

Suicide Deaths Have Increased Over 30% in the U.S.

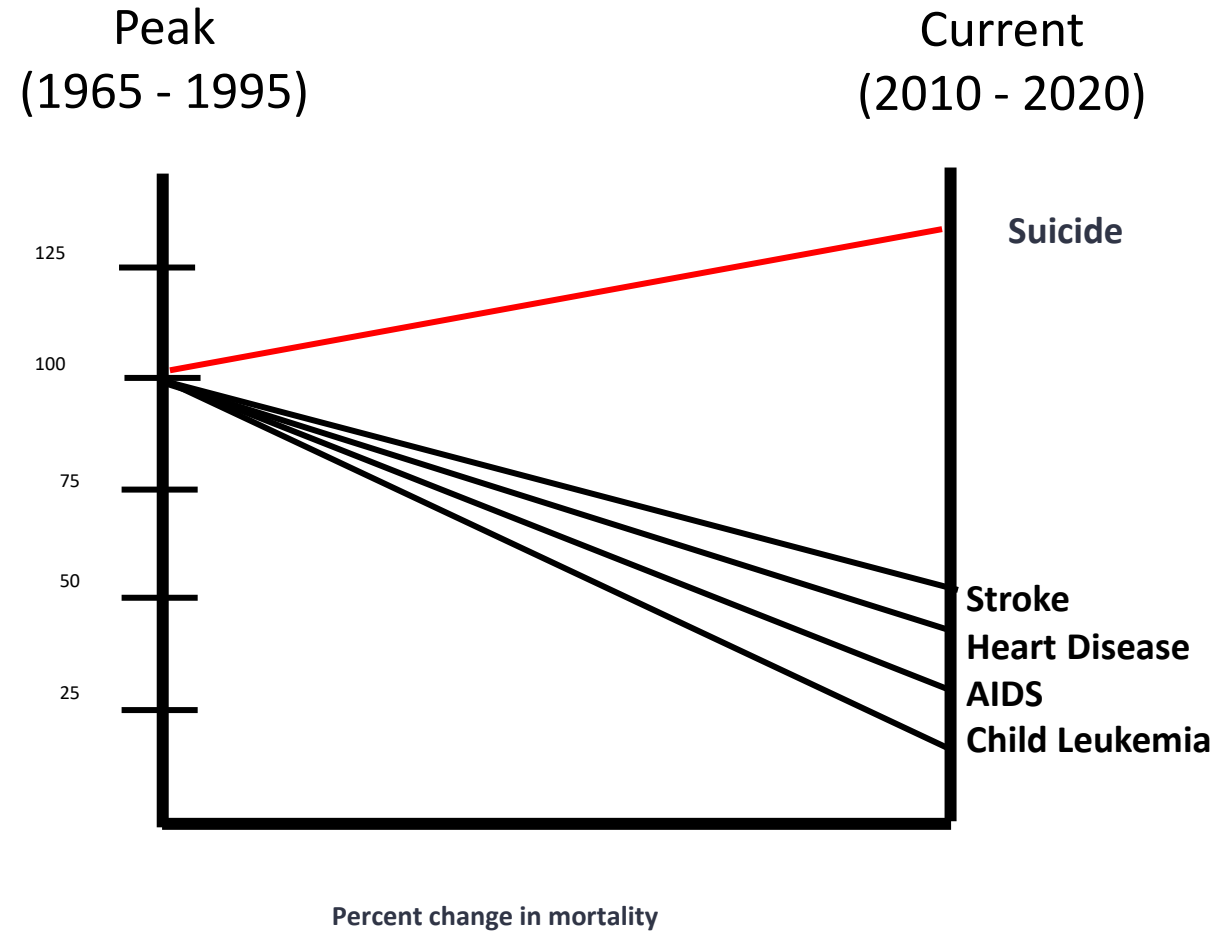
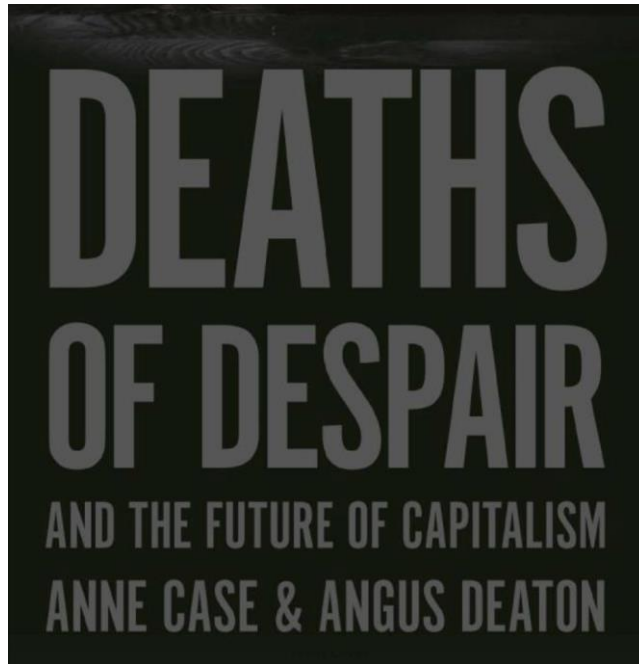


Figure 1.3 Mortality as estimated from specific medical causes comparing reports over the past decade with peak rates of mortality in the 1965 -1995 era in the U.S.. The profound progress for several medical disorders has not been matched by reductions in suicide which have increased 33% since 2000. Not shown are marked increases in drug overdose deaths and reductions in homicides and auto fatalities relative to 1965-1995. (source CDC)

Deaths of Despair – Lowering Life Expectancy in America (before Covid-19)



	<u>2000</u>	<u>2019</u>	<u>2021*</u>
Suicide:	29,350	47,511	45,855
Drug OD:	17,415	70,630	100,306
Alcohol:	19,627	39,000	95,000**
<u>TOTAL</u>	<u>66,392</u>	<u>157,141</u>	<u>241,161</u>

Fig 1.4 Case and Deaton report on “deaths of despair” combining mortality from suicide, drug overdoses, and alcohol addiction. Increase (in the U.S) is largely among rural whites without a college degree. Data from CDC NVSS. *estimates up to May 2021, **data not comparable due to changes in criteria for alcohol-related deaths.

Lack of Capacity

Trans-institutionalization 1965-2016

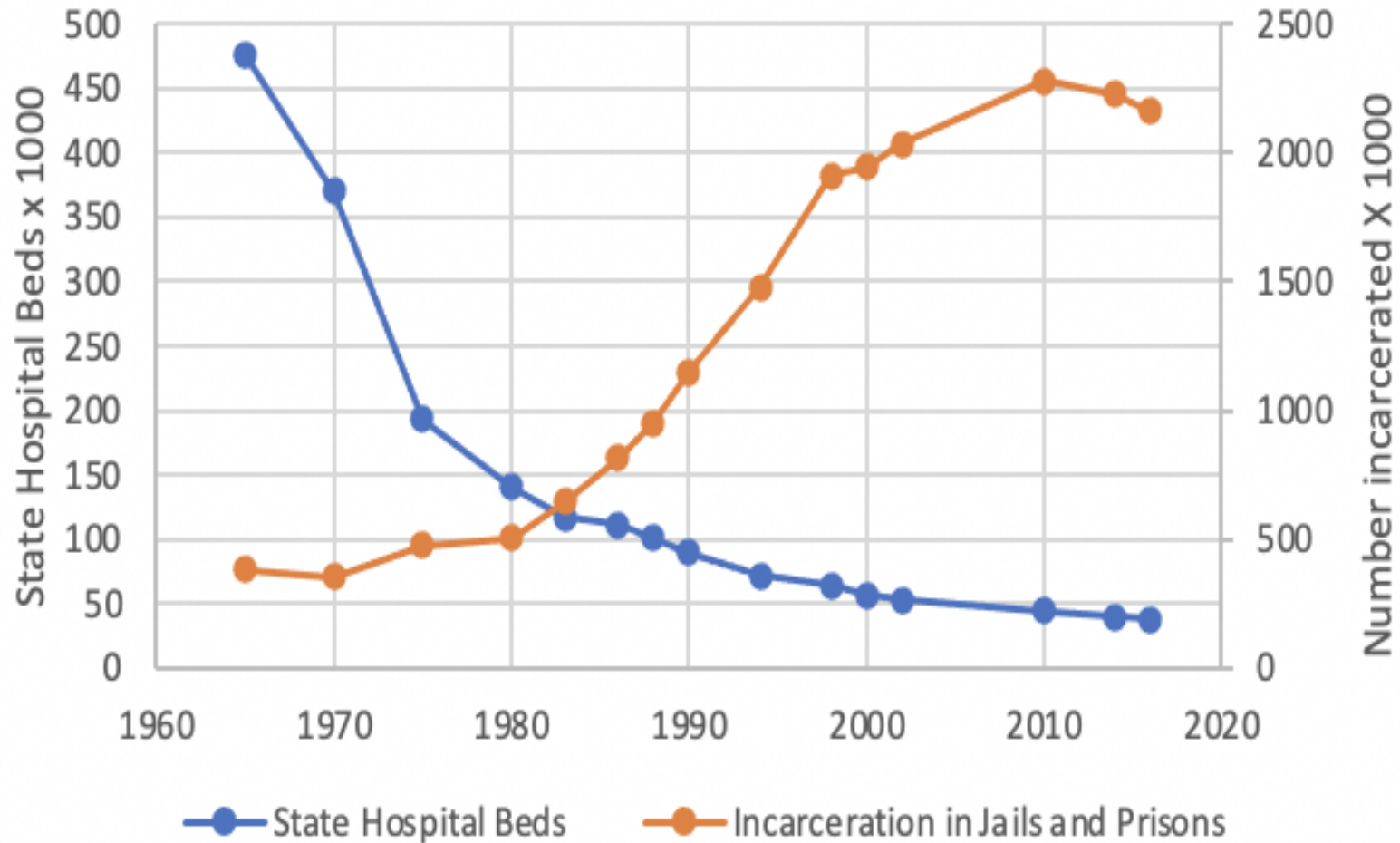
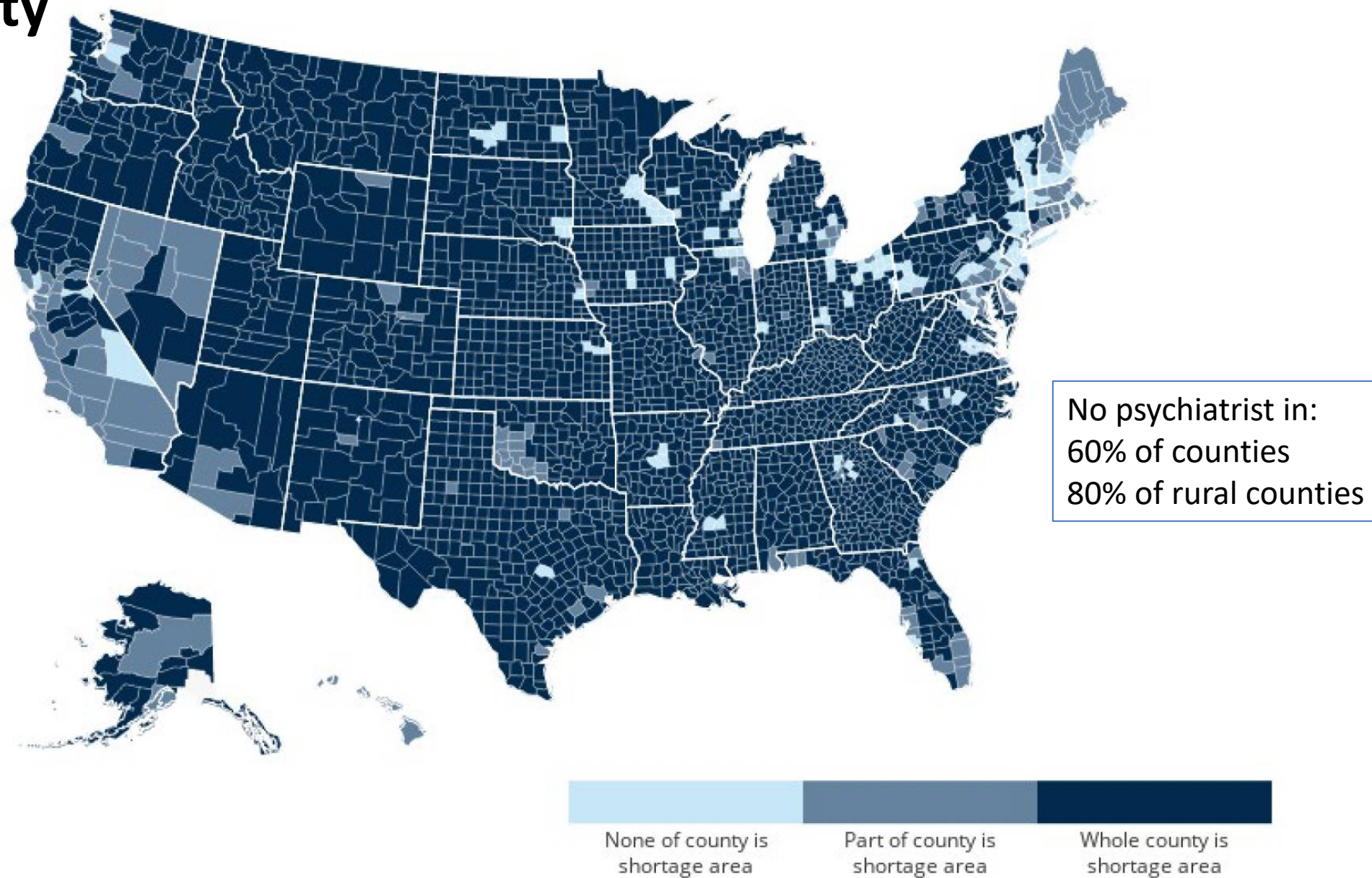


Figure 4.1 Trends in number of state hospital beds versus number of individuals in jails and prisons from 1965– 2016 in the U.S. Data for state hospital beds from the National Association of State Mental Health Program Directors. Data for incarceration from Bureau of Justice Statistics includes state and federal jails and prisons. Note incarceration numbers for 1965– 1975 are estimates based on historical rates for jail incarceration, as BJS data prior to 1980 were for prisons only.

Lack of Capacity



Lack of Engagement

The 40-40-33 Rule

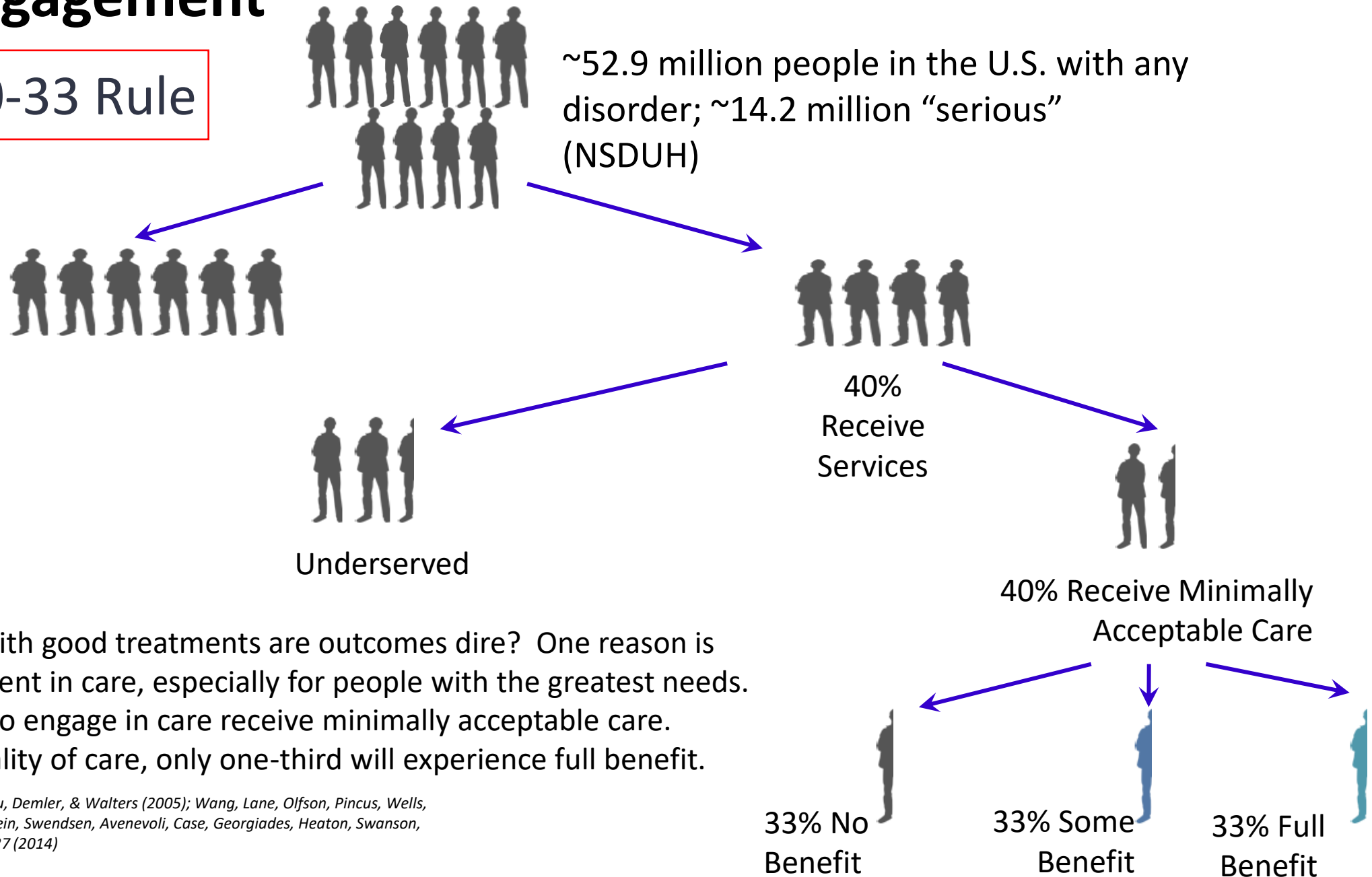


Figure 1.5 Why with good treatments are outcomes dire? One reason is the low engagement in care, especially for people with the greatest needs. And only 40% who engage in care receive minimally acceptable care. With this low quality of care, only one-third will experience full benefit.

SOURCES: NSDUH (2021); Kessler, Chiu, Demler, & Walters (2005); Wang, Lane, Olfson, Pincus, Wells, Kessler (2005); Merikangas, He, Burstein, Swendsen, Avenevoli, Case, Georgiades, Heaton, Swanson, Olfson (2011), SSA Publication 13-11827 (2014)

Lack of Quality

Delay

Fragmentation

Inconsistency

Absence of measurement

Training is variable (BA, MA, MD)

Reimbursement for time spent not results

Crisis-driven

“Our mental health care system is broken.”

“It’s not a health care system, it’s a sick care system.”

“It’s not a system.”

Lack of Equity

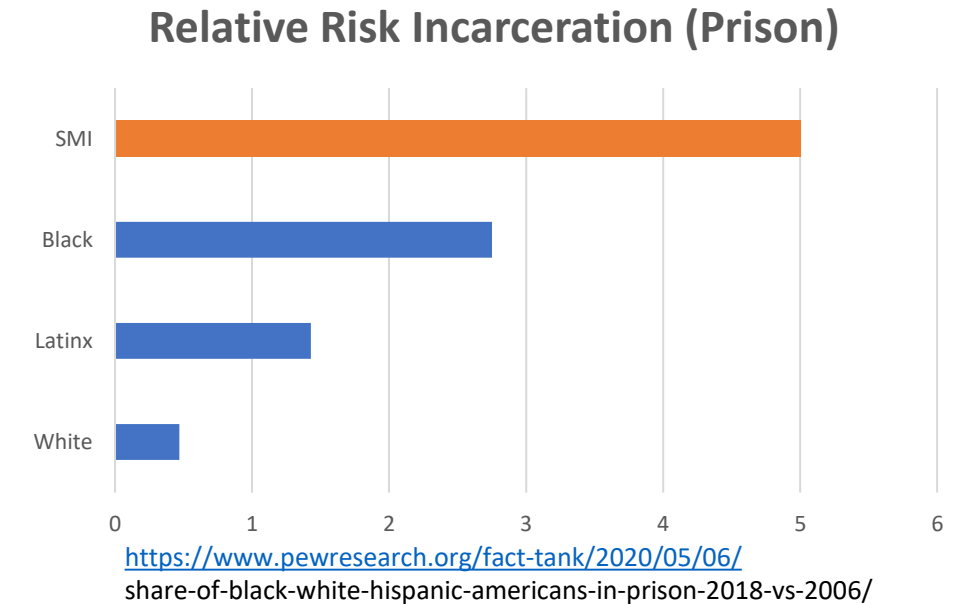
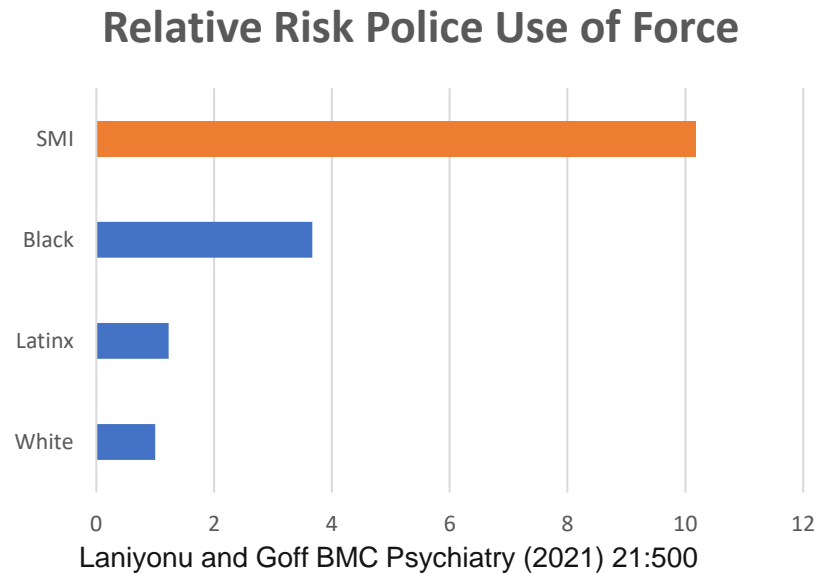
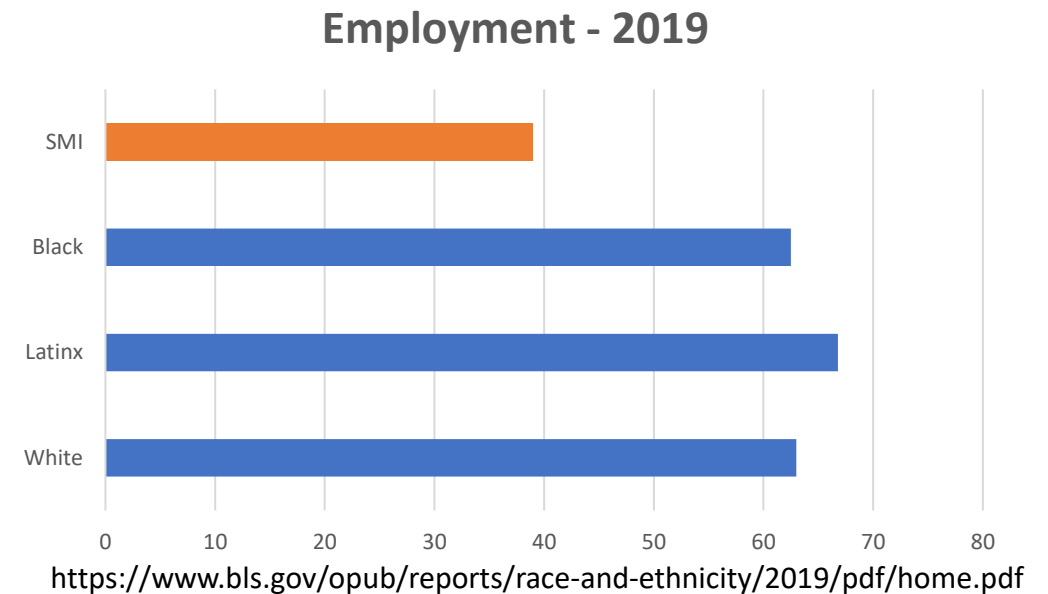
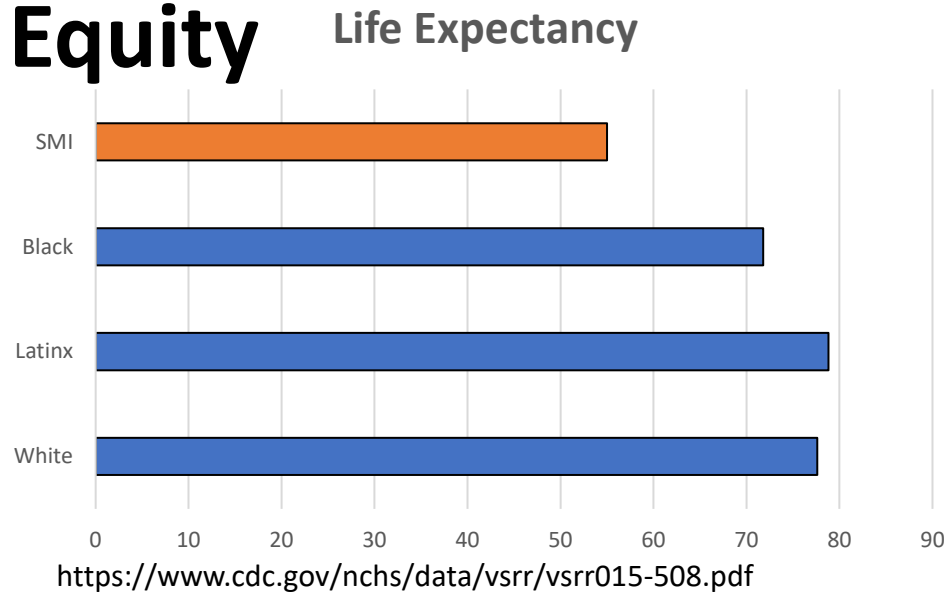


Figure 2.1 Nearly 60 years after President Kennedy pledged that people with mental illness should “no longer be alien to our affections”, the lack of equity is arguably worse than in 1963. If people with serious mental illness (SMI) were a race or ethnicity they would appear to be America’s “untouchables”. And people of color with SMI face double jeopardy on each of these measures.

The Landscape of Interventions for Mental Illness

<u>Medications</u> Antipsychotics (>20) Antidepressants (>30) Anxiolytics (>10) Mood Stabilizers (7) ADHD meds (6)	<u>Psychological Treatments</u> Cognitive Behavior Therapy Problem Solving Therapy Family Interventions Interpersonal Therapy Behavioral Activation
<u>Neuromod. Treatments</u> Transcranial Mag. Stim. (TMS)* Electroconvulsive Rx (ECT)* Deep Brain Stimulation (DBS) Transcran. Dir. Curr. Stim. (DCS) Vagal Nerve Stimulation (VNS)*	<u>Rehabilitative Interventions</u> Assertive Community Treatment Supp. Employment/Academics Supportive Housing Family Psychoeducation Clubhouse

Figure 3.3 There is a wide range of effective treatments available for mental illness. This list is not comprehensive but it makes the point that research has documented an abundance of treatments with efficacy and effectiveness. Unfortunately, these treatments are rarely given early, adequately, or in combination. For neuromodulatory treatments, * represents FDA approval.

Recovery

The problems can be defined as medical

**The solutions need to be defined as social, environmental,
and political**

Recovery Requires Us to Think Beyond Symptoms

Recovery Invites Us to Redefine Care