

## A Message from Rep. James R. MacKay, Ph.D, Chairman

### The Commission to Develop a Comprehensive State Mental Health Plan

New Hampshire has a long and proud tradition of providing care to its citizens with mental illness. It is only in recent years that we have benefited from scientific knowledge that gives us hope that individuals with mental illness can live productive lives in their communities. Those dedicated staff members who worked—not so many years ago—in mental health institutions where care would today be considered barbaric were providing the best care available at that time. Those who worked to produce this publication wish to recognize and salute those dedicated heroes who provided the best level of care available, under difficult circumstances, for many generations of persons with mental illness.

The Commission to Develop a Comprehensive State Mental Health Plan (HB 691, Chapter 175:15) was passed by the legislature and became law in 2005. The Commission was given the significant role of devising a comprehensive plan for the delivery of mental health services for children, adolescents, adults and older adults in both the public and private sectors.

Evidence indicates that in the midst of proven scientific advances nationally and in New Hampshire, the state's delivery of services was declining. What happened to the New Hampshire program that the National Institute of Mental Health once recognized as a model for the entire country?

The Commission used what is now known as the Wheelock-Nardi report, filed on December 27, 1982 to Governor Hugh J. Gallen, as a useful historic benchmark. More recently, several national studies highlighted the deterioration of mental health services in this country. The reports of the U.S. Surgeon General (1999), The President's New Freedom Commission (2003), and the Institute of Medicine (2006) provided structure and research for the work of the Commission.

Now, two years later, the Commission is presenting this first publication as the result of the deliberations of more than 100 volunteers, who served on the Commission's six work teams and its Leadership Group. This document is intended as a blueprint for the continuing work of the Commission. You will find four guiding principles around which the entire report is organized, each followed with specific recommendations and action steps.

As the Commission now moves to the implementation stage, this document provides guidance and direction as the work progresses. A second publication will contain the entire reports of five work teams: Consumer Driven Practice; Quality Care; Integrated Services; Disparities to Access Care; and Information Technology. An additional report will be released on Corrections and Mental Health Care, and other reports will be issued, as available.

In closing, I thank the volunteers who did the work leading to this report. The Endowment for Health has also provided essential wisdom and financial support to this project. We now move forward to our second stage--implementing this plan and transforming New Hampshire's system of mental health care.

Sincerely,



Rep. James R. MacKay, Ph.D.  
Chairman

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# FULFILLING THE PROMISE:

*Transforming New Hampshire's  
Mental Health System*

## Executive Summary

TWENTY-FIVE YEARS AGO, a statewide planning group in New Hampshire issued the Wheelock-Nardi report. One goal of this report was to develop a statewide system of community-based mental health care. Today, however, New Hampshire's mental health system remains at risk. In the past 10 years, admissions to the state's public psychiatric hospital have doubled. Local communities have seen reductions in psychiatric hospital units, group homes that provide residential treatment, and intensive outpatient services. Per capita expenditures at the state's mental health centers have been reduced by nearly half. Primary care providers have seen significant increases in mental health issues in their medical settings. The rate of incarceration for people with mental health issues has risen.

New Hampshire is not alone in facing these challenges. According to a U.S. Surgeon General's report, mental illness is the leading cause of disability for persons ages 15 to 44 in the United States. Stigma and discrimination continue to affect people with mental health issues. The delivery system for mental health services is fragmented and hard to negotiate. Private health insurance places unfair limitations and financial requirements on mental health benefits.

To address these issues, New Hampshire's legislature created the Commission to Develop a Comprehensive State Mental Health Plan in 2005 (HB 691, Chapter 175:15, Laws of 2005). The Commission began its work with the belief that "Mental Health is Everybody's Business." This belief underlies three basic premises upon which the Commission's work has been based:

**Mental health issues are common.** According to one estimate, 254,000 adults and 55,756 children in New Hampshire will experience a mental health challenge in a given year. Mental health issues affect every part of a person's life from employment and housing to family relationships and community engagement.

**Mental health is a fundamental part of overall health.** Good mental health helps people maintain better physical health, lead a fulfilling life, work, study, have fun and make daily personal and household decisions.

**Mental health treatment works.** Research has shown that mental health services improve people's lives and are as effective as treatments for other common health conditions such as heart disease and diabetes.

This report contains the findings and recommendations of the Commission in the form of four key principles. Those principles, and the recommendations to achieve them, are:

### 1. Good mental health is fundamental to overall health.

**Recommendation:** Encourage persons living with mental health issues to seek help.

**Recommendation:** Enhance prevention, assessment and early intervention efforts for promoting good mental health in individuals, families and communities.

### 2. Mental health services are person- and family-centered, science-based and high-quality.

**Recommendation:** Include individuals and families in full active partnership in the assessment, treatment planning and evaluation of the services they receive.

**Recommendation:** Assure that high-quality mental health care is available to persons of all ages, cultural and language backgrounds, and social classes.

**Recommendation:** Increase the participation of individuals and families in public policy and mental health practice decisions that affect them.

**Recommendation:** Develop a publicly available system of measurement and monitoring to improve practices across the mental health service system.

**Recommendation:** Assure that New Hampshire has an adequate mental health workforce.

**Recommendation:** Assure that New Hampshire has adequate acute psychiatric and residential care facilities that coordinate and integrate with community services.

### 3. All mental health, medical and substance use treatment services are integrated and use technology safely and effectively.

**Recommendation:** Facilitate the integration of all aspects of our health care system so that all residents of New Hampshire participate in a seamless system of care.

**Recommendation:** Establish a Center of Excellence for mental health in New Hampshire.

### 4. All persons will receive individualized mental health services which promote recovery and resiliency to enable them to live, work and participate in their community.

**Recommendation:** Ensure an appropriate range of support and social integration services to enable people living with a mental illness to live, work and participate in their community.

**Recommendation:** Create financing mechanisms that include third party payments to support the implementation of evidence-based and emerging science-based practices.

The leadership team of the Commission to Develop a Comprehensive State Mental Health Plan includes:

#### Leadership Group

James MacKay, *Chairman* . . . . . Concord  
David Lynde, *Vice Chair* . . . . . Concord  
Daniel Daniszewski . . . . . Laconia  
Nancy J. Beaudoin . . . . . Lebanon  
Paul Gorman . . . . . Lebanon  
Susan Fox . . . . . Concord  
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Michael Cohen . . . . . Concord  
William Gunn . . . . . Bow  
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Ken Jue . . . . . Keene  
Nancy Rollins . . . . . New London  
Mike Coughlin . . . . . Laconia  
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*Organizational Consultant* . . . . . Keene

#### Non-voting members

Suzanne Harrison . . . . . Londonderry  
Claudia Ferber . . . . . Loudon  
Mary Kaplan . . . . . Hollis  
Kim Firth . . . . . Bradford

For a copy of the full report, *Fulfilling the Promise: Transforming New Hampshire's Mental Health System*, visit [www.endowmentforhealth.org](http://www.endowmentforhealth.org)



## Introduction

New Hampshire has a proud tradition of respecting the rights of individuals while providing compassionate health care for its residents. The state has recognized the importance of maintaining a system of care for those with mental illness since it first built a state psychiatric hospital in 1834. Even though very little was known about mental illness and mental health care, the state provided significant hospital services for people with mental illnesses. Over the next century, the locus of care was the state hospital in Concord, where many people resided for stays that often exceeded decades.

Twenty-five years ago, a statewide planning group carefully examined the state of New Hampshire's mental health system and issued the Wheelock-Nardi report. This report proclaimed the need for New Hampshire to develop a statewide system of community services to enable those individuals who were then residing at New Hampshire Hospital to return to their communities. One key principle outlined in the report was that by providing accessible community-based services, many more people with mental illnesses would be able to live more satisfying lives with their families and in their communities.

From the mid-1980s, the state started developing a comprehensive system of community services using federal and state funds. As a result of this development, there are currently 10 community mental health centers and several private community mental health providers in the state. Each community mental health center (CMHC) is responsible for providing emergency and other mental health services for the residents living in the 10 defined regions. The CMHCs provide essential and safety net services that include psychiatric evaluations, medication prescribing and monitoring, psycho-educational services, case management services, therapy, medication, limited employment services and limited residential services. While most of the funding for the New Hampshire CMHCs comes through the federal Medicaid program, the agencies raise funds from their local communities, fundraising, fees and grants.

With the advent of these centers, the number of people receiving care at any one time at the state psychiatric hospital was reduced from a high of

2,800 people in the early 1970s to less than 200 in the acute inpatient programs. During the course of a year, the state hospital manages 2,400 inpatient admissions. In the late 1980s, New Hampshire was recognized by the National Institute of Mental Health for providing a model system of care.

Several other important developments occurred during this period. The state had contributed to the development of a system of community health centers, which provided primary health care to low income and uninsured New Hampshire residents. Several of these health care centers now employ therapists who provide mental health services. Several private non-profit organizations such as Child and Family Services of New Hampshire provide mental health services to children and families. Complementing the work of the mental health centers, several

*This system provides services to help people with mental illness by removing barriers and limitations and help them restore or develop a sense of belonging to a community.*

organizations providing support and education for family members have been developed. These include NAMI-NH and the Federation of Families for Children's Mental Health. A number of licensed mental health therapists have also developed private practices; many of them contract with public schools to serve children.

The New Hampshire Bureau of Behavioral Health, formerly called the Division of Mental Health, has worked with mental health treatment providers to develop a recovery-oriented mental health system. This system provides services to help people with mental illness by removing barriers and limitations and help them restore or develop a sense of belonging to a community. In 1988, the state, through the Bureau of Behavioral Health, began providing funding to develop a system of peer support centers where people with mental illness could support and learn from each other about living with a mental illness. These centers provide education about mental illness, add supports when an individual

is in crisis, and provide a safe, social environment for individuals who have been living a life of social isolation. The State of New Hampshire has invested significant resources in developing a system that could respond to the needs of persons with serious and persistent mental illness.

In the past 10 years, this system has been affected by reimbursements from Medicaid that have not kept up with inflation, and by reduced reimbursements from private insurance companies. New Hampshire Hospital, the state's public psychiatric hospital, has experienced a doubling of admissions and a 30 percent increase in census during this time period. More patients are hospitalized for extended periods of time as the community-based options for intensive treatment have declined. (Task Force to Study New Hampshire Hospital Census, 2005.) The hospital is currently functioning at

*New Hampshire has fewer psychiatrists per capita, for example, than neighboring states, and they are paid a lower wage, on average.*

the limits of its capacity, while New Hampshire's general population is growing and the need for acute care capacity is rising.

The reasons for this crisis are many, but prominent among them are the shrinking community resources for moderate to intensive services, including the reduction in local psychiatric hospital units, group homes with residential treatment, and intensive outpatient services. For example, in 1998 there were 101 beds statewide that accepted persons who were civilly committed through the Involuntary Emergency Admission process; in 2002 there were 22. (Source: Task Force to Study New Hampshire Hospital Census, 2005). Group homes providing residential treatment for persons experiencing serious symptoms and functional problems have decreased from 52 in 2000 to 17 in 2003. Most of these closings have been the result of the low rates of reimbursement, which made them uneconomical to operate.

Meanwhile, the availability of mental health

treatment providers is shrinking. New Hampshire has fewer psychiatrists per capita, for example, than neighboring states, and they are paid a lower wage, on average. While the rates for individual services have been increased, the state and federal monies expended per person for treatment at the mental health centers has been reduced from \$8,243.58 in 1997 to \$4,520.19 in 2007 (NH Center for Public Policy, 2007). During this same period, incarceration rates of persons with mental illness have increased: in 2006, 40 percent of the 22,000 people held at the state's 10 Houses of Correction in the course of the year had been persons diagnosed with mental illness. Also, primary health care providers now provide services to over 100,000 people each year with mental health diagnoses (NH Center for Public Policy, 2007).

These trends are not limited to the New Hampshire mental health system. In the past 10 years two major federal studies were released which examined the status of mental health care nationally. The U.S. Surgeon General's report stated that mental illnesses rank first among illnesses which cause disability for people ages 15-44 in the United States. The President's New Freedom Commission on Mental Health report, published in 2003, called for a major transformation of the nation's mental health system for the following reasons:

- The stigma surrounding mental illness prevents people from seeking help.
- The mental health service delivery system is fragmented and hard for people to negotiate.
- Private health insurance places unfair treatment limitations and financial requirements on mental health benefits.

The conditions identified by the New Freedom Commission exist in New Hampshire.

In the 25 years since the Wheelock-Nardi report, scientific information about mental illness and effective treatments has grown dramatically. We now know that mental illness occurs across a broad spectrum from mild to severe and from transient to persistent conditions. A wide variety of effective treatments for mental illness have been established, but researchers report a 20-year delay between the discovery of effective treatments and their use in

community settings. Stigma and discrimination continue to affect people with mental illness and their families on a daily basis. Social exclusion is common. New Hampshire is now faced with the challenge of using this new information to assure that the state's residents have good mental health and that people with mental illness have access to effective services.

The promise to build and maintain a comprehensive mental health system has encountered many challenges over the years, from budget cuts, to new directions in leadership, to a growing and diversifying population base and to the identification of evidence-based practices. All of these challenges have combined to create the need for a new, comprehensive mental health plan for New Hampshire.

In response to this need, the General Court passed HB691 in 2005 to create the Commission to Develop a Comprehensive State Mental Health Plan. Twenty-nine people were appointed to the Commission. A few were chosen by the Governor, the Speaker of the House, and the Senate President. Others represent key agencies or were appointed ex officio. The Commission held its first meeting in September 2005. In its initial discussions, Commission members demonstrated a willingness to invest a significant amount of time in the planning process and they recognized the enormity of the task before them. The Commission approached the Endowment for Health, which agreed to fund this statewide planning process that would address issues facing both the private and the public mental health system.

### **Mental illness is common**

Over the course of a lifetime, many New Hampshire residents will experience a mental illness. Based on national surveys (Kessler, 2005), an estimated 254,000 New Hampshire adults and 55,756 New Hampshire children have experienced a mental illness in the past year. Over the course of a person's life, 45 percent of us will experience some type of mental health problem (Kessler, 2005). These illnesses rank first in producing disabling conditions among all illnesses (Kessler, 2005).

What does this mean? A mental illness is a health

condition that is characterized by alterations in thinking, mood or behavior (or some combination of these symptoms), which are associated with distress and impaired functioning (United States Surgeon General's Report, 1999). When a person experiences a moderate to severe illness that is not actively treated, it can impair that person's ability to work, to maintain satisfying relationships, or to parent.

The number of people seeking treatment has risen over the past 20 years (Psychiatric Services, 2007) while the prevalence of mental illness has remained steady. Public education programs have helped more people recognize symptoms and seek help. The majority of people with mental illness, however, still do not receive treatment. According to studies completed by the New Hampshire Center for Public Policy, in 2005 approximately 11 percent of the state's residents

*The number of people seeking treatment has risen over the past 20 years while the prevalence of mental illness has remained steady.*

received some form of treatment for a mental illness that was paid for with private insurance, Medicare or Medicaid. (This estimate may be slightly high since some persons access both the public and private mental health system.) This percentage is less than half of the estimated 26 percent who are experiencing a disorder in a given year. The claims data shows that 80,000 people received mental health treatment that was paid for by private insurance, while 25,000 people received care that was paid for by Medicaid. Approximately 12 percent or 37,000 New Hampshire children received mental health treatment funded by Medicaid and by private insurance. (Again, this estimate may be slightly elevated.) The slightly higher percentage of children than adults probably reflects the fact that children who are struggling are often identified when they are attending school, while adults are more likely to try to conceal their difficulties. Mental illness is associated with myths and negative stereotypes that result in prejudice, discrimination and social isolation. Many people

are afraid to ask for help or participate in treatments that could improve their lives.

### **Mental health is a fundamental part of overall health**

Good mental health affects a person's ability to lead a fulfilling life, including the ability to work, study, have fun, develop meaningful relationships and make daily personal and household decisions. Problems with a person's mental health can have a negative effect on these activities. One method for improving mental health is through promoting resiliency. Resiliency involves the personal qualities and social supports that enable us to rebound from adversity, trauma, tragedy or other stresses and to go on with life with a sense of mastery, competency and hope. Counseling, psycho-educational programs and,

*Spending on mental health treatments has not kept pace with the increases in spending on health care.*

when appropriate, medications can help strengthen a person's resilience.

Recent research findings have demonstrated that good mental health helps people maintain better physical health. Mental illness can damage the immune system and exacerbate symptoms of a physical disease. In a recent Institute of Medicine report, the authors stated, "Health care for general, mental and substance use problems and illnesses must be delivered with an understanding of the inherent interactions between the mind/brain and the rest of the body." (Institute of Medicine Quality Chasm Report, 2006)

### **Treatment for mental health issues works**

Research has shown that many types of mental health services, including medications and counseling, are effective for helping children and adults with mental illness feel better and function better. These treatments improve people's lives. The good news is that evidence-

based treatments for mental illnesses are as effective as treatments for other common health conditions such as heart disease and diabetes.

When evidence-based treatments are combined with community supports, people and families with mental illness can move from being socially isolated to being active citizens in their communities. They can move from disability to ability and from unemployment to employment. Economic experts point out that investing in mental illness treatment is as important as investing in treatment for physical illnesses. In 1997, America spent \$73.4 billion on mental health treatment, about 7 percent of all spending on illness treatment. (Kessler, Archive of General Psychiatry, 2005) However, the spending on mental health treatments has not kept pace with the increases in spending on health care. Despite some legislative efforts to establish parity in insurance coverage, parity has not been achieved. In the private sector, a complex system of deductibles and co-pays results in far more substantial out-of-pocket costs for individuals seeking mental health care compared to their costs for other types of health care.

### **National priorities for mental health**

The President's New Freedom Commission on Mental Health, "Achieving the Promise: Transforming Mental Health Care in America" (2003) identified the following goals and recommendations:

- Americans understand that mental health is essential to overall health.
- Mental health care is consumer- and family-driven.
- Disparities in mental health services are eliminated.
- Early mental health screening, assessment and referral to services are common practice.
- Excellent mental health care is delivered and research is accelerated.
- Technology is used to access mental health care and information.

## Statement of Principles

The Commission recognized the need to develop an overall framework for the report and invested a significant amount of time in writing a statement of key principles. The key principles are:

### 1) Good mental health is fundamental to overall health.

American medicine has historically separated the treatment of minds and bodies, and some medical care providers are uncomfortable and under-prepared when confronted with emotional problems in their patients. The training of health care providers is changing. Annual physicals by primary care physicians now usually include assessments of stress, substance use and depression. But there is still significant work to be done in improving public recognition that good mental health is fundamental to overall health.

### 2) Mental health services are person—and family-centered, science-based and high-quality.

One significant social movement in the last several decades of the 20th century occurred when persons experiencing a mental illness and their family members found their voice. These individuals and family members recognized that fundamental change would not happen unless they voiced their issues. The social stigma associated with mental illness can cause feelings of shame and guilt, and serve as a deterrent to seeking mental health treatment. Stigma leads others to avoid living, socializing, or working with, renting to or employing people with mental disorders. Such stigma is widespread in the United States and in New Hampshire.

It takes courage to decide to be a visible spokesperson on issues relating to mental illness. Stigma is probably a contributing factor in funding mental health research and in delaying the application of proven research to treatment techniques. It has also contributed to lower rates of compensation experienced by mental health professionals as compared to other health care workers. The unfair reimbursement of mental health professionals contributes to high turnover rates of staff positions in community mental health centers where most persons experiencing severe symptoms of mental illness seek treatment.

To make high quality mental health services accessible to all New Hampshire residents there must be a more rapid adoption of the evidence-based practices identified as effective. Individuals and family members need to receive timely information to help them make well-informed choices about their treatments. To implement the evidence-based practices (EBPs) which research has demonstrated to be effective in treating mental illness, adequate money needs to be invested in training professional mental health staff, monitoring their delivery of EBPs and measuring the outcomes. These investments need to be made in a sustaining way so that more effective treatments can reach New Hampshire residents.

### 3) All mental health, medical and substance use treatment services are integrated and use technology safely and effectively.

An estimated 54 percent of people in New Hampshire receiving treatments for mental health issues are treated by their family physician

*The social stigma associated with mental illness can cause feelings of shame and guilt, and serve as a deterrent to seeking mental health treatment.*

or in hospital emergency departments (NH Center for Public Policy, 2007). It is commonly understood that mental illness may be under-diagnosed by general medical practitioners, who sometimes try to avoid exposing their patients to stigma by using a diagnosis of “tired” rather than depression, for example. Compensation for treatment of behavioral health diagnoses is made at a lower rate than comparable treatments for medical diagnoses. Early research from groups such as the Dartmouth Research Center and the Mental Health Integration Project of the Intermountain Health Care in Utah has demonstrated that integrated care—with mental health practitioners co-located with general health care practitioners—achieves better treatment results, better practitioner satisfaction and is cost-neutral.

When the whole person is treated for conditions he or she is experiencing, it is easier to develop a comprehensive wellness plan that will enable each person to live optimally. Several projects in New Hampshire are now co-located and are seeing early good results. Funding needs to improve before these practices can be used more broadly. For example, most medical insurance policies do not pay for the coordination of care between a physical health provider, a mental health provider and a substance use counselor. These functions are important to the provision

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of integrated care and need to be reimbursable. One project that integrates health, nutrition and exercise, has demonstrated significant improvement in participants' health and social well-being.

Research has established that integrated treatment of serious mental illness and co-occurring substance use disorder dramatically improves outcomes and reduces spending on emergency room and hospital care, yet these types of services are not available at most New Hampshire treatment locations. (October 2007 presentation by Intermountain Healthcare.)

Using technology is one way to help facilitate the integration of care. The NH Citizens Health Initiative has established the goal of helping all health care practitioners use electronic prescribing (eprescribing) by October 2008 because it has been demonstrated to reduce

errors and reduce costs. Information about mental illnesses and mental health treatments needs to be easily accessed by more persons living with a mental illness. Several statewide study groups are looking at ways to enable the sharing of information electronically, which should greatly enhance the quality of care received, while still protecting individual privacy. Integrated electronic health records can dramatically improve the integration of treatment and enhance patient outcomes.

#### **4) All persons will receive individualized mental health services which promote recovery and build resilience to enable them to live, work and participate in their community.**

The goal of improving the mental health system is to provide individualized, effective, high quality treatment for each resident. Early screening and identification services are needed so that treatment can begin shortly after symptoms emerge. Early treatment can ameliorate symptoms and prevent the development of more serious conditions in many cases. For most persons, multiple types of treatment have been proven to be effective, but many treatment options are not available due to shortages of staff and the lack of adequate training of providers in improved practices. The common goal, shared by each of us, is to live in our community, enjoy healthy relationships, work for pay and contribute to the community's vibrancy. Timely, effective treatments and support can enable more New Hampshire residents with mental illness to live well in their communities.

In the following chapters, the Commission addresses each of these four principles. To demonstrate that these principles are attainable and not just aspirational, the Commission presents recommendations and action steps for each.

## CHAPTER 2

### Good Mental Health is Fundamental to Overall Health

The Commission has adopted two recommendations to address the fact that good mental health is fundamental to overall health. The following recommendations and action steps are proposed for implementation as we work to transform our mental health system.

#### RECOMMENDATION # 1: Encourage persons living with mental health issues to seek help.

**Action Step:** *Implement a public education campaign using evidence-based messaging to reduce stigma and promote help-seeking behaviors.*

Recent surveys have suggested that people are less worried than they used to be about individuals who are experiencing depression or anxiety, but continue to worry that other persons with other types of mental illness are violent. It is not uncommon to hear dismissive remarks which reflect a belief that people with mental illness simply need to stand taller, to pull themselves together and then they will be fine. Research is being conducted right now to help individuals with mental illness, their family members and mental health professionals learn how best to describe what a mental illness is and how they can be effectively treated to help eliminate the stereotypes and misconceptions still associated with mental illness. (Frameworks Suicide Prevention Project, NAMI NH.) This research is also working on answering the question of how to eliminate the stigma and myths still associated with mental illness.

An evidence-based public education campaign will need to be undertaken with the recognition that changing attitudes and beliefs in adults will take several years. People often do not pay attention to information offered by the media unless it concerns them directly. But persistence will pay off as more research findings, more champions including people with mental illness and their family members, and more professionals help the general public become more familiar with the range of disorders and the effective treatments which are becoming available to treat them.

**Action Step:** *Mental health education will be included in the health curriculum at all school levels, including post-secondary technical schools, for students and faculty.*

Schools offer a unique place for early identification and intervention of emerging mental health problems in children. According to the President's New Freedom Commission on Mental Health (2003), "Growing evidence shows school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores."

#### RECOMMENDATION #2: Enhance prevention, assessment and early intervention efforts for promoting good mental health in individuals, families and communities.

**Action Step:** *Train professionals such as school personnel, health care providers, law enforcement personnel and human resource staff to recognize, screen for and respond to early signs of mental illness.*

When these types of professionals have been educated to recognize signs of a developing mental illness, they can help serve as community

*When a mental illness is understood to be one of many illnesses that a person may experience in the course of their lives, individuals will be more likely to seek appropriate help in a timely manner.*

gatekeepers to mental health treatment. When professionals are comfortable discussing emotions and symptoms of mental illness, they can communicate optimism about the effectiveness of treatment and the importance of early intervention. This behavior can produce good results. When a mental illness is understood to be one of many illnesses that a person may experience in the course of their lives, individuals will be more likely to seek appropriate help in a timely manner. Many professionals do not have a current knowledge

of mental illness and its effective treatment. Continuing education can provide these professionals the knowledge they need to refer people to appropriate services.

*When police officers feel confidence in recognizing symptoms of mental illness, they are better able to defuse situations and can help individuals gain access to mental health care.*

For example, the New Hampshire Police Standards and Training Council offers mental illness training to new officers. Some persons who live with severe symptoms of mental illness become homeless and may become involved with the criminal justice system. When police officers feel confidence in recognizing symptoms of mental illness, they are better able to defuse situations and can help individuals gain access to mental health care. An increase in community-based mental health services will be necessary to respond to the needs of people identified by law enforcement officers as experiencing the symptoms of mental illness.

**Action Step:** *Promote suicide prevention projects throughout New Hampshire and support the work of the Suicide Prevention Council.*

Suicide is a serious public health challenge that has not been openly addressed. It is the leading cause of violent deaths worldwide. It is the second leading cause of death for youth ages 10 to 24 in New Hampshire (CDC, 2005). In addition, there were 1,658 emergency department visits for self-inflicted injuries for all age groups combined. The growing population of seniors and their suicide risk must be addressed. According to the Centers for Disease Control, the age group that has the highest rate of suicide today is 85-year-old Caucasian males. In 2006, the State Suicide Prevention Council was formed to oversee the implementation of the New Hampshire Suicide Prevention Plan. The work of this council is very important and merits continuing support.

**Action Step:** *Identify and implement depression prevention strategies for older adults.*

Depression is one of the major mental health issues among older adults. A number of proven and effective strategies address community engagement and treatment. Elder care services need to include mental health services for this growing New Hampshire population.

## Mental Health Services are Person- and Family-centered, Science-based and High Quality

Health care professionals traditionally evaluated their patients and prescribed treatment. The professional's working diagnosis of the individual was not shared and treatment options were not described. Treatment was dictated to the individual who was generally seen as incapable of making wise choices. This traditional pattern of care discouraged an individual from taking personal responsibility and is in direct contradiction to the newer understanding that recovery is the goal for each individual. Each person is now seen as capable of establishing their personal recovery goals and working to restore their ability to live in their community.

Research has now demonstrated that people who have experienced a mental illness and are now in recovery can serve as convincing role models and can provide a broad range of support to their peers. New Hampshire has invested in the development of peer support centers, but they are under-funded. These centers work collaboratively with the mental health centers. In Georgia and in several other states the role of peer specialists has been developed. They are trained and certified to provide services to persons with a severe mental illness. Their services can be reimbursable under federal Medicaid guidelines.

Adherence to treatment recommendations is a universal problem in the American health care system. Individuals participate more actively in recommended treatments when they have selected their own goals for treatment, when they participate in evaluating their progress in achieving their personal goals, and when they are able to modify their treatment goals as the work progresses. Full participation in mental health treatment is especially challenging because of the stigma, which inhibits help-seeking behaviors and the shame which persons experience when they are not able to control their emotions, thoughts and behaviors. Another barrier to full participation is the expense incurred when receiving behavioral health care, which is only partially paid for by private health insurance. It is often difficult to access quality services. This is especially true in those regions of the state where there is a

shortage of mental health professionals. The Commission teams generated six recommendations to address these issues.

### RECOMMENDATION #1: Include individuals and families in full, active partnership in the assessment, treatment planning and evaluation of the mental health services they receive.

**Action Step:** *Finance peer and family mutual support programs to provide education and training programs for individuals with mental illness and their family members.*

When an individual is fully informed about his or her illness, he is better able to choose from suggested treatments and is more likely to be treatment-compliant. Historically, American

*People who have experienced a mental illness and are now in recovery can serve as convincing role models and can provide a broad range of support to their peers.*

medicine encouraged passive acceptance of treatment as dictated by the provider. This old pattern is now being replaced by the expectation that each person will work to develop his or her own wellness plan, placing significantly more responsibility on each individual. This new pattern of service delivery is producing better treatment outcomes.

The old myths about persons living with mental illness slowed the transition to this new model in mental health care. We tend to question the judgment of a person with the symptoms of mental illness. As the Recovery philosophy (see Glossary, Appendix A) has been more fully embraced, this attitude is changing. Peer-to-peer education has proven especially helpful as individuals with mental illness are able to actively engage in discussions and questions about their illness. The Commission believes it essential that these programs be adequately funded.

**Action Step:** *Assure that psycho-educational programs and skill training for individuals with mental illness are available at community mental health centers or through other sources.*

A second source of information and education for persons living with mental illness has been the programs offered by mental health professionals. These programs are an important community asset. Some community members are more receptive to information from a person with multiple academic degrees. These programs merit continued support.

**Action Step:** *Improve individual and family input into treatment planning and treatment management through the use of electronic decisional support programs.*

Advancements in technology are facilitating rapid changes in the delivery of health care. Most pharmacies now have software programs

*Individuals who have a mental illness have personal knowledge about mental illness that others do not. Peers can be of great help when offering support and knowledge about a debilitating condition.*

that warn pharmacists if there is a potential for a negative interaction between prescribed medications. Some physicians now have software programs to help them shape their plan of care in the management of chronic diseases. These types of advancements need to be made available in the treatment of mental illness. A number of medications for the management of elevated blood pressure can produce symptoms of depression, for example. Good clinical management of the symptoms of mental illness will be made easier for both the provider and the recipient of services when both of them can access information which aids the understanding of symptoms and treatment options. Researchers in Kansas, New Hampshire and elsewhere are testing promising decision support programs for psychotropic medications. Once these programs have been proven

effective, New Hampshire needs to participate in their adoption.

One local pilot program requires an individual who is taking a psychotropic medication to enter information about his symptoms each day on a home monitor so he can chart the course of his symptoms and the mental health provider can monitor his progress. This pilot has resulted in improved treatment outcomes and enhanced patient satisfaction. The early phase of the project has produced good results and the number of participants is being expanded.

**RECOMMENDATION # 2:**  
**Assure that high-quality mental health care is available to persons of all ages, cultural and language backgrounds, and social classes.**

**Action Step:** *Develop appropriate standards, training and supervision programs for certification of peer specialists, and create financing mechanisms to support their services.*

Individuals who have a mental illness have personal knowledge about mental illness that others do not. Peers can be of great help when offering support and knowledge about a debilitating condition. Fifty years ago the founders of Alcoholics Anonymous recognized this. Provision of care by peers with similar backgrounds would constitute a dramatic step in the direction of cultural competence.

An innovative program was developed in Georgia where people who are in recovery from a major mental illness receive training and, after passing a written exam, are certified to work as peer specialists. Their knowledge of the mental health system and their personal experience with managing their symptoms enables them to serve as effective advocates and to support persons in a stage of active mental illness. The state of Georgia pursued and received approval to bill for their services to Medicaid. New Hampshire has been providing funding and support to peer support programs throughout the state for the past 15 years, but does not recognize peer specialist services as a billable service. Adding peer specialists to the state system of mental health care would further enhance the care available to persons with mental illness.

**Action Step:** *Ensure the coordination of mental health care with any other health or community service needed by each individual with mental illness.*

Coordination of care among service providers produces better outcomes. Wrap-around teams addressing the needs of children with serious mental health problems began meeting in the state 15 years ago. These teams involve family members, school personnel, health care providers, mental health providers, social workers from child protective services, law enforcement officers, clergy, coaches, and recreation department personnel, for example, depending on the experience and the needs of the child. When these individuals better understood the needs of the child and the treatment plans, the child would experience better outcomes.

More recently, this team model has been used for seniors who are facing major challenges living independently. The NH Center for Public Policy has described the trends towards a disproportionate aging of the population. The increased needs of this anticipated elderly population will place significant strain on the social and medical services provided in the state. Careful care coordination will be a necessity to use limited resources wisely. Team meetings result in a better understanding of needs and better coordination of the services.

A third small population benefiting from coordination of care is a group in the Seacoast region who are living with mental illness and are about to be released from a county jail. Historically, there has been no planning for persons released from jail. This contributes to a high recidivism rate. The initial experience with planning for the release of this category of inmates is showing great promise.

One issue gaining importance in New Hampshire is the need to ensure that care providers are knowledgeable about the culture of the individuals whom they serve. This is especially true when providing mental health services. The beliefs and attitudes about mental illness vary in different countries throughout the world. Very few cultures have a good level of scientific information about mental illness.

However, the myths and traditions about the illnesses vary. To effectively connect with a person from another country and a different culture, the care provider needs to be well informed about each person's beliefs.

**Action Step:** *Implement evidence-based practices in order to provide quality care for appropriate populations.*

Multiple treatments have been shown to effectively reduce mental illness symptoms and improve the functioning of people suffering from a mental illness. New Hampshire colleges may not train clinicians in how to provide evidence-based practices. Additionally, payers may not reimburse clinicians well enough to motivate them to provide these services.

There are six evidence-based practices that have been recognized by the federal Substance Abuse

*Assertive Community Treatment is a method of delivering comprehensive and effective services to individuals who are diagnosed with severe mental illness and who have needs that have not been well met by traditional approaches to delivering services.*

and Mental Health Service Administration as having a strong evidence base for persons with serious and persistent mental illness. One example of an EBP is Assertive Community Treatment (ACT), a community team based model of treatment shown to be effective for persons experiencing a severe mental illness whose needs have not been well met by traditional approaches (SAMHSA, 2003). Services are delivered by a team of mental health professionals working in the community. They have been shown to be especially helpful to the homeless population who are experiencing multiple hospitalizations. Wider implementation of this service by community mental health centers could enhance access to care for people who have the most serious illnesses and are experiencing the worst outcomes.

Multiple other practices are proven effective for persons with mild to moderate mental illnesses, such as cognitive behavioral therapy for depression. Currently many clinicians do not provide these services. Instead they provide support services that are less effective.

It is especially important that these team members receive trainings in the culture of the people whom they are serving. Research is showing that ignorance of a person's culture

*Research is showing that ignorance of a person's culture can result in treatment failure because of miscommunication based on cultural assumptions.*

can result in treatment failure because of miscommunication based on cultural assumptions. Several mental health centers have begun offering elements of this service, however, more adequate funding is needed to develop fully functioning teams.

**RECOMMENDATION #3:  
Increase the participation of individuals and families in public policy and mental health practice decisions that affect them.**

**Action Step:** *Assure that leadership and other training and education is provided to willing participants through family- and consumer-directed programs, as well as other agencies.*

The process of participating in public policy decision-making can be daunting to those who are not accustomed to public speaking and long committee meetings. But the quality of decisions is clearly influenced when the decision-makers hear comments and opinions from persons who have had direct experience with a system of care. To prepare persons living with a mental illness and their family members to participate in this process, seminars and leadership training are useful. The Commission recommends that these educational experiences continue to be available for those who are willing to participate in the state's public policy

processes. Full transparency in decision-making will result in more complete participation by those who have personal experience with the mental health system.

**RECOMMENDATION # 4:  
Develop a publicly available system of measurement and monitoring to improve practices across the mental health service system.**

**Action Step:** *Use technology to help reduce errors and to improve access to quality care.*

The health care system in New Hampshire is beginning to invest in electronic health records and software to improve the quality of care. It requires a substantial initial investment to purchase the hardware and software, as well as training staff to implement electronic health care records. These new tools will improve the quality of care by expediting communication among providers. The ideal system allows each service recipient to access his or her treatment information. Persons receiving care will be able to better understand their symptoms and will have an improved ability to communicate with their treatment providers.

Several community mental health centers and hospitals have invested in these tools. However, the different health records do not use the same software language, so are not able to communicate. The Commission supports the use of electronic health records which are compatible among all service providers in New Hampshire, including New Hampshire Hospital, the community mental health centers and the community health centers.

**Action Step:** *Implement a quality improvement system to inform the public for improved choice and policy development.*

Improving the transparency of quality measures of mental health services will help service recipients to make good choices. When persons can review the record of progress and outcome measures, they have a better basis for selecting treatment programs and service providers. Some aspects of quality that can be scientifically measured include individual outcomes such as independent living, income, overall health, reduced arrests and

reduced involuntary hospitalizations. Another method of measuring quality is to gather data about the ways that employees of an agency work with the persons receiving services. This information is useful to the organization for making informed decisions about the quality of services that they offer and for policy makers working to enhance the system of care.

Research has shown that having a good level of confidence in one's providers improves treatment outcomes. By developing a system of offering this information to persons selecting a provider, there will be improvements in each person's treatment experience. New Hampshire hospitals are now beginning to publish these performance data on the treatment of medical conditions; it is a logical next step to make equivalent information available to the public about professionals and agencies who provide mental health treatments.

**Action Step:** *Use technology to rapidly bring science-based information to individuals, families and service providers to help improve treatment. A significant trend in the provision of health care is to encourage personal responsibility for one's health. Making information available will help New Hampshire residents make better-informed choices.*

As new research is developed, its findings should be made readily available to individuals living with a mental illness, as well as their family members. One option is to have information kiosks available in waiting rooms at community mental health centers, hospital waiting rooms and other public places so individuals living with a mental illness can find information about their illness and science-based treatment. Since some information on the Internet is not reliable, New Hampshire residents need help in identifying reliable research findings through the peer support network and other family support groups as well as the community mental health centers. Information kiosks could offer access to quality, reliable electronic information at the place of healthcare delivery.

An encouraging development in the New Hampshire mental health system is the growth of the teleconferencing capacity of the mental health centers. Through several federal and private foundation grants, each mental health center now

has teleconferencing equipment. One mental health center has been successfully providing crisis evaluations to the emergency department of a small general hospital for the past year. Patients have expressed satisfaction with the service they have received. This equipment enables one mental health professional to provide coverage to several sites. The teleconferencing equipment is also very useful in providing staff training and other educational events.

## **RECOMMENDATION #5: Assure that New Hampshire has an adequate mental health workforce.**

**Action Step:** *Create a New Hampshire Workforce Commission to coordinate with business, higher education, and other health initiatives to assure that New Hampshire has the workforce it needs to fulfill the state's mental health needs.*

Many mental health professionals will be retiring in the next decade. This trend will result in severe shortages of trained personnel to work in the mental health field. Many rural areas in New Hampshire already experience a workforce

*Research has shown that having a good level of confidence in one's providers improves treatment outcomes.*

shortage. One option that existed previously was a public health service corps that provided loan forgiveness to mental health professionals who worked in a region experiencing a shortage in those professionals. New Hampshire could develop a similar program, especially for professionals trained to work with children or the geriatric population, where workforce shortages already exist. If no action is taken, workforce shortages could be exacerbated, resulting in facilities being closed where there are already too few services. This is a time for creative solutions. The problem is growing rapidly. The NH Center for Public Policy projects that the population of individuals over 60 will increase from its present number of 231,187 to over 464,972 by the year 2020 (an

increase of over 100 percent). By contrast, the number of children living in the state will only increase by 17 percent to 173,970. If New Hampshire does not begin to work on solutions to this shift in population today, the state will have an acute shortage of trained professionals in less than 15 years.

**Action Step:** *Establish a process to increase staff and improve retention, diversity and competence at all levels of the mental health workforce.*

A task force of key stakeholders needs to be convened to work with a health economist to measure the costs to the New Hampshire economy when mental illness is under-diagnosed and under-treated. An October 2007 report issued by Dr. Ronald Kessler of the Harvard Medical School stated that people with depression, anxiety or other psychological

*People with depression, anxiety or other psychological disorders annually miss 1.3 billion days of work, school or other activities.*

disorders annually miss 1.3 billion days of work, school or other daily activities. By contrast, persons with back and neck pain account for 1.2 billion days missed, and these symptoms result in the highest payments by medical insurance. These numbers demonstrate the impact of untreated mental illness on the country's workforce. An investment in training and retaining mental health practitioners is clearly needed.

**RECOMMENDATION #6:**  
**Assure that New Hampshire has adequate acute psychiatric care and residential care facilities that coordinate and integrate with community services.**

**Action Step:** *Establish a coalition of community mental health centers, DHHS leaders, community hospitals and other key stakeholders to recommend solutions to the loss of community inpatient beds.*

**Action Step:** *Build an adequate system of residential beds, providing moderate to high intensity community-based treatment.*

In recent years the availability of intensive, community-based services including acute psychiatric inpatient care and residential care have decreased dramatically. A 2005 task force studied this issue in New Hampshire. It reported that 101 community beds statewide in Designated Receiving Facilities accepted individuals who were committed to a psychiatric facility through a civil commitment process in 1998; in 2002 there were only 22. This number is now smaller with the closing of the 10-bed inpatient unit at Androscoggin Valley Hospital in Berlin in 2007. Furthermore, beds available in Acute Psychiatric Residential Treatment Programs have decreased from 52 to 17 between 2000 and 2003. Community hospital inpatient psychiatric units have also downsized or closed. Inadequate rates of reimbursement made these unfeasible to operate. Overall, while the availability of low intensity outpatient care and very high intensity involuntary treatment remain available and accessible, moderate to high intensity community-based treatment has shrunk dramatically over the past 10 years as the state has reduced Medicaid payments for mental health services.

With the growth in New Hampshire's population and New Hampshire Hospital operating at full capacity, the process of rebuilding community resources must be continued at an aggressive rate. Treatment in the community is preferable to inpatient treatment for extended periods; when the staff psychiatrists from New Hampshire Hospital met with the Leadership Group, they commented that a delay in discharge is often due to the lack of appropriate community resources.

Another negative effect created by the shortage is that people in real distress seek help at the emergency departments of local general hospitals. A study recently completed by the New Hampshire Foundation for Healthy Communities showed that emergency room visits by people in mental health crisis have increased rapidly. This is placing severe stress on the general hospitals. The quality of care received is less than optimal and it places an additional stress on the general medical staff.

## All Mental Health, Medical and Substance Use Treatment Services are Integrated and Use Technology Safely and Effectively

Integrated care needs to be improved in these two areas:

- 1) the treatment of mental and substance use disorders in primary care settings and
- 2) the medical and dental care of people with serious mental illness and substance use disorders served in behavioral health settings.

In 2003, 54 percent of people seeking treatment for mental health issues were served in the general medical sector (NH Center for Public Policy, 2007). Mood disorders, including depression and bi-polar disorder, are the seventh most costly health condition in the United States. They rank second as the most disabling of health conditions. Good quality care is care that treats the whole person. When a mental illness is not diagnosed and treated effectively, a person's physical health will be compromised.

The other side of the interface is the issue of primary health care for persons served in specialty mental health or substance abuse settings. Recent reports demonstrate that people with mental illness die, on average, 25 years earlier than their age cohorts in the general population. This is a serious public health problem for the people with these illnesses served by the public and private mental health systems. The Commission makes the following recommendations:

### RECOMMENDATION #1: Facilitate the integration of all aspects of our health care system so that all residents of New Hampshire participate in a seamless system of care.

**Action Step:** *Make changes in current financial models to support integrated care.*

The current menu of services covered by medical insurance or by state contracts often does not include reimbursement for care coordination activities. Research is demonstrating that there is significantly improved compliance with recommended treatments when the service recipient has a trusting relationship with his provider and when there is good education for the person about

their disease and symptoms. A task force should be created, with representatives from the different funders in the state to solve the financial barriers to integrated care. For many of the private insurers, as well as some state funding streams, mental health money is segregated from physical health money. Co-payments and deductibles differ. Funding sources need to be integrated.

**Action Step:** *Identify emerging practices and programs to increase access to mental health services in schools.*

Schools are major providers of mental health services to children in New Hampshire. A growing body of research identifies the treatment strategies that are effective with children. The

*Many people attempting to access mental health care are overwhelmed by the number of agencies they must deal with and the applications they must complete to receive services.*

New Hampshire Department of Education has identified these practices and is working to train school staff to deliver those services. Their efforts need to be fully supported.

**Action Step:** *Develop a model of care that allows each person to be able to enter into the system at any place and then have an identified place to get continued integrated care (medical home).*

Many people attempting to access mental health care are overwhelmed by the number of agencies they must deal with and the applications they must complete to receive services. It is generally accepted that this pattern of care is both more expensive and less effective. Well-integrated care is more efficient and more effective. When the mental health system is transformed, these "silos" will be eliminated. A person requesting care at a community agency or a health center will have a care manager who can help each person identify eligibility and receive services. The care manager will remain involved with the

person and can also answer questions from care providers. They can also work to increase compliance with recommended treatments.

**Action Step:** *Facilitate integrated care by changing operational models including health care record keeping, co-location of providers and coordinating care among professionals.*

The traditional model of health care delivery was physician centered and did not provide sufficient time to communicate with collaborating health, mental health and substance use professionals. Many practices are emphasizing that physicians must become more efficient with their time and see a greater number of patients each day. Collaborating professionals rarely spend time in case discussion unless there is a particularly challenging problem that requires several specialists.

*A protocol needs to be developed about those aspects of treatment that can be productively shared for good integrated care while preserving each person's optimal level of privacy.*

At the same time, mental health professionals have been very protective of the information they learn from the counseling process in order to protect individual privacy. A protocol needs to be developed about those aspects of treatment that can be productively shared for good integrated care while preserving each person's optimal level of privacy.

The technology committee of the New Hampshire Citizens Health Initiative has been studying what information needs to be shared among providers to ensure an improved quality of patient care while preserving individual privacy. The advantages of each care provider being able to access certain key pieces of information—including active, working diagnoses, currently prescribed medications and the results of lab tests within the past six months—have clearly been demonstrated by improved outcomes. Electronic health records will enable care providers to access needed

information in a timely fashion. This will help reduce waste engendered by redundant lab tests and prescriptions. Individuals receiving care need to receive information assuring them that their privacy will be preserved and only necessary information will be shared.

A substantial investment will be required by hospitals, health centers, mental health centers and other care providers to have electronic health records that can access key information through the Web or other means. Once individuals are reassured that most information in their records will remain private, the benefits of integrated health records will be more apparent.

**Action Step:** *Develop pilot sites co-locating mental health staff, primary care and substance use providers at community mental health centers, community health centers, substance abuse agencies and primary care practices.*

Integrated care is already in place in several New Hampshire programs. These programs are currently absorbing the extra costs associated with integrated care. This makes the long-term financial health of the programs vulnerable. As the programs measure the process and outcome data that demonstrate improved quality of care and better outcomes, financial incentives underwriting the costs by their funding sources need to be in place.

## **RECOMMENDATION #2: Establish a Center of Excellence for mental health in New Hampshire.**

The concept of Centers of Excellence is receiving attention in the United States. Some have already been established. Some are virtual institutions that are web-based and offer access to information electronically. Others are actual centers, with staff that have skills in promoting quality mental health services in the state. The Commission members felt that the development of such a center in New Hampshire could help promote the timely adoption of practices that are science-based and proven to be effective in a timely manner. A steering committee could be created to develop an infrastructure for the Center, with committee members who are representatives from business, insurance,

providers, service recipients, family members and legislators, and grant opportunities could be pursued to help fund this center. The center could coordinate public education opportunities and provider training, for example. The center could also participate in developing outcome measures and in making information available to the public on research results.

**Action Step:** *Provide training on science-based practices that promote integrated care for mental health disorders, co-occurring substance use, health care and developmental disabilities.*

Science-based practices must become available more rapidly in the training of new professionals and the continuing education of practicing professionals. Equally important is to assist funders in recognizing the values of newly identified practices so that they begin to reimburse for them in a timely manner. Both of these efforts must be coordinated so that persons with mental illness will be able to receive the best quality care.

**Action Step:** *Assure that professional training curricula and continuing education requirements for certification and/or licensure include evidence-based practices and other priority practices.*

The New Freedom Commission identifies a growing crisis in workforce training,

contributing to the slow adoption of science-based practices. Contributing factors include the retiring of the Baby Boomer generation, relatively low rates of compensation to mental health professionals as contrasted with the other health professionals, and the lack of adequate compensation for new practices. The creation of a well-functioning Center of Excellence could help address these issues. There would need to be ongoing training opportunities for faculty in secondary schools so that they can more easily stay current with emerging practices. The

*Science-based practices must become available more rapidly in the training of new professionals and the continuing education of practicing professionals.*

Center could serve in an advisory capacity to inform insurance companies and other funders of emerging practices that are proving to be efficacious in treating mental illness so that the funding streams would more adequately mirror the knowledge base being developed at research centers. The morale of mental health practitioners will be improved by the changes envisioned in this process, especially if they are able to measure their successes and see progress in the persons they serve.

## All Persons Will Receive Individualized Mental Health Services which Promote Recovery and Build Resiliency to Enable Them to Live, Work and Participate in Their Community

As the mental health system of New Hampshire undergoes transformation, each person will be encouraged to actively participate in managing his or her illness.

**RECOMMENDATION #1:**  
**Ensure an appropriate range of support and social integration services to enable people living with a mental illness to live, work and participate in their community.**

**Action Step:** *Enhance access to safe and affordable housing by increasing housing vouchers, increasing reimbursements for residential treatment to encourage its availability, and providing supported housing.*

Several federal programs help communities address safe and affordable housing. New Hampshire has not fully accessed these programs

*Supported housing provides a range of assistance to people managing the symptoms of a severe, persistent illness with assistance in living in the community.*

to address the housing issue. New Hampshire Housing reports show that rental costs are soaring in the state with costs increasing by as much as 37 percent in northern communities in a recent five year period. A 2004 survey of 199 towns revealed that nearly \$7 million was spent by those communities to provide welfare assistance to homeless individuals. (Governor's Interagency Council on Homelessness, 2006.) The housing crisis is not limited to those experiencing a mental illness. It does, however, affect individuals with mental illness. Their housing needs must be addressed to help them live with and manage their illness.

Supported housing provides a range of supports to people managing the symptoms of

a severe, persistent illness with assistance in living in the community. It may include education in daily living skills like nutrition and shopping. It may include transportation to appointments and community resources. The level of support is adjusted as the person's symptoms improve or worsen. This support may be provided by staff from a community mental health center or a peer support program. Compared to the alternative—inpatient psychiatric facilities—supported housing is cost-effective.

**Action Step:** *Improve access to proven employment services for persons living with a mental illness.*

A major challenge facing New Hampshire business owners is the lack of available workers. Persons with mental illness generally want to work. Those with a severe illness may need additional supports to manage their jobs. Proven evidence-based practices provide the support needed by these willing workers. These practices need to be implemented. Additionally, there needs to be adequate reimbursement so that persons with severe mental illnesses can participate in the workforce.

**Action Step:** *Implement a transportation program to ensure all people have a means of accessing mental health services and other community services.*

Several statewide initiatives are working to address the need for more adequate access to transportation. New Hampshire has very little public transportation except in the larger cities. As the state population ages, an increasing number of seniors will need to depend on others for transportation. The initiatives include community-based cooperatives which are building car or van pooling efforts to make more efficient use of existing resources. Reimbursement for volunteer drivers and carpooling needs to be improved. These efforts are becoming increasingly important as the price of gas rises sharply making private

transportation more expensive for fixed income and low income people.

**Action Step:** *Improve access to science-based transitional planning and life/career planning for adolescents and young adults with mental illness; assure these services are coordinated with schools, families, mental health providers and other agencies.*

Several statewide programs provide assistance to transition-aged youth to make wise school and career choices based on developing knowledge of their mental illness. These programs are proving to be of great assistance to these young adults and their family members because they are research-informed and help young people achieve their recovery goals. These services need to be available in low stigma locations, such as schools and employment centers. Young adults who do not live with a mental illness find these major life decisions to be difficult in today's economic conditions; they are even more difficult for a young adult learning to live with a mental illness.

## **RECOMMENDATION #2: Create financing mechanisms that include third party payments to support the implementation of evidence-based and emerging science-based practices.**

Mental Health treatment is poorly funded. It is under-funded in part because of the myths and stigma, which make it hard for spokespersons and champions to speak up and risk experiencing a loss of social status. It is under-funded because the effectiveness of treatment has not been broadly publicized. It is under-funded because persons with milder conditions have been willing to quietly pay out of pocket so that there is no record of their having received mental health services, which could impact their career.

As these issues are addressed, science-based services can be adequately funded and those people experiencing a mental illness will be able to access needed care when it's needed. One of the slogans for well-coordinated care is "The right amount of care at the right time."

**Action Step:** *Investigate changes in legislation, insurance rules and administrative policy, which could facilitate financing of a mental health system that meets the needs of the changing New Hampshire population.*

A study group should be convened to investigate current funding for care and identify ways those dollars might be more prudently spent. The study group would need to learn whether services are adequately reimbursed based on the real cost of their delivery. Do the costs include training, supervision and quality

*Several statewide programs provide assistance to transition-aged youth to make wise school and career choices based on developing knowledge of their mental illness.*

assurance activities? These costs need to be included in determining reimbursement levels.

As part of the investigation, the study group would need to look at reimbursement patterns for people working in allied health fields. True parity for mental health services would include reasonable compensation, which would help to stabilize the work force.

**Action Step:** *Establish true parity in coverage with medical conditions for all mental health and substance use conditions.*

Insurance actuaries have struggled for decades to determine fair compensation for mental health services. They have been frustrated by the fact that treatment plans necessarily include many variables. For example, the treatment of depression varies significantly in duration. As the research studying the effectiveness of mental health treatment has been published, there is now a better ability to suggest guidelines for the treatment of mild, moderate and severe conditions. The research being done in the mental health field can be used to determine fair, reasonable reimbursement for care and the current arbitrary and confusing methods being used can be discarded.

## Where We Go From Here: Next Steps

This report is intended to be a living document to guide our state government leaders, residents of our state and key stakeholders as they work to change the administrative rules, state laws, and insurance company strategies that shape the state mental health system. One underlying theme is the recognition of the need to provide a broad-based public education program. This could help reduce the stigma that affects many people living with a mental illness. This would help reduce and eventually eliminate the discrimination experienced now by many persons who have a mental illness, as well as their family members.

*When it is broadly understood that good mental health is fundamental to overall health, then resources to provide early identification, effective treatments and support for community inclusion will be available in amounts equivalent to the resources now available to treat physical health problems.*

A great deal of work will need to be done. When it is broadly understood that good mental health is fundamental to overall health, then resources to provide early identification, effective treatments and support for community inclusion will be available in amounts equivalent to the resources now available to treat physical health problems. The Commission has recommended a number of study committees and tasks forces to work on realizing some of these recommendations. A continued willingness on

the part of current participants, as well as recruiting new people, will be needed to continue the work of the Commission. Strong leaders are emerging from those who use the mental health system and those who work within the system. It is important to realize that the achievement of one of the recommendations in the report will move the system in the desired direction, but will not be sufficient to achieve the recommended transformation. The work of the Commission to date was achieved by a combined effort of many people working within the state system of care, the private system of care, recipients of services and their family members. This same type of people will need to continue to work together to effect the changes in the coming years.

The history of the New Hampshire mental health system provides an important caution to those who are engaged in examining the need for changes to the current system. Changes that were achieved in the first decade after the publication of the Wheelock-Nardi report were not effectively sustained. Some of the progress made was lost. As the transformation of our mental health system progresses, it is vitally important that improvements are made in effective, measurable, and sustainable ways. New Hampshire citizens must recognize that the development and maintenance of an effective system will require continuous maintenance and financial support. The opportunity exists for the New Hampshire mental health system to be significantly improved with the changes proposed in this document. It is our shared task to work towards achieving the goal of a transformed mental health system to benefit all the residents, families and communities of New Hampshire.

## Glossary of Terms

### Person-Centered System

A person-centered system respects and responds to individual needs, goals and values. Individuals and providers work in full partnership to guarantee that each person's values, experiences and knowledge drive the creation of an individualized care plan as well as the delivery of services.

### Children- and Family-Centered Services

A family driven/youth guided-system respects and responds to individual and family preferences, needs, goals and values. Individuals, family members and providers work in full partnership to guarantee that each person's and family's values, experiences and knowledge drive the creation of an individualized care plan as well as the delivery of services.

### Recovery

Recovery involves a process of restoring or developing a meaningful sense of belonging and a positive sense of identity apart from one's disability while rebuilding a life in the broader community.

### Resiliency

Resiliency describes the personal qualities and social supports that enable us to rebound from adversity, trauma, tragedy or other stresses - and to go on with life with a sense of mastery, competence and hope.

### Peer specialist

A peer specialist is a person recovering from a mental illness who has been trained and certified to help his/her peers gain hope and move towards their own recovery. A peer specialist

promotes self-determination, personal responsibility and empowerment inherent in self-directed recovery. A peer specialist provides consumer education, advocacy, peer support services in a variety of community settings such as emergency rooms, outpatient or inpatient settings.

### Peer support

Peer support is a practice provided by trained persons in recovery. These peers promote and model self-determination and personal responsibility in healthy, reciprocal relationships. Peers support peers in becoming less dependent on the mental health system; empowerment and recovery then come from feeling more competent and valued. Rather than working as an adjunct to treatment provided within mental health services, peer support occurs within the community in community-like settings where mutual relationships are built. It enables individuals to see themselves as whole people rather than focusing on illness and problems. A peer support center thus acts as the 'practice ground' to develop the skills needed to facilitate community and vocational integration.

### Evidence-based practices

Evidence-based practices refers to interventions for which there is a solid scientific basis demonstrating their effectiveness at helping consumers to achieve their desired outcomes in specific areas. Well-established and controlled research studies to determine practice effectiveness have been conducted in the field with consistent outcomes and different mental health researchers have found similar positive outcomes for the defined practices.

## The New Hampshire Project

The New Hampshire Commission created Work Teams to address each of the priorities identified in the President's New Freedom Commission report. In January 2006, the Commission Chairman established a Leadership Group that consists of the co-chairs of each of the work teams and additional Commission members. This Leadership Group met monthly to monitor the progress of the work of the Work Teams. The Leadership Group also established Ad Hoc committees which met to accomplish a specific task such as the writing of the key principles, the development of definitions of important terms and, most recently, to take the chapters written by each team and develop the list of recommendations to present in the first volume of the Commission report.

In January 2007, the Commission added one additional Work Team that is examining mental

*One important task already begun is to develop a working relationship with other planning groups at work in the state.*

health care in the criminal justice system. It will not be included in this first report as it is not yet complete.

More than 100 individuals have worked on the Commission's six Work Teams. It includes persons who have experienced mental illness, family members of those who have experienced mental illness, mental health professionals, health care providers, social service professionals, managers and directors from the Department of Health and Human Services, and other interested individuals. They have devoted countless hours to studying research findings and efforts in other states to address problems in their systems. Several work team members made a field trip to the Recovery Center in New Haven, Connecticut and another participated in a national conference on integrated healthcare. The Commission invited several national experts to make presentations to the Commission and community members including Larry Frick and Ike Powell from Georgia who provide peer

specialist training nationally and Dr. Bill Fisher from the University of Massachusetts Medical School. Work Team Five organized a presentation of the Telehealth capacity now being used at New Hampshire Hospital. Chet Batchelder, Superintendent of N.H. Hospital, demonstrated their ability to video conference with psychiatric staff at Dartmouth Medical School. A staff member from Genesis described their ability to deliver emergency video conference evaluations with persons who were at the Franklin Hospital Emergency Department. Several New Hampshire hospital psychiatrists made a May 2007 presentation to the Leadership Group about their experiences at the hospital and their recommendations for changes to the mental health system.

The work team members then drafted their chapters, debated editorial changes and brought their work to the Leadership Group.

The Commission elected to summarize the combined recommendations from the five original teams in the first volume of this report. There was significant overlap in the recommendations developed by the five work teams that reflects the consensus that developed about needed changes in the current mental health system. A second volume will be released in the near future that will contain the five separate chapters which have been developed by the work teams so that an interested reader can see a full summary of their findings. The report of the sixth team studying mental health and corrections will be released at a later date.

One important task already begun is to develop a working relationship with other planning groups at work in the state. To date, these include the New Hampshire Citizens Health Initiative, the New Hampshire Task Force on Alcohol and Other Drugs, The Suicide Prevention Council, The Children's Mental Health Initiative of the Endowment for Health Foundation, the Stigma Project and the Long Term Systems of Support Transformation, to name several of the projects now underway in the state. Each of these groups is working to improve the health of New Hampshire residents. It is only sensible to ensure that their efforts are strengthened by good communication and collaboration among and between us all in the future.

This report represents a completion of a first step in the work of this Commission. The report is intended as a document summarizing the hard work of the many individuals who have participated in the Commission's task to date. The real work to transform the mental health system of care in New Hampshire is just beginning.

### **Mission Statements of the Work Teams**

The membership of each of the five Work Teams was developed by reaching out to a broad cross section of people who were willing to work on the planning process for the Commission. For example, the Disparities Work Team invited representatives from the hearing impaired community, people who work with the seniors of our communities, persons from minority groups, persons working with AIDS projects and people who work with homeless persons. The co-chairs then addressed and developed a framework for their research and their process of discovery. Each team wrote a mission statement to guide their work. The following are the mission statements for each work team:

#### **Work Team One:**

##### **Consumer and Family Driven Services**

To use the insights of all persons with mental health issues, their families and communities, to design a sustainable mental health system that is fully responsive to people's needs and combats stigma.

#### **Work Team Two:**

##### **Quality Care**

To recommend a basic, objective quality framework for the mental health system that can help continuously improve our system in a measured and quantifiable way.

#### **Work Team Three:**

##### **Integrated Mental Health, Primary Health and Substance Use Care**

Develop and promote a statewide comprehensive, integrated healthcare system that incorporates medical, mental health, and substance use services to effectively address the diverse spectrum of problems that clients bring to their health care provider. We will do this

*The real work to transform the mental health system of care in New Hampshire is just beginning.*

through dissemination of best practices information, developing and supporting enabling legislation towards integrated care, and advocacy within our own individual spheres of influence.

#### **Work Team Four:**

##### **Disparities in Access to Quality Care**

To develop recommendations for a continuum of early identification, intervention, and recovery based treatment services which will improve and sustain the mental health of all NH citizens across their life span by identifying and addressing cultural, ethnic, physical, economic, institutional, regional and financial barriers to the access of effective and equitable mental health services.

#### **Work Team Five:**

##### **Information Technology**

To investigate and implement the use of information technology and the exchange of information to transform the NH mental health system while adhering to the principles of confidentiality and privacy of the system stakeholders.

# APPENDIX C

## LIST OF COMMISSION MEMBERS

### Leadership Group

James MacKay, <i>Chairman</i>	Concord
David Lynde, <i>Vice Chair</i>	Concord
Daniel Daniszewski	Laconia
Nancy J. Beaudoin	Lebanon
Paul Gorman	Lebanon
Susan Fox	Concord
Lisa Mercado	Loudon
Vic Topo	Salem
Michael Cohen	Concord
William Gunn	Bow
Erik Riera	Bow
Lisa Mistler	Concord
Rose Wiant	Concord
Cindy Rosenwald	Nashua
Christine Hamm	Hopkinton
Joyce Jorgenson	Peterborough
Mary Brunette	Concord
Richard Learned	Meredith
Peter Janelle	Manchester
Ken Jue	Keene
Nancy Rollins	New London
Mike Coughlin	Laconia
Kate Saylor	Manchester

### Non-voting members

Suzanne Harrison	Londonderry
Claudia Ferber	Loudon
Mary Kaplan	Hollis
Kim Firth	Bradford

### Work Team One:

#### Consumer and Family Driven Services

*Co-Chairs: Lisa Mercado & Vic Topo*

Cindy Robertson	Hooksett
Gerri Foucher	Bedford
Nancy Morse	Rochester
Kathryn Wallenstein	Concord
Gretchen Grappone	Concord
Tom Doucette	Nashua
Jill LaPierre	Nashua
Mary Ellen Yatzus	Manchester
Maureen Kispert	Hannover
Karen Orsini	Windsor
Betty Winberg	Nashua

### Work Team Two:

#### Quality Systems Team

*Co-Chairs: David Lynde & Peter Janelle*

Ruth Bleyler	Lyme
Bill Chausse	Goffstown
Jane Guilmete	Concord
Lenora Kimball	West Windsor, Vermont
Donna Marie SanAntonio	Wolfeboro
Louis Todd Bickford	Compton
Jim McCarthy	Durham
Betty Welch	Manchester

### Work Team Three:

#### Integrated Mental Health, Substance Abuse and Primary Health

*Co-Chairs: Mike Cohen & William Gunn*

Gary Sobelson	Concord
Joy Kiely	Wolfeboro
Louis Josephson	Contoocook
Dave Juvet	Concord
Dan Eubank	Concord
Vince Scalese	Plymouth
Gail Brown	Concord
Katja Fox	Concord
Norrine Williams	Littleton
Pam Brown	Bedford
Ellen Keith	Chocorua
Lee Ustinich	Tilton
Joseph Harding	Concord
James Fauth	Keene

Work Team Four:

**Eliminating Disparities**

*Co-Chairs: Rose Wiant & Nancy J. Beaudoin*

Ben Lewis	Concord
Joan Schulze	Nashua
Joan Marcoux	Manchester
Lou D'Allesandro	Manchester
Niki Miller	Manchester
Carolyn Brown	North Conway
Doug Richards	Bow
William Walker	Campton
Shirley McDougall	Campton
Lillye Ramos-Spooner	Manchester
Dennis Hill	Canterbury
Todd Ringelstein	Meredith
Marie Metoyer	Manchester

Work Team Five:

**Integrated Electronic Technology**

*Co-Chairs: Lisa Mistler & Ken Jue*

Chester Batchelder	Nottingham
Anne Conner	Dalton
Julie Ward	Durham
Nicholas Toumpas	Concord
Roxanne Kate	Newmarket
Elizabeth Fenner-Lukaitis	Warner
David Coursin	Concord
Jim Pilliod	Belmont

Work Team Six:

**Corrections and Mental Health**

*Co-Chairs: Cindy Rosenwald & Christine Hamm*

Mike Skibbie	Concord
Susan Mead	Merrimack
Barbara French	Henniker
Ron White	Franklin
Peter Batula	Merrimack
Gene Charron	Chester
Helen Hanks	Tilton
Kathi Fortin	Concord
Richard Doucet	Franklin
Palmer Jones	Concord
Alan Linder	Concord
Dick Hesse	Hopkinton
Catrina Graves	Webster
Bob MacLeod	Thornton
Barbara Keshen	Concord
Nancy Gallagher	Northfield
Dan Ward	Pittsfield
Trish Lee	Peterborough
John Broderick	Manchester
Claire Ebel	Concord
Bob Mack	Nashua

**Commission Members**

Robert Clegg	Hudson
Andre Martel	Manchester
Wayne Hustad	Keene
Molly Kelly	Keene

**Commission Resource persons**

Linda Fox Phillips	Conway
Ed Tomey	Keene
Laura Simoes	Concord
Michelle White	Keene

## RESEARCH, RESOURCES AND SUPPORTING INFORMATION

**New Hampshire Center for Public Policy** published a series of reports in 2007 describing mental health services in New Hampshire. Information from studies completed in 2005 is also cited in the Commission's report. Website: [www.nhpolicy.org](http://www.nhpolicy.org).

**The President's New Freedom Commission on Mental Health - *Achieving the Promise: Transforming Mental Health Care in America***. Website: [www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov).

**Institute of Medicine. *Quality Chasm Series, Improving The Quality of Health Care for Mental Health and Substance Use Conditions*** (2006) Website: [www.iom.edu](http://www.iom.edu).

**NAMI New Hampshire** has a number of reports on mental health services in New Hampshire. Good materials describing mental illness and mental health treatment. Website: [www.naminh.org](http://www.naminh.org).

**The National Institute on Drug Abuse** is a very good resource for issues of addiction and co-occurring illnesses. Website: [www.nida.nih.gov](http://www.nida.nih.gov).

**Dartmouth Psychiatric Research Center** offers a wealth of information about evidence based practices and current research being conducted about mental illness. Website: [www.dms.dartmouth.edu.prc](http://www.dms.dartmouth.edu.prc).

**The Institute on Disabilities of the University of New Hampshire** offers a significant amount of good information for persons and their families living with a disability in New Hampshire. Website: [www.iod.unh.edu](http://www.iod.unh.edu).

**The New Hampshire Bureau of Behavioral Health** offers good information about mental illness and about mental health services in the state. Website: [www.dhhs.nh.gov](http://www.dhhs.nh.gov).

**Archive of General Psychiatry Journal, National Surveys, Kessler, 2005.**

Two web pages describing good integrated healthcare are: [www.cfha.net](http://www.cfha.net) and [www.integratedprimarycare.com](http://www.integratedprimarycare.com).

#### **Mental Health:**

**A report of the U.S. Surgeon General (1999).** Website: [www.surgeongeneral.gov/library/mentalhealth/home.html#forward](http://www.surgeongeneral.gov/library/mentalhealth/home.html#forward).

**Task Force to Study New Hampshire Hospital Census (2005).** This study originated from a working group that issued a report in 2005.

**Journal of Psychiatric Services, 2007**

**Presentation, Oct. 2007, on New Hampshire Mental Health Services** by Brenda Reiss-Brennan, Intermountain Healthcare based in Utah.

**Center for Disease Control (CDC)** is a good resource for reports on mental health services. Information cited in the Commission's report was obtained from a 2005 CDC report. Website: [www.cdc.gov](http://www.cdc.gov).

**Substance Abuse and Mental Health Services Administration (SAMHSA)** is a good resource for reports on mental health services. Information cited in the Commission's report was obtained from a 2003 SAMHSA report. Website: [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov).

**Governor's Interagency Council on Homelessness.** Information cited in the Commission's report was obtained from a 2006 report issued by a commission of the Governor's Interagency Council on Homelessness. Council reports are issued every other year. Website: [www.dhr.state.md.us/transit/ts-gich.htm](http://www.dhr.state.md.us/transit/ts-gich.htm).