



How can early treatment of serious mental illness improve lives and save money?

Takeaways:

- Serious mental illness incurs huge personal, social, and economic costs – including an estimated \$193 billion a year in lost earnings alone.¹
- Early detection and intervention can help reduce the toll of serious mental illness.
- Although some states are moving toward early detection and intervention models, the U.S. health care system currently is not equipped to make such programs widely available.

Overview

Treatment of serious mental illness is currently not well-integrated into the U.S. health care system. The enactment of mental health parity, which puts mental health coverage on par with medical coverage, and the inclusion of mental health coverage in the essential health benefit package established under the Affordable Care Act (ACA) are steps in the right direction. However, critical gaps remain, leaving many people at risk for lifelong disabilities, hospitalization, jail time, or suicide. Early detection and treatment of serious mental illnesses works, but more must be done to implement this model throughout the health care and social service systems.

DISEASE BURDEN

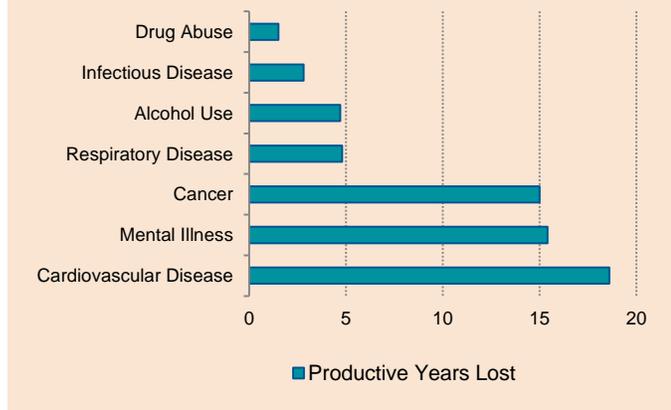
An estimated 4 million young people will develop a severe mental disorder, such as schizophrenia or bipolar affective disorder.² In addition to its enormous economic costs, serious mental illness has devastating effects on young people and their families. Seventy-five percent of people with schizophrenia go on to develop a disability and fewer than 25 percent are gainfully employed.³ Twenty-five percent of U.S. hospital admissions and disability payments are for people with severe mental disorders.⁴

Seventy percent of youth in the juvenile justice system suffer from mental health disorders; 27 percent of cases are so severe that functional ability is seriously impaired.⁵ People with serious mental illness die eight years earlier than the general population,⁶ and an estimated 10 percent to 15 percent of people who suffer from severe mental illness commit suicide.⁷

EARLY INTERVENTION

Under our health care system, we wait until young people with severe mental illness are very sick and have suffered serious consequences before treating them. Young people who show early signs of mental disorders often do not receive treatment because of stigma or because they lack information about where to go. Yet delayed treatment is associated with incomplete and prolonged recovery.

Shortened Productive Lives



Source: <http://profiles.nlm.nih.gov/ps/access/NNBBHS.pdf>

Early detection and intervention models identify young people with warning symptoms of mental disorders, get them into treatment, help them remain in school or at work, and keep them on a healthier track. Other countries, including Australia, the United Kingdom, and Norway, have embraced this approach. In the United States, the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) relies on strong community outreach efforts to train clinicians, teachers, guidance counselors, medical and mental health professionals, and others to recognize the warning symptoms of serious mental illness and refer vulnerable young people quickly for screening and treatment. The program helps kids stay in school, hold down jobs, and generally manage their conditions while pursuing the healthiest, most normal lives possible.

Early diagnosis and intervention is a big shift from current practice—and it's working. In addition to research from around the world, early results from a five-year study of the EDIPPP model show declining rates of hospitalization for severe mental disorders among teens and young adults, as well as reduced rates of psychotic episodes in young people with early symptoms. EDIPPP, which is funded by the Robert Wood Johnson Foundation, is helping to

demonstrate that early identification and treatment can work in communities throughout the United States, stopping serious mental illness in its tracks.

MORE PROGRESS NEEDED

We must take bold steps to change the way serious mental illness is detected and treated—and we must ensure that policies and reimbursement support these changes. A few states are moving in this direction as well. For example, based on the experience of early intervention programs, California has replicated the EDIPPP model in Sacramento, Ventura, San Diego, and San Jose. In addition, Oregon is slowly implementing early intervention statewide.

CONCLUSION

Early detection and intervention shows promise in helping young people with warning symptoms of serious mental disorders. Preliminary results from EDIPPP show that this model is working and can be adapted in diverse settings across the country. New payment policies and incentives will be needed to support this approach.

WANT TO KNOW MORE?

- [*National Demonstration of Early Detection, Intervention and Prevention of Psychosis in Adolescents and Young Adults \(RWJF\)*](#)
- [*World Federation for Mental Health*](#)
- [*National Association for Mental Illness*](#)

¹<http://ajp.psychiatryonline.org/data/Journals/AJP/3861/08aj0703.PDF>

²www.changemymind.org

³www.changemymind.org

⁴www.mendeley.com/catalog/economic-burden-schizophrenia-united-states-2002

⁵www.ncmhjj.com/pdfs/publications/PrevalenceRPB.pdf

⁶www.ncbi.nlm.nih.gov/pubmed/21577183

⁷www.who.int/whr/2001/chapter2/en/print.html