

State cuts to community mental health services continues disturbing trend

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Proposed cuts to community mental health centers in Illinois continue a disturbing trend in the state's lack of commitment to helping families and individuals experiencing a mental illness, says Christopher R. Larrison, a University of Illinois expert on community-based mental health services. Credit: Photo provided by the School of Social Work

Proposed cuts to community mental health centers in Illinois continues a disturbing trend in the state's lack of commitment to helping families and individuals experiencing a mental illness, according to a University of Illinois expert on community-based mental health services.

Christopher R. Larrison, a professor of social work at Illinois, says the state of Illinois has overseen a "decimation" of community [mental health](#) services thanks to decades of neglect.

"For community mental health services, it hasn't just been just the last three years of cuts that have proved crippling, it's been the last 30-plus years of inadequate funding that preceded it," Larrison said. "As a result, community mental health centers, especially those in the rural areas of the state, are really struggling. Any more cuts or lack of clarity about when the state is going to pay its bills, or what's going to get reimbursed, could force a lot of these places to severely limit services or possibly have to shut down."

If that happened, Larrison said, there would be a dearth of providers in some of these [rural communities](#) to serve people with serious [mental illness](#).

"Imagine a small rural community where there are people with [schizophrenia](#) left untreated," he said. "If you dry up the services, then the hospital emergency rooms and police, who are also at a breaking point, will have to deal with an increasing number of people suffering from untreated mental illness.

"It will create an endless amount of problems. It's the epitome of penny-wise, pound-foolish."

Larrison and U. of I. graduate student Samantha Hack-Ritzo contacted executive directors of community mental health centers in the southern part of Illinois to get a better sense of how low-income individuals experiencing a mental illness would be affected by the proposed cuts.

"No one ever cares about what's going on in the southern half of the state," he said. "In a lot of these small towns, there's only one mental health provider. If they close, that's trouble for the community. It's the kind of quiet crisis that no one ever hears about."

Larrison said that increasing uncertainty about when bills will be paid by

the state and what types of services are reimbursable has led to financial difficulties at the community health centers, ranging from staff layoffs, leaving open staff positions unfilled, depletion of reserve funds, borrowing from private lenders against future state payments and the reduction of services available to clients.

When asked to put a face on who in rural communities would be the most hurt by the proposed budget cuts, Larrison said the executive directors universally cited the working poor - minimum-wage earners who didn't qualify for Medicaid or Medicare, and couldn't afford private insurance.

"People with no visible means to pay for mental health care represent anywhere from a tenth to a third of the population served by community mental health centers in rural areas," Larrison said. "Most are working at minimum-wage jobs that lack health insurance benefits. Many are able to contribute to their families, communities and jobs despite having a mental illness because of the services they receive from community mental health centers."

If left untreated, those who suffer from mental illness may no longer be productive members of the community, Larrison said.

"It will have a ripple effect on their lives. The first thing that will happen to a lot of people receiving services from community mental health centers is that they'll stop receiving treatment, they'll go off their medication, and they'll lose their job. Then they'll create some kind of slight domestic problems or the police will pick them up for something minor, and then they'll show up in crisis at the emergency room or in the criminal justice system.

"All of these little things that will just clog up the system, and rural hospitals and the criminal justice system have experienced their own

budget cuts, leaving them unprepared to address the needs of the mentally ill."

Larrison says that although state budgetary problems have been fermenting over the past three decades, it's not known how much the proposed budget cuts will affect current trends in the homeless and prison populations.

"Everyone we've talked to has been imploring the Legislature and the governor to work together to create a more coherent and stable financial environment," he said. "Once a plan that reflects Illinois' new financial reality is in place, I hope that the state will once again be a full partner with community mental health centers, reinvigorating the common goal of providing the best, most humane and cost-effective services for people with mental illnesses - care that keeps them productive and connected members of society."

Provided by University of Illinois at Urbana-Champaign

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