)				
Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T___ = __ + __ + ___

GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems (Use "" to indicate your answer)		Several days	More than half the days	Nearly every day	
Feeling nervous, anxious or on edge	0	1	2	3	
2. Not being able to stop or control worrying	,	•			y assigning scores of 0, 1, 2, and 3, to the "more than half the days," and "nearly every
3. Worrying too much about different things	and 15 represe	nt cutpoint	s for mild,	moderate,	en items ranges from 0 to 21. Scores of 5, 10, and severe anxiety, respectively. Though neasure for generalized anxiety disorder, the
4. Trouble relaxing	GAD-7 also has disorders – pan	s moderate ic disorder,	ly good op social anxi	erating cha lety disorde	aracteristics for three other common anxiety er, and post-traumatic stress disorder. When
5. Being so restless that it is hard to sit still	or greater.	ixiety disord	ders, <mark>a reco</mark>	mmended	cutpoint for further evaluation is a score of 10
6. Becoming easily annoyed or irritable	0	1	2	3	
 Feeling afraid as if something awful might happen 	0	1	2	3	

(For office coding: Total Score T___ = __ + __ + ___

Alcohol screening questions

- 1. How many days per week do you drink alcohol?
- 2. On a typical day when you drink, how many drinks do you have?
- 3. What is the maximum number of drinks you had on any given day in the past month?

1 drink =	ounces
regular beer	12
malt liquor	8.5
wine	5
80-proof spirits	1.5

- 1. How many days per week do you drink alcohol?
- 2. On a typical day when you drink, how many drinks do you have?
- 3. What is the maximum number of drinks you had on any given day in the past month?

Maximum Drinking Limits

For healthy men up to age 65—

- no more than 4 drinks in a day AND
- no more than 14 drinks in a week

For healthy women (and healthy men over age 65)—

- no more than 3 drinks in a day AND
- no more than 7 drinks in a week

What is mental health?

- More than the absence of illness (http://www.cdc.gov/mentalhealth/basics.htm)
- Dimensions:
 - Emotional well-being (e.g., life satisfaction, happiness)
 - Psychological well-being (e.g., sense of positive purpose in life)
 - Social well-being (e.g., being connected to others)
- Martin Seligman (http://www.positivepsychology.org/aboutus.htm)
 - From "learned helplessness" impact on depression
 - To "learned optimism" impact on wellness
 - https://www.youtube.com/watch?v=faT8jw17RHE