

Wider availability of mental health services could help thousands of virginians and help prevent crises

June 4 2014, by John Knapp

The death of State Sen. Creigh Deeds' son, who severely wounded his father before taking his own life in the midst of a psychiatric crisis last year, put a spotlight on Virginia's mental health system. The event stimulated debate about the adequacy of the state's mental health policies and was a major factor in improvements and increased funding adopted in the 2014 session of the General Assembly.

Despite a range of moves intended to strengthen the system, state leaders have not fully addressed the needs of Virginia's community-based mental health network, according to an article (www.coopercenter.org/publications/VANsltr0514) in the current Virginia News Letter, published by the University of Virginia's Weldon Cooper Center for Public Service. (www.coopercenter.org)

Foremost, Virginia needs to shift its mental health focus from a crisis-driven, institution-heavy system to one that sponsors early intervention services and long-term recovery, writes Mira E. Signer, executive director of the Virginia office of the National Alliance on Mental Illness, or NAMI, a nonprofit advocacy and education group. "Virginia still relies too heavily on inpatient hospitals to provide long-term mental health services. A robust array of services bolstered by adequate funding and an adequate work force can help address crises before they escalate and can help people in their homes."

A key issue unresolved by the General Assembly is the possibility of expanding health care coverage to uninsured adults by expanding Medicaid under the Affordable Care Act. "The impact of the proposed plan on adults with mental illness, as well as the mental health system, would be extraordinary," Signer writes.

Beyond that, one of the most important actions policy-makers can take is to ensure that there is a uniform level of services statewide in the mental health system, Signer writes. For decades, recommendations from legislative studies and commissions have come up with virtually the same conclusion, she says. "There is a consistent need to increase the availability of community services to prevent crises, to diagnose and treat mental illness, and to make sure that people are treated in the least restrictive setting possible. There shouldn't be a variance in what exists in different parts of the state."

For a start, Virginia should increase crisis response services such as 24-hour mobile crisis teams, psychiatry services and crisis stabilization units, Signer writes. Short-term crisis stabilization units provide treatment and care for people who are not acute enough to go to the hospital, yet need a structured, intensive environment to help lessen and resolve a mental health crisis. Additional funding and capacity is needed to ensure that all population centers in Virginia have access to crisis stabilization services as opposed to the patchwork that exists now, she says.

Virginia like the rest of the country is experiencing a shortage of qualified mental health personnel, Signer points out. Ways that state policy-makers could improve the situation include:

- Establishing education subsidy, loan forgiveness programs and other incentives for students pursuing careers in mental health.
- Providing training on the key skills necessary for working with

- people who have serious mental illnesses.
- Providing ongoing education for [mental health service](#) professionals and paraprofessionals.
 - Developing competitive salary and benefit structures for employees working in mental health services.

Virginia also needs to change the funding structure of its civil commitment process, Signer writes. Currently, for patients who do not have insurance, the state will pay for initial hospital-based care but only if the person is involuntarily committed. "If a person is in need of inpatient care, she should receive it regardless of whether she admits herself voluntarily or is admitted per judicial order. Changing the way this is structured could remove some of the financial incentives that influence decisions about how to provide care for people."

Among positive moves by the General Assembly was a resolution introduced by Sen. Deeds requiring a joint subcommittee to study mental health services, Signer writes. The committee could recommend broad changes to strengthen the mental health system.

During the 2014 session, the state senate put forth a proposal called Marketplace Virginia, which would enable eligible adults who currently are ineligible for Medicaid and the health insurance exchanges to qualify for [health insurance coverage](#).

The impact of adopting this would be extraordinary, Signer writes. "An estimated 77,000 uninsured Virginians have a mental illness, with 40,000 of them having a serious [mental illness](#) such as schizophrenia or bipolar disorder. Instead of seeking care, many uninsured Virginians with mental health disorders go without the care they need because the cost of co-pays and fees is too high, or even due to the fear of mounting medical bills. Having health insurance coverage enables people to get access to necessary services and supports, medications and ongoing care, which

help to prevent them from entering a crisis situation. Hospitalizations and emergency treatment options can be traumatizing to the individual and are costly to Virginia's taxpayers. Ongoing treatment reduces the risk of crises and lessens the burden on the hospital and criminal justice systems.

"The proposed Marketplace Virginia plan would infuse an estimated \$1.2 billion for much-needed new community mental health services for Virginia's mental health system between FY 2015 and FY 2022. It would also infuse \$426 million in the same years for traditional psychiatric services such as outpatient appointments, prescriptions and inpatient hospitalization. Because of a lack of compromise on whether to extend health insurance coverage to the uninsured, the legislature adjourned without a budget. As of this writing, the budget has not been adopted and the Affordable Care Act issue, which is of major importance for the [mental health](#) advocates, has not been resolved."

Provided by University of Virginia

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