

California's new mental health system helps people live independently

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A new analysis by Oregon State University researchers of California's mental health system finds that comprehensive, community-based mental health programs are helping people with serious mental illness transition to independent living.

Published in the October issue of the *American Journal of Public Health*, this study has important implications for the way that [states](#) finance and deliver mental health programs, and speaks to the effectiveness of well-funded, comprehensive community programs.

In November of 2004, California voters passed the Mental Health Services Act, which allocated more than \$3 billion for comprehensive community mental health programs, known as Full Service Partnerships (FSP). While community-based, these programs are different from usual mental [health services](#) programs in most states because they provides a more intensive level of care and a broader range of mental health services and supports, such as medication management, crisis intervention, case management and peer support.

It also provides services such as food, housing, respite care and treatment for co-occurring disorders, such as substance abuse.

"We found that these programs promoted independent living in the community among people who had serious mental illness but had not been served or underserved previously," said Jangho Yoon, an assistant professor of health policy and health economist in OSU's College of

Public Health and Human Sciences and lead author of the study. "Overall, it reduced their chance of living on the street or being incarcerated in jails and prisons."

The researchers looked at data from 43 of California's 53 counties, resulting in a sample of 9,208 adults over the course of four years. They found that participants who stayed enrolled in the program continuously, without interruption, were 13.5 percent more likely to successfully transition to independent living.

However, they found that non-white patients were less likely to live independently, and more likely to end up in jail or homeless.

"Although FSPs represent the most well-funded comprehensive community-based programs in the country, they are still community programs and therefore program participation is voluntary," Yoon said. "My guess is that minorities may not benefit fully from these programs in their communities possibly due to greater stigma, and less family/social supports. But it needs further investigation."

Patients with schizophrenia and bipolar disorders were also less likely to benefit from the community programs, because of the nature and severity of their mental health issues.

Yoon is an expert on health management policy, specifically policy around the area of mental health. He said other states haven't followed California's lead, in part because of the cost of such extensive programming. Yoon said some of the funding made possible by the federal Patient Protection and Affordable Care Act, which includes \$460 million for community [mental health services](#) for states to use, may help other states to create similar programs.

"Nobody would disagree that the public mental [health system](#) has

historically been under-funded in the U.S.," he said. "The message for other states is clear: investment in well-funded, recovery-oriented, comprehensive community [mental health](#) programs clearly improves lives of people with serious [mental illness](#), and may also save money from reduced dependency and incarcerations in this population."

Provided by Oregon State University

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