

The Integration of Physical Health, Mental Health, Substance Use, and Addiction

JOINT STATEMENT

We aspire to become a society that optimizes the mental, physical, social, emotional, and spiritual health of all persons. Prevention, screening, intervention, and treatment will be person and family-centered, accessible, and appropriate to the gender, culture, and language of all individuals. These principles build resiliency, facilitate recovery, and eliminate stigma.

The Joint Statement serves as a tool to build bridges of shared responsibility for support of optimum mental, physical, social, emotional, and spiritual health for children, youth, adults, older adults, families, and veterans in our state.

To enhance collaboration our Divisions are working within a common framework; sharing values, principles, and priorities; and strengthening organizational efforts as a commitment to change. The framework includes Healthy People 2010, Healthiest Wisconsin 2010. Transforming Mental Health Care in America, the Federal Action Agenda, and the Department of Health Services Strategic Plan.

This information will promote system changes needed to improve health outcomes for individuals, children, families, veterans, and communities in Wisconsin.

Public Health, Mental Health, Substance Use, and Addiction will work together to:

- Optimize and enhance Public Health, Mental Health, Substance Use, and Addiction workforce competencies and capacity through education, recruitment, retention;
- Assure screening, recognition, early intervention, referral, and treatment for co-morbid existence of mental illnesses, alcohol, tobacco, and other substance use and addictions with physical illnesses across systems for mental health, substance use, addiction, and trauma;
- Enhance individual, family, extended family, and community protective factors; build strengths and assets;
- Prioritize maternal mental health, infant and early childhood mental health, children/youth mental health, and family mental health;
- Identify, braid, and maximize funding opportunities to support desired outcomes;
- Develop a comprehensive population-based methodology based upon needs assessment. Share technology, provide easily accessed health resource information, assure data at all levels (local, state, national), track health outcomes, and improve a cross-system services (capacity and delivery); and
- Promote and provide factual data to the general public and state legislature about the economic and population health benefits of adequate and equitable insurance coverage for mental illnesses, substance use and addiction services, with coverages which are on par with coverages for physical illnesses. Such health insurance parity offers the health benefits of preventive care, as well as accessible and quality treatment services to all citizens.

Background

The key words that embody the underpinnings of this Joint Statement document are addiction, culture, family-centered, insurance parity, integration, person-centered, recovery, resiliency, spiritual health, stigma, and substance use.

- **Addiction** is a health condition in which an individual manifests a pathological pattern of use of alcohol, tobacco or other drugs that interact with brain systems of reward. Genetic, psychological, environmental, and cultural factors influence its onset and progression. Persons with addiction have altered motivational hierarchies so that they are preoccupied with procuring supplies of using substances that early in the illness can produce euphoria, and substance use persists despite a range of medical, family, occupational, legal, and other consequences. Individuals, families, and communities suffer when addiction is prevalent and not adequately treated. (Adapted from definitions of the American Society of Addiction Medicine)
- **Culture** refers to the values, beliefs, and lessons that mold and shape us as unique individuals, groups, and communities. This concept is not limited to clients or patients but also to professionals. Our current and future demographics reflect an endless range of individual cultural variations that have a profound impact on those who are served in clinical settings. (Surgeon General's Supplemental Report on Mental Health, 2001)
- **Family-Centered** denotes the recognition that the family is the principal caregiver and the center of strength and support for children. (Federal Maternal and Child Health Bureau)
- **Insurance Parity** refers to federal and state laws requiring mental health and alcohol and other substance use and addiction coverage which is no more restrictive than coverage for other illnesses, that is, making coverage equivalent to the coverage for all other disorders.
- **Integration** is the creation of linkages between traditionally separate systems, services, resources, people, or processes; making connections. For the purposes of this Joint Statement, integration refers to the full acceptance and incorporation of all individuals as equals within a social and community fabric with respect to employment, housing, health insurance coverage, rights, and other opportunities accorded to all citizens.
- **Person-Centered** denotes the recognition that there are multiple pathways to recovery based upon an individual's unique strengths and resiliencies, as well as his/her own needs, preferences, experiences, and cultural background, and that services exist for the persons and families receiving them. The needs and preferences of the recipients of services should receive primary emphasis.
- **Recovery** refers to the process through which people are able to live, work, learn, and participate fully in their communities and attain the highest level of functioning possible for them. For some, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Hope plays an integral role in recovery. (The President's New Freedom Commission on Mental Health, 2003)
- **Resiliency** encompasses the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses and to go on with life with a sense of mastery, competence, and hope. (The President's New Freedom Commission on Mental Health, 2003)
- **Spiritual Health** is a positive perception of meaning and purpose of life. (Paraphrased as defined by the World Health Organization [WHO])

- **Substance Use** refers to the risky, chronic, problematic or harmful use of alcohol, tobacco, prescription drugs, and controlled substances. (Healthiest Wisconsin 2010)
- **Stigma** refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness (Corrigan and Penn, 1999) p.29. (Cite: Mental Health: Culture, Race, and Ethnicity, 2001 A Supplement to Mental Health: A Report of the Surgeon General U.S. Dept. of Health and Human Service)

SUPPORTING FACTS

Mental Illness, Substance Use, Addiction, and Chronic Disease (Health Conditions)

- According to the 2003 President's New Freedom Commission on Mental Health, mental illness ranked first among illnesses that cause disability in the United States, Canada, and Western Europe. This serious public health challenge is under-recognized as a public health burden.
- Burden of Alcohol and Illicit Drug Use in Wisconsin: 2,082 deaths, 5,992 motor vehicle injuries, 16,677 hospitalizations, 126,207 arrests, 528,000 people suffering with dependence or abuse. (SEOW-WI 2006 Epidemiological Profile)
- Excessive alcohol consumption is the third leading preventable cause of death in the United States it is associated with multiple adverse health consequences, including liver cirrhosis, various cancers, unintentional injuries, and violence. Alcohol-attributable deaths (ADD) is approximately 75,766, and 2.3 million years of potential life lost. (CDC, 2001)
- Suicide is a pressing problem for Wisconsin communities. According to the CDC, Wisconsin has the 16th highest youth (ages 10-24) suicide rate in the U.S. and suicide in Wisconsin is the second highest cause of death for youth (behind unintentional injury) for children age 10-24 and well beyond all other illness combined. (CDC WISQARS Data for 2003-2005)
- Completed suicides were more often male (79%), in the 35-54 age group (51%) and used non-firearm methods (55%). (DHFS WISH Data, 2006).
- Of the nearly 7,800 annual Wisconsin deaths from tobacco, 3,400 (44%) are believed to be state residents with mental illness and substance-use disorders. These preventable deaths, and related diseases such as cancer, emphysema, and heart disease, mean that people lose up to 25 years of their expected life spans. (The University of WI Center For Tobacco Research and Intervention (UW-CTRI) 4.08)
- The rates of co-occurrence of mental health and substance use conditions are high, estimated at 15% to 40%. (National Epidemiologic Survey on Alcohol and Related Conditions, 2004) They also accompany a substantial number of chronic illnesses, such as cancer, diabetes, and heart disease. (Biological Psychiatry Journal, 2003)
- Forty percent to 56% of individuals who have mental illness have a clinically significant general medical condition. (Psychiatric Clinics of North America, 2008)
- Mental/substance use illnesses significantly compromise the treatment outcomes for general health conditions. For example, 20% of heart attack patients suffer from depression, tripling their risk of death. (Psychiatric Clinics of North America, 2008)

- Overall, adults with current depression or a lifetime diagnosis of depression or anxiety were significantly more likely than those without each diagnosis to smoke, to be obese, to be physically inactive, to binge drink and drink heavily. (General Hospital Psychiatry, 2008)
- There was a dose–response relationship between depression severity and the prevalence of smoking, obesity and physical inactivity and between history of depression (never depressed, previously depressed, currently depressed) and the prevalence of smoking, obesity, physical inactivity, binge drinking, and heavy drinking. (General Hospital Psychiatry 30, 2008)
- Anxiety and depression are associated with poor adherence to self care regimens (diet, exercise, cessation of smoking, medication regimens) and increased medical complications in patients with chronic medical illness, which should lead to increased symptom burden. (Biological Psychiatry Journal, 2003) (The Journal of Clinical and Applied Research and Education-Diabetes Care, 2004)

Costs

- In a recent Mental Health America publication entitled “Mind Your Health”, it was noted that untreated and mistreated mental illness costs the U.S. \$150 billion in lost productivity and \$8 billion in crime and welfare expenditures each year. (CHP, NMHA, 2001)
- The total health care costs for workers who receive treatment for depression and have complete remission of symptoms are two-thirds less than the medical costs of untreated individuals. (JOEM, 2005) A positive work environment can decrease stress, improve overall health, and boost productivity. (NMHA, 2006)
- For every dollar invested in drug treatment, \$7.46 dollars are saved in health and social costs. (WHO-2006). According to several conservative estimates, every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12:1. (National Institute on Drug Addiction, U.S. DHHS, NIH 1999)
- One in five American families has at least one member who lacks health insurance coverage; this situation can place the entire family at risk for financial ruin and poor health. (USCB, 2004)
- Mental health conditions are the second leading cause of workplace absenteeism (the leading cause is musculoskeletal conditions). (APF, 2005)
- Alcohol and other drug use and addictions are the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke, and the fourth leading cause for hospitalization behind mental illness, heart disease, and cancer.
- Researchers supported by the National Institute of Mental Health (NIMH) have found that half of all lifetime cases of mental illness begin by age 14 and that despite effective treatments, there are long delays- sometimes decades, between first onset of symptoms and when people seek and receive treatment. The study also reveals that an untreated mental disorder can lead to a more severe, more difficult to treat illness, and to the development of co-occurring mental illnesses. (National Institute of Mental Health, 2006)

Population Affected

- Morbidity of Alcohol and Illicit Drug Use in WI- From 2002 to 2005, the prevalence of alcohol dependence or abuse was 10%-11% among the Wisconsin population ages 12 and

older, compared to a steady 8% nationally. Young adults ages 18-25 had a notably higher rate of dependence or abuse than did other ages. From 2002 to 2005, the rate of dependence on or abuse of illicit drugs was the same (3%) for WI and the United States. (SEOW-WI 2006 Epidemiological Profile)

- Women experience depression at twice the rate as men. Major depressive disorders (MDD) during the postpartum period is a significant health problem and is estimated to occur in 10-15% of new mothers (O'Hara, 1997) and prevalence rates for new mothers living in poverty as high as 30%. (Lt. Governor's Task Force on Women and Depression Report, 2006)
- The co-occurrence of maternal depression with other adverse conditions appears to have a more pronounced negative effect on the social and emotional development of children than maternal depression alone. Whether the depression occurs simultaneously with psychological conditions such as eating disorders or substance abuse – or with concurrent environmental conditions such as poverty often result in poor attachment between infants and their mothers and less optimal mother-child interactions. (ZeroToThree Publication, 2005)
- Maternal depression is a risk factor for childhood anxiety, depression, and disruptive behaviors. Research shows that vigorous treatment of a mother's depression can reduce symptoms of depression in her child. This 2006 study found 33% remission among children with a baseline diagnosis for depression whose mothers' depression remitted, compared to 12% remission among children whose mothers' depression did not remit. (Weissman, et al., 2006: Remissions in Maternal Depression and Child Psychopathology: A STAR*D-Child report. Journal of the American Medical Association, March 2006; 295 (12):1389-1398)
- Depression is common among American Indians in Wisconsin. American Indian women have the highest rates of hospitalization for depression in WI - 1.8 times greater than the rate for White women (WI DHFS, 2005b) (Lt. Governor's Task Force on Women and Depression Report, 2006)
- Nearly 20 percent of military service members who have returned from Iraq and Afghanistan (300,000 in all) report symptoms of post traumatic stress disorder (PTSD) or major depression, yet only slightly more than half have sought treatment, according to a Rand Study commissioned by the Pentagon. If left untreated, PTSD can result in more serious health and socio-economic outcomes and an increased risk of suicide. (Veterans Affairs Website)
- Children of Hispanic/Latino origin are 2.6 times less likely to have their mental health needs met than white or African-American children. (NCCIP, 2006)
- Nearly 90,000 school-age children in Wisconsin have a mental illness that substantially impacts their functioning at home, at school, and in the community. Only 15.6% of these children with serious mental health disorders received any public mental health services in 2005.
- Each year in Wisconsin, there are over 2,160 deaths, 2,400 substantiated cases of child abuse, 8,500 traffic crashes resulting in 6,800 traffic injuries and 90,000 arrests, and economic costs totaling \$4.6 billion, all attributed to alcohol and other drug use and addiction.
- Thirty-two percent of offenders booked into jail and nearly 65% of persons entering prison have substance use and addiction problems.

- There are an estimated 403,000 adults and 40,300 adolescents in need of treatment for substance use disorders, and yet surveys indicate that only 21% of those in need of treatment receive it.
- In 2005, 5,992 people were injured and 330 died in alcohol-related motor vehicle crashes. Approximately 41% of all motor vehicle fatalities were alcohol-related. (Alcohol Facts, WI Department of Transportation)
- A national 2005 study found that pre-kindergarten children are expelled at a higher rate than those in kindergarten through 12th grade combined. The specific Wisconsin data noted that nearly one in a hundred children is expelled from early care and education settings. The children who are at highest risk for expulsion are often the children who exhibit challenging behaviors. (Gilliam, 2005)
- Although they comprise only 12% of the U.S. population, people age 65+ accounted for 16% of suicide deaths in 2004. (NIMH 2004)
- Only about half of older adults who acknowledge that they may have mental health problems receive treatment from any health care provider and only a fraction of those receive (3%), the lowest rate among any adult age group. (AAGP,2004)
- Wisconsin ranks high among states on indicators of substance use and addiction:
 - ◆ Acute, Episodic, or Binge Drinking **rank #1** - 24.2% of those surveyed reported having five or more drinks on at least one occasion in the past month (Behavior Risk Factor Survey-BRFS). Wisconsin is the highest state in the country on this indicator.
 - ◆ Alcohol Use During Pregnancy **rank #1** - Wisconsin leads the nation in drinking by women of childbearing age (18-44 year olds). Thirty-two percent of pregnant women in the state report drinking alcohol during pregnancy. (BRFS)
 - ◆ Binge Drinking and High School Students - In 2005, 31% of Wisconsin high school students reported binge use of alcohol. While the prevalence of binge drinking declined among high school students nationally from 1997 to 2005 (33% vs. 26%), there was no parallel decline in Wisconsin. (WI State Epidemiological Outcomes Workgroup, March 2007)
 - ◆ Current Use - The prevalence of current alcohol use among adults and high school students in Wisconsin was consistently high between 1999 and 2005. In 2005, 68% of adults and 49% of high school students reported current alcohol use. (SEOW 2006)
 - ◆ Heavy or Chronic Drinking - WI ranks **#1** with 8.6% of those surveyed reported having 60 or more drinks in the past month (BRFS). Wisconsin is the highest state in the country on this indicator. (SEOW 2007)
 - ◆ Intoxicated Driving rank **#2** - Five percent of those surveyed reported driving after having too much to drink in the past month (BRFS). Wisconsin ranked second highest in the nation on this indicator.
 - ◆ Students in 2007 reported alcohol consumption levels comparable to 1993 levels. One out of two students reported drinking alcohol in the past 30 days and 32% of students reported binge drinking (5 or more drinks of alcohol in a row) in the past 30 days. (2007 WI Youth Risk Behavior Survey)
 - ◆ The prevalence of marijuana use has increased significantly over the last 14 years. Students who reported using marijuana at least once in their life has increased from 23% in 1993 to 37% in 2007 and current marijuana use (past 30 days) increased from 11% in 1993 to 20% in 2007. (2007-WI YRBS)

Cost Benefits

- Wisconsin Household Survey - 89% of a survey agreed that a person with an addiction should be viewed as someone with a health problem who should receive treatment. (Wisconsin Behavior Risk Factor Survey, 2005)
- The U.S. Senate passed the Mental Health Parity Act on 9/27/07 by unanimous consent requiring group health insurance plans that offer mental health coverage to apply financial requirements to mental health benefits that are not more restrictive than the requirements pertaining to medical/surgical benefits. S. 558 required full parity between mental health benefits for all aspects of plan coverage, including day/visit limits, coinsurance, co-payments, deductibles, and maximums.
- In April 2008, the House approved legislation requiring that the majority of group health plans provide more comprehensive coverage for mental illnesses, similar to what the group plans would provide for physical illnesses. The bill passed 286 to 148, and marks a significant stride following over a decade of debate over mental health parity. The Senate has also passed a bill similar in nature, which requires the same level of coverage for mental illness as is provided for physical illness. Currently Federal law does not prohibit insurance companies from providing varying degrees of coverage for physical and mental health ailments. Many insurers and employers have supported the Senate version, while opposing the House version of the measure.
- Both S. 558 and HR 1424 contain requirements for group health plans to cover mental illness treatment at parity when it is offered (i.e., equal treatment limits and financial limitations. However, the House bill goes further in mandating coverage of the broadest list of conditions if mental health benefits are offered. (NAMI 2008)
- Presently 41 states have enacted some form of parity legislation providing MH/SA coverages that are more comparable to other medical conditions. PricewaterhouseCoopers, LLP and others have found that these laws have not led to significant increase in costs or in the uninsured and often premiums have decreased as a result. (Coalition for Fairness, www.DAWN.org) Fiscal analyses show that such a policy is cost effective in states (like Wisconsin) that rely heavily on managed care. (Lt. Governors' Task Force on Women and Depression in WI Report, 2006)
- Minnesota has had comprehensive parity since 1995. Medica, an independent consulting organization found that costs rose just \$.26 per member per month. (The National Conference of State Legislatures, 2002). Additionally, Minnesota Blue Cross/Blue Shield reduced its insurance premiums by 5% to 6% after one year's experience under the state's comprehensive parity law. (Levin et al., The Louis de la Parte Florida Mental Health Institute). (March 1998)
- A survey conducted from 10/12/06 - 11/01/06 reported nearly all Americans (96%) think health insurance should include coverage of mental health care. The survey also reported a large majority (74%) believe that insurance plans should cover substance abuse treatments at the same levels as treatments for general health issues. Twenty-three percent feel that they should not be covered equitably. (Mental Health America, January 2007)

Sources

The Joint Statement and the supporting facts include key concepts derived from the following sources:

- American Association for Geriatric Psychiatry www.aagp.org

- American Psychiatric Association and the American Psychiatric Foundation, *Mental HealthWorks* Publication
- American Society of Addiction Medicine-definitions, p.2
- BadgerCare+ Report, Health insurance for all kids, 2006
- Behavioral Risk Factor Survey (BRFS) www.cdc.gov/brfss
- Coalition for Fairness in Mental Health and Substance Abuse Insurance www.dawninfo.org/ea/index.cfm
- Congressional Quarterly Today (CQ), July 18, 2007 www.cq.com
- Federal Centers for Disease Control and Prevention (CDC)
- Federal Maternal and Child Health Bureau (MCHB) Five Guiding Principles
- Gilliam, W. S. (May 2005) *Pre-kindergarteners Left Behind: Expulsion Rates in State Pre-kindergarten Systems*. New Haven, CT: Yale University Child Study Center.
- Global Burden of Disease study. Reported in *Mental Health: A Report of the Surgeon General 1999*, p.3
- Healthiest Wisconsin 2010, p.2, p.3
- Journal of the American Medical Association
- Lieutenant Governor's Task Force on Women and Depression in Wisconsin Report, May 2006 www.womenstudies.wisc.edu/wsrc/final%20report.pdf
- The Maternal and Child Health (MCH) Program Advisory Committee
- Mental Health America Attitudinal Survey 2006, (Mental Health America) www.nmha.org
- The National Center for Children in Poverty, Columbia University: Mailman School of Public Health, Challenges and Opportunities in Children's Mental Health, July 2006
- The National Survey on Drug Use and Health (NSDUH) <https://nsduhweb.rti.org/>
- The President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, 2003
- The Substance Abuse Mental Health Services Administration (SAMHSA)
- U.S. Department of Health and Human Services, Transforming Mental Health Care in America, The Federal Action Agenda: First Steps, July 2005
- World Health Organization-Burden of Disease Statistics 2001, p.3
- World Health Organization-2006, p.3
- WI Department of Health and Family Services (DHFS)
 - ◆ Division of Mental Health and Substance Abuse Services (DMHSAS)
 - ◆ Division of Public Health (DPH), Bureau of Community Health Promotion (BCHP)
- WI Department of Health and Family Services, Division of Mental Health and Substance Abuse Services, WI State Epidemiological Outcomes Workgroup (SEOW), March 2007
- WI Department of Transportation (DOT)
- WI Violent Injuries and Deaths Annual Report, Summer 2006
- Youth Risk Behavior Survey (YRBS) www.dpi.state.wi.us/sspw/yrbsindx.html
- Zero To Three Policy Center, Improving Maternal and Infant Mental Health: Focus on Maternal Depression, July 2005 <http://www.zerotothree.org/site/DocServer/maternaldep.pdf?docID=622>