THE COST OF MENTAL ILLNESS:
CONNECTICUT FACTS AND FIGURES

Hanke Heun-Johnson, Michael Menchine, Dana Goldman, Seth Seabury
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INTRODUCTION

Improving access to high-quality medical and behavioral health care for patients with mental illness remains one of the most vexing problems facing the health care system in the United States. While Connecticut’s behavioral health care system is considered to be among the nation’s top regarding access to care, demand has been rising, and funding cuts are straining the system¹.

This chartbook attempts to quantify the magnitude of the challenges facing Connecticut in terms of the economic burden associated with behavioral health issues. We describe the size and characteristics of the population with mental illness and show the impact on the health care system based on high rates of hospitalization. We also note the unmet need in terms of behavioral health care professionals and discuss the implications for the criminal justice system in Connecticut.

INTRODUCTION

Key findings include:

• In the U.S., the hospitalization rate of patients with serious mental illness is very high compared to other hospitalizations, which imposes a large cost on the health care system due to the relatively long length of stay, despite the general absence of procedures.

• Despite the relatively large per-capita number of behavioral health care professionals in Connecticut compared to the U.S. average, there is still a shortage of providers, particularly in the criminal justice system.

• People living with mental illness are more likely to encounter the criminal justice system, resulting in a large number of arrests and incarcerations. The overall annual cost of incarcerating people with serious mental illness in state prisons in Connecticut exceeds $165 million.

The data presented in this chartbook are publicly available and represent the most recent numbers to which we had access. The term “behavioral health” is used to describe data related to mental illness and substance abuse, whereas “mental health” does not include substance abuse.

The data and methods are described in more detail in the appendix: http://healthpolicy.usc.edu/Keck_Schaeffer_Initiative.aspx
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QUANTIFYING THE POPULATION LIVING WITH MENTAL ILLNESS IN CONNECTICUT AND THE U.S.
# KEY POPULATIONS OF INTEREST

## SERIOUS PSYCHOLOGICAL DISTRESS (SPD)

When someone experiences serious psychological distress, he or she may have a diagnosed or undiagnosed mental health condition, such as major depressive disorder, bipolar disorder, or schizophrenia (described below). Serious psychological distress is determined by six questions on the Kessler-6 screening instrument, which measures the frequency of symptoms of depression, anxiety, and emotional distress during a specific time period.

## MAJOR DEPRESSIVE DISORDER

A mental illness that severely impairs a person’s ability to function, characterized by the presence of depressed mood, feelings of worthlessness, guilt, or helplessness, reduced concentration, ability to think, sleep problems, loss of interest or pleasure in activities, and/or recurrent thoughts of suicide.

## BIPOLAR DISORDER

A mental illness characterized by extreme shifts in mood and energy levels. During manic episodes, a patient has abnormally high energy and activity levels that lead to impairment in daily functioning or requires hospitalization to prevent harm to self or others. Delusions or hallucinations can also occur. Manic episodes may be alternated with major depressive episodes.

## SCHIZOPHRENIA

A debilitating mental illness that distorts a patient’s sense of reality. Symptoms of schizophrenia include hallucinations, delusions, confusion, cognitive and mood impairments, and extremely disorganized thinking.

## RISK FACTORS: GENETIC & EXTERNAL FACTORS

Many different genetic factors may increase risk, but no single genetic variation causes a mental illness by itself; Specific interactions between the individual’s genes and environment are necessary for a mental illness to develop.
Many mental health conditions are fairly common in the general population.

Whereas any of these conditions can severely limit someone’s normal daily activities, three disorders are often labeled as serious mental illness: major depressive disorder, bipolar disorder and schizophrenia. These three disorders will be the focus of this chartbook.

NB: Due to symptom overlap, diagnoses of mental illnesses are not mutually exclusive

Source: National Survey on Drug Use and Health (NSDUH) 2016 (SPD), NSDUH Mental Health Surveillance Study 2008-2012 (major depressive disorder) and National Institutes of Mental Health (other conditions – see appendix for original sources)
We estimate that more than 300,000 adults in Connecticut experienced serious psychological distress in the past 12 months.

Note that a patient can receive multiple diagnoses of a serious mental illness due to a high degree of overlap between the mental health conditions.

Source: National Institutes of Mental Health, National Survey on Drug Use and Health (NSDUH) 2016, and NSDUH-MHSS 2008-2012. Estimated number of people affected based on total state population of 2,824,290 (18 years and over), Census Bureau data (2016)
Substance abuse in people with serious psychological distress

UNITED STATES 2016

Percentage of adults with substance/alcohol abuse and/or dependence in past year

- Serious psychological distress:
  - Any substance: 15.1%
  - Alcohol: 10.8%
  - Any illicit drug: 3.2%
- No SPD:
  - Any substance: 6.2%
  - Alcohol: 5.0%
  - Any illicit drug: 1.8%
  - Prescription pain relievers: 0.4%

People who experienced serious psychological distress in the past 12 months are more likely to abuse or be dependent on alcohol or illicit drugs during that same time period.

Source: National Survey on Drug Use and Health (2016)
MENTAL HEALTH CARE COVERAGE, UTILIZATION & COSTS

Unmet mental health care needs

More than a quarter of adults with serious psychological distress in the past year reported an unmet need for mental health care. A common reason for not receiving care was the inability to afford mental health treatment, especially for people who do not have health insurance.
There is significant unmet need for mental health care in the U.S.

Among adults who experienced serious psychological distress during the past year:

- Unmet need: 27.3%
- Cannot afford: 41.3%

27.3% indicates an unmet need of mental health treatment.

And 41.3% of these people did not receive mental health treatment, because they could not afford it.

More than a quarter of adults who experienced serious psychological distress in the previous year in the U.S. reported an unmet need for mental health care. Almost half of the people with a perceived unmet need reported that they did not receive treatment because they could not afford it.

Source: National Survey on Drug Use and Health (NSDUH) 2016
The extent to which cost was a factor in driving unmet need for mental health care varied by insurance status. People without health insurance were most affected by the inability to afford mental health treatment (75%), while those with VA/military health insurance coverage were least affected (13%).

Percentage of adults with past-year serious psychological distress and unmet need of treatment, who could not afford mental health care

- Uninsured: 75.0%
- Private insurance: 40.4%
- Medicaid: 28.4%
- Medicare: 25.0%
- VA/military health insurance: 13.2%

Source: National Survey on Drug Use and Health (NSDUH) 2016
MENTAL HEALTH CARE COVERAGE, UTILIZATION & COSTS

Medicaid & mental health care needs

Medicaid provides a safety-net for people with low income or qualifying disabilities, and a large percentage of people with Medicaid coverage experience behavioral health issues. However, it is often a financial burden for physicians to accept Medicaid patients since reimbursement rates are generally lower than for other patients. This can lead to access barriers for patients with Medicaid coverage that prevent them from receiving the behavioral health care they need.
People with mental illness have greater reliance on the safety net

In the Medicaid and uninsured population, a higher percentage of people reported serious psychological distress (SPD) during the past year compared to people with Medicare, VA/military, or private health insurance coverage.

Source: National Survey on Drug Use and Health (NSDUH) 2016
Medicaid reimbursement rates to physicians are low

CONNECTICUT AND UNITED STATES 2016

Low reimbursement rates are a disincentive for individual physicians to accept patients with Medicaid coverage and mental health problems. Compared to Medicare fee levels, Medicaid reimbursement rates are low in most states. Although Connecticut’s fee ratio is slightly higher than the U.S. average, Medicaid fees are still below Medicare fees.

This can be a barrier for these patients to obtain access to mental health care.

**New England states
Source: Kaiser Family Foundation, Medicaid-to-Medicare Fee Index, FY 2016**
Medicaid reimbursement rates for behavioral health services by community providers are low.

CONNECTICUT 2014

Top 10 procedures by volume

<table>
<thead>
<tr>
<th>Service</th>
<th>Volume</th>
<th>Margin per hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotherapy, 45 min</td>
<td>21%</td>
<td>-$106.86</td>
</tr>
<tr>
<td>Therapeutic behavioral services, 15 min</td>
<td>10%</td>
<td>-$133.25</td>
</tr>
<tr>
<td>Psychotherapy, 60 min</td>
<td>9%</td>
<td>-$80.86</td>
</tr>
<tr>
<td>Family psychotherapy, 60 min</td>
<td>8%</td>
<td>-$124.75</td>
</tr>
<tr>
<td>Psychiatric diagnostic evaluation</td>
<td>8%</td>
<td>-$111.98</td>
</tr>
<tr>
<td>Group psychotherapy</td>
<td>5%</td>
<td>-$103.12</td>
</tr>
<tr>
<td>Behavioral health day treatment, per hour</td>
<td>5%</td>
<td>-$128.58</td>
</tr>
<tr>
<td>Office/outpatient visit, level 3</td>
<td>4%</td>
<td>-$116.66</td>
</tr>
<tr>
<td>Alcohol/drug services, intensive outpatient</td>
<td>3%</td>
<td>-$1.76</td>
</tr>
<tr>
<td>Targeted case management</td>
<td>2%</td>
<td>-$207.51</td>
</tr>
</tbody>
</table>

The 10 most utilized behavioral health services account for 75% of total service hours by community providers.

The service delivery cost for these procedures is higher than the revenue under Medicaid rates, resulting in negative margins and providers operating at a loss.

The annual loss for these procedures is more than $27 million for approximately 250,000 service hours.

Source: Prioritizing Community Based Services in CT, CT Community Providers Association, February 2015
Hospital utilization & costs

For every 100 patients with a serious mental illness, there were approximately 47 hospitalizations in the U.S. in 2014. The average length of stay for these hospitalizations is long compared to other hospital stays, and relatively little progress has been made in reducing the length of stay for a serious mental illness over the last decade. This imposes a large financial cost on the health care system and potentially diverts resources away from other sites of care.
**Hospitalizations for mental illness**

**UNITED STATES 2014**

In the U.S. the total number of hospitalizations is highest for adult patients with a principal diagnosis of bipolar disorder, whereas patients with a schizophrenia diagnosis have a much higher rate of hospitalizations.

In the U.S. there are approximately 47 serious mental illness-related hospitalizations for every 100 adult patients. The rate for each SMI is more than 18 times as high as for patients with heart failure as principal diagnosis.

3.2% of all hospitalizations are due to SMI

Source: Healthcare Cost and Utilization Project (HCUPnet) 2014

Estimate of hospitalization rate: based on total state population (Census bureau data, 2014)

Prevalence estimates reported previously, and from Heart Disease and Stroke Statistics 2016

Update: A Report From the American Heart Association
In the U.S., the average hospital stay duration for adult patients with serious mental illness is high compared to all hospital stays, especially for patients diagnosed with schizophrenia.

The total time spent in the hospital by adults with a primary diagnosis of schizophrenia, bipolar disorder or major depressive disorder almost reaches eight million days each year in the U.S.

Source: Healthcare Cost and Utilization Project (HCUPnet) 2014
In contrast to adults, “psychotic disorder, not otherwise specified (NOS)” is diagnosed more often than schizophrenia in the younger population (1-17 years) during hospitalizations, possibly to prevent stigmatization.

Regardless of the primary reason for a hospitalization, the average length of stay for younger people in the U.S. is at least a day longer than for adults, illustrating the challenges in treating and establishing an environment with appropriate follow-up care for this especially vulnerable population.

Source: Healthcare Cost and Utilization Project (HCUPnet) 2014
The length of stay in the hospital for serious mental illness in elderly patients is at least 40% higher on average than for younger adults with a similar diagnosis. Treatment of medical comorbidities due to aging, as well as difficulty finding long-term care environments may be at the root of this disparity.

Source: Healthcare Cost and Utilization Project (HCUPnet) 2014
The average length of stay for a schizophrenia hospitalization was longer than those for kidney transplants, heart attacks or hip replacement surgeries. Moreover, the average duration for these other conditions all declined by at least 18% from 2000 to 2014 while for schizophrenia the duration has not changed by much.

Source: Healthcare Cost and Utilization Project (HCUPnet) 2014
The average costs for a hospitalization in the U.S. ranged from $5,400 to $9,000 per stay for patients with serious mental illness. This is despite a general absence of procedures or surgeries during a hospitalization for symptoms of serious mental illness.

Source: Healthcare Cost and Utilization Project (HCUPnet) 2014
The total costs for serious mental illness hospitalizations almost reached $7 billion in the U.S. in 2014.

**Total hospital costs**
(all ages, in 2016 U.S. $)

- **$6,959,858,878**
  - SMI total

- **$2,702,852,949**
  - Schizophrenia

- **$2,254,548,756**
  - Bipolar disorder

- **$2,002,457,174**
  - Major depressive disorder

**Source:** Healthcare Cost and Utilization Project (HCUPnet) 2014
Investment in community-based programs

For several decades, a shift from hospital inpatient care towards community-based clinic outpatient treatment has taken place, as is exemplified by the budget trends of state mental health agencies. On average, approximately 72% of their budgets is now spent on community-based programs, compared to 33% in the early 1980s. Compared to the U.S. average, the Connecticut state mental health agency spends a high amount per capita on community-based programs.
The Connecticut Department of Mental Health and Addiction Services spends a higher per capita amount on mental health services compared to state mental health agencies in the rest of the U.S.

Of the agency’s clients in 2016, 52.4% have a diagnosis of serious mental illness, and 67.5% a substance use/abuse disorder.

On average, 89.7% of their 2909 available inpatient and residential beds were in use in 2016.

Expenditures include (U.S. average):
- 72% Community-based mental health programs funded and/or operated by state mental health agencies
- 26% Mental health services in state psychiatric hospitals
- 2% Administration/training/research/evaluation to support these services

**New England states**

Source: State Mental Health Agency-Controlled Expenditures for Mental Health Services, FY 2013 National Association of State Mental Health program Directors Research Institute, Inc (NRI)

Connecticut Department of Mental Health and Addiction Services, Annual Statistical Report 2016
Connecticut has a larger number of behavioral health care professionals and hospital beds per capita compared to the U.S average. However, the number of behavioral health care professionals is not sufficient to serve the population with behavioral health needs. In Connecticut alone, 89 full-time professionals are needed in addition to the current workforce in designated “shortage areas” to reach an acceptable provider-to-patient ratio.

This shortage is particularly acute in the criminal justice system, where many people are in need of behavioral health treatment.
Availability of behavioral health care professionals

Connecticut and United States 2017

There are approximately 32 behavioral health care professionals for every 10,000 residents in Connecticut, which is higher than the average in the U.S.

Note that the U.S. average does not represent the optimal number of behavioral health care professionals.

Behavioral health care professionals include: psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in behavioral health care.

**New England states
Source: County Health Rankings & Roadmaps, by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.**
Per resident, Connecticut has more primary care physicians, behavioral health care professionals, and hospital beds dedicated to psychiatric care compared to the U.S. average.

Note that the U.S. average does not represent the optimal number of behavioral health care professionals or hospital beds. Although the optimal number of beds is unknown in our current health care infrastructure, there are estimates that 5 beds per 10,000 residents are minimally required assuming sufficient availability of outpatient programs for long-term treatment.

Source: Area Health Resource Files 2013 (psychiatrists, physicians and psychiatric care beds), and 2005-2013 Demographics of the U.S. Psychology Workforce, American Psychological Association (psychologists)
Shortage of behavioral health care professionals

CONNECTICUT 2018

Currently, Connecticut has 56 full-time equivalent behavioral health care professionals in designated shortage areas and facilities with behavioral health care professional shortages. In order to address the shortage issue, 89 more full-time professionals are needed in these areas, 31 of whom in correctional facilities.

Source: Health Professional Shortage Areas (HPSA), HRSA Data Warehouse, 03/16/2018

Behavioral health care professionals:
- psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage & family therapists

Facilities:
- Federal & state correctional institutions, state & county mental hospitals, community mental health centers, and other public or nonprofit private facilities

Geographic high needs area based on population-to-provider ratio, poverty levels, elderly and youth ratio, alcohol and substance abuse prevalence, and travel time to nearest source of care outside area
1,870,191 people in Connecticut (52% of the state population) reside in designated shortage areas and/or are served by a facility with shortages of behavioral health care professionals. This is higher than the U.S. average of 30%.

**New England states**

Source: Health Professional Shortage Areas (HPSA), HRSA Data Warehouse, 03/16/2018, and Census Bureau data (2017)
MENTAL HEALTH CONDITIONS & THE CRIMINAL JUSTICE SYSTEM

People living with mental illness are more likely to encounter the criminal justice system and to be arrested, suggesting that mental illness is a factor in incarceration risk. Whereas state and federal prisons have resources to provide mental health care to prisoners who were not receiving this before incarceration, local jails appear particularly unable to meet the health care needs of people with mental illness.

The overall cost of incarceration of the 3,200+ prisoners with serious mental illness in the state of Connecticut is more than $160 million per year.
People who experienced serious psychological distress (SPD) are more likely to have been arrested or be on parole or probation in the past year.

Source: National Survey of Drug Use and Health (NSDUH) 2016
Survey does not include current institutionalized population
A large percentage of the U.S. adult prison and jail inmate population currently experiences serious psychological distress compared to the non-institutionalized population.

Additionally, these mental health issues are observed at higher rates in local jails than in prisons.

Source: National Survey of Drug Use and Health (NSDUH) 2016
Bureau of Justice report: Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12, based on data from the National Inmate Survey
In Connecticut state prisons, approximately 21% of prison inmates previously have been diagnosed with a serious mental illness, which is similar to the overall U.S. prison population. Many patients have been diagnosed with two or three mental illnesses, confirming the presence of overlap in symptoms in this population.

Source: Survey of Inmates in State Correctional facilities, BJS, 2004. Includes juveniles
Due to rounding, percentages of separate parts may not add up to the total percentage
The increase in mental health care treatment in federal and state prisons after admission to prison suggests that these institutions are making up for the gaps in mental health treatment in the general health care system. At the same time, local jail inmates do not have the same access to medication and counseling while incarcerated as federal and state prisoners.

Mental health conditions include prior diagnosis of depressive disorder, bipolar disorder, and/or schizophrenia. Medication and counseling data includes treatment for any mental illness.

Source: SISFCF (Survey of inmates in states and federal correctional facilities) 2004 & SILJ (Survey of inmates in local jails) 2002
Estimated number of Connecticut state prison inmates in 2016 previously diagnosed with serious mental illness:

3,270

Estimate of overall annual costs in 2016:

$ 166,444,800

Overall annual costs based on 2016 average of all state prison inmates in Connecticut
Sources: Annual Survey of State Government Finances 2016
Survey of Inmates in State/Federal Correctional facilities, BJS, 2004
Connecticut Open Data
The economic burden of each serious mental illness in adults is estimated to be at least $35 billion for the U.S. and $400 million for Connecticut per year.
The economic burden of schizophrenia, bipolar disorder, and major depressive disorder in adults in Connecticut is estimated to be at least $400 million for each serious mental illness.

Due to symptom overlap, diagnoses of mental illnesses are not mutually exclusive, therefore, patients with two or more diagnoses may be represented in multiple categories.

Economic burden of serious mental illness

UNITED STATES 2016

The economic burden of schizophrenia, bipolar disorder, and major depressive disorder in adults in the U.S. is estimated to be at least $35 billion for each serious mental illness.

Due to symptom overlap, diagnoses of mental illnesses are not mutually exclusive, therefore, patients with two or more diagnoses may be represented in multiple categories.

Lost productivity is the largest contributor to economic burden of serious mental illness

Most of the total economic burden of serious mental illness is due to lost productivity (unemployment, lost compensation (incl. caregivers), or early mortality). Only 12 to 47% of the total burden is resulting from direct medical costs (including substance abuse treatment), and an even smaller percentage from law enforcement, incarceration, shelters, or research & training (other costs).

This highlights the large potential economic and societal benefits from improving treatment for serious mental illness even if it means spending more on care.

United States

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Authors:

Hanke Heun-Johnson, PhD
Michael Menchine, MD, MPH
Dana P. Goldman, PhD
Seth A. Seabury, PhD

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References, data sources and methods are described in more detail in the online appendix. This chartbook and the appendix can be downloaded at: http://healthpolicy.usc.edu/Keck_Schaeffer_Initiative.aspx