

# What Works in Treatment and Recovery?



The Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) was authorized by the 21st Century Cures Act to improve access to and delivery of care for people with mental illnesses. It also seeks to enhance federal coordination across agencies. In 2017 ISMICC provided a report to Congress that set the stage for its future work. ISMICC developed 5 focus areas to fulfill the Committee's vision. Here we summarize the third focus area on closing the gap between what works in treatment and what is offered to people with mental illnesses.

\*Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)  
See our ISMICC Policy Brief #1

➔ [Click here to see the full list of recommendations for treatment and recovery \(focus #3\), located on page 84.](#) ➔

## 01 Comprehensive Continuum of Care

Many adults with mental illnesses receive no treatment or only medication. Everyone should have access to comprehensive, integrated care that is team-based, recovery-oriented, and trauma-informed.

Psychiatric crisis response should use the least-restrictive setting possible. People in crisis should not be held in hospital emergency departments.

People with mental illnesses have higher medical costs due to unmet needs related to chronic health conditions. They need bidirectional, integrated mental health and primary care to treat both conditions.

Most people with mental illnesses develop disorders before the age of 24. Prevention and early intervention are crucial for this age group.

## 02 Youth Screening & Early Intervention

Screening should occur in primary care, as well as the following settings...

- School and college health clinics
- Emergency departments
- Public health clinics
- Juvenile justice settings

Early screening is only recommended when there is sufficient follow up, diagnosis, and treatment for those who are identified as being in need.

## 03 Specialty Care for First Episode Psychosis

### What is Coordinated Specialty Care?

- An evidence-based treatment for people with first-episode psychosis
- A team of specialists works with the individual to create a treatment plan
- The plan often includes medications, psychotherapy, case management, family education, peer support, supported employment, & housing

Coordinated Specialty Care should be available nationwide for youth & adults experiencing first-episode psychosis.

Universal access can be incentivized through federal health benefit programs (e.g., TRICARE, Medicaid, Medicare, VA Health), SAMHSA block grant requirements, and private insurers.

## 04 Trauma-Informed, Whole Person Care

Trauma, including adverse childhood events, influences development of mental illness & emotional disturbance.

Trauma-informed, whole-person health should be prioritized in all systems of care.

### For every 10 children with Serious Emotional Disturbance

4 are exposed to domestic violence

5 have family members with mental illnesses other than depression

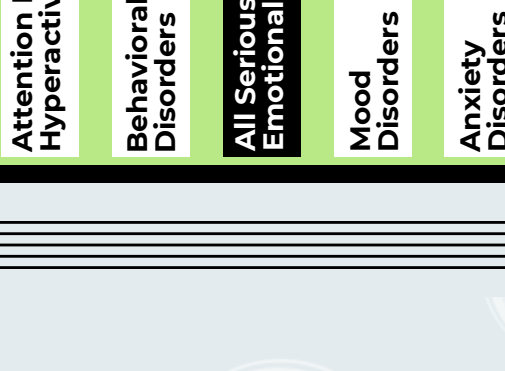
2 are frequently absent from school

1 has Post-Traumatic Stress Disorder (PTSD)

## 05 Implement Effective Systems of Care for Youth

Serious Emotional Disturbance (SED) impacts 6.8% to 11.5% of all children & youth. However, most do not receive treatment, & treatment rates vary substantially by disorder.

### Treatment Rates by Disorder (Merikangas et al., 2011)



Transition age youth are particularly vulnerable. Of those with mental illness:

- Many drop out of services when they reach adulthood
- Rates of high school graduation, college enrollment, and employment are lower than the general population
- Rates of homelessness are higher than peers without mental illness
- In general, this age group uses substances more frequently and has more contact with the justice system

## 06 Housing for people with mental illness

Access to housing, including supportive housing, should be available to children & adults, particularly...

Adequate housing is linked to reduced psychiatric symptoms, decreased justice system involvement, & higher rates of employment.

Social determinants of health, including housing, are key to improving outcomes & reducing health disparities.

People exiting jails and prisons

Youth who are estranged from family

Youth aging out of foster care

People who are homeless

The rate of suicide among adults with mood disorders is 25 times higher than in the general population.

## 07 Zero Suicides Prevention Strategy

1 in 10 youth entering one federal initiative had previously attempted suicide, and 1 in 5 had considered it.

Children & youth in the justice & child welfare systems are at increased risk for suicide. Suicide attempts are higher among LGBT+ youth (29%) compared to the general population of students (6%).

ISMICC recommends adoption of the Zero Suicides model for suicide reduction. Federal departments should plan to widely disseminate & apply these strategies in the public health system.

## 08 Priority Research Agenda

Develop a research agenda for serious emotional disturbance, & serious mental illness prevention, diagnosis, treatment & recovery services.

Initiate biomarker- & personalized biological interventions.

Increase mental health research funding at the National Institute of Mental Health relative to the burden & costs of disease.

“Mental, substance-use, and general health problems & illnesses are frequently intertwined, & coordination of all these types of health care is essential to improved health outcomes, especially for chronic illnesses.”

## 09 Integrated Care for People with Co-Occurring SMI and SUD

Nearly 3 of every 4 adults with SMI has two or more mental illnesses.

One quarter of adults with SMI has a substance use disorder.

About 1 in 6 adults with SMI misused opioids in the past year.

10.4 Million with SMI

2.6 Million with SUD & SMI

19 Million with SUD

## 10 Develop Capacity to Implement Care Standards

Because of challenges in implementing national standards, there are large gaps between what we know works and what communities have available. Effective models should be brought to scale.

Some states, including Vermont, Ohio, & New York, have successfully implemented national models by using block grant funds to develop technical assistance centers.

### SOURCE:

The Interdepartmental Serious Mental Illness Coordinating Committee. The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers. December 13th, 2017.

Brought To You By:



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