

Working together for longer, healthier lives

by Robert W. Glover, Ph.D.

With the revelation that people with serious mental illness die, on average, 25 years earlier than the general population, the critical mission-driver for the National Association of State Mental Health Program Directors (NASMHPD) in 2008 is a focus on working with partners across national organizations representing health, public health and mental health to stop this devastating loss of life.

As we begin 2008, it is clear that, to be effective, state mental health authorities must work within the context of wellness and recovery, which includes health and well-being on all levels, including mental health.

To NASMHPD, mental health is essential to overall health and well-being. Services must be available, accessible, and of high quality. In addition to approaching mental health as part of overall health and integrated with health, mental health services must be person- and family-centered; focus on prevention and early intervention; include a wide array of services from hospital to community-based providers; and have an emphasis on diversity.

To fulfill this vision, we have begun implementing multiple initiatives that focus on helping consumers and providers to make healthy life choices and reduce risky behaviors that lead to the early death of people with mental illnesses. In many cases, consumers themselves have taken the lead through development of peer provided services.

While it is important to improve mental health services, fundamental health cannot be ignored when we know, for example, that 30 percent to 35 percent of mental health providers smoke.¹ People reporting a mental disorder in the past month consumed approximately 44.3 percent of all cigarettes smoked in the U.S.² In addition, over 6 percent of the U.S. population has diabetes and gestational diabetes and it is projected that this trend will increase to 10 percent by 2010.³ Further, there are over 30,000 deaths by suicide per year.⁴

As a result of these devastating yet preventable mental health and health concerns, NASMHPD will focus in 2008 on concrete steps to address smoking cessation, obesity, and suicide prevention.

Tobacco-free tool kit

In 2007, NASMHPD developed a toolkit entitled, "Tobacco-Free Living in Psychiatric Settings: A Best Practices Toolkit Promoting Wellness and Recovery." This toolkit has quickly been embraced by multiple

state psychiatric hospital administrators and other leaders to implement tobacco free policies. In 2008, we will continue to build on the momentum and partnerships related to this and other smoking cessation efforts.

In addition, the NASMHPD Medical Directors Council will finalize a technical report on suicide prevention and a technical report on addressing obesity among people with mental illness. We look forward to sharing these reports with the broader field in 2008.

Further, we are pleased with our continued partnership with the National Suicide Prevention Lifeline 1-800-273-TALK. The National Suicide Prevention Lifeline (NSPL) is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis and consists of a network of more than 120 crisis centers across the country. The NSPL now includes an option for returning veterans and their families to immediately access a veteran's counselor.

Supporting veterans

As veterans return to their families and communities, there has been a significant increase in demand for state and community mental health services among service men and women and their families. To address this critical need, we will work through our newly developed NASMHPD President's Task Force on Returning Veterans.

NASMHPD has also developed a President's Task Force on Criminal Justice and Mental Health. Here, too, NASMHPD is building on existing partnerships within and beyond state governments to reduce the numbers of people with mental illness in the criminal justice system, while seeking ways to improve public safety.

As part of our focus on overall health and well-being we are also expanding our efforts to reduce violence and coercive practices. NASMHPD is leading the effort to introduce and implement trauma-informed systems of care within our state systems, state hospitals, and community agencies.

We are delighted with the multiple partnerships that have emerged to pursue critical goals within the mental health community on the federal, state, and local levels as well as with community and public health organizations. For 2008 and beyond, it is these continued active partnerships and a developing common vision that will help

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improve the lives of the people we serve.

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References

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3. www.diabetes.org

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prevent regressive national reactions to the tragic Virginia Tech killings and, instead, focus mental health systems on approaches that best engage and serve at-risk groups?

- Prison and jail diversion and re-entry: What can we do to help people avoid needless and costly incarcerations and to fully integrate back into their communities?
- Integrated culturally competent behavioral and physical healthcare: How can we best overcome the current barriers to seamless care?
- Presidential election 2008: How can the national mental health community help identify and support the best platform and candidates to advance our common recovery, rehabilitation and rights agenda?

Kris Ericson, Ph.D., executive director, American College of Mental Health Administration (ACMHA):

ACMHA surveyed its membership last year about the most important issues in mental health and substance abuse in the coming year. The important issues include:

- Transformation
- Healthcare Reform
- Integration
- Recovery
- Workforce
- Financing

ACMHA is addressing all of

these issues throughout many of our activities:

- The 2008 Santa Fe Summit is focused on assuring that the mental health and substance use conditions become part of the national health care reform debate. The college is part of the "Whole Health Campaign," a coalition of volunteers all concerned with the issue of getting MH/SU on the political health care agenda.
- Our leadership initiative continues with two major emphases: our mentorship program and the Leadership Excellence Network (LENS). The mentorship program pairs emerging leaders with ACMHA senior leaders in a free, year-long, electronic mentorship relationship.
- The Leadership Policy Forum will launch in February. Sponsored by SAMHSA's Center for Mental Health Services (CMHS), we will do five national webinars this year focused on primary issues for the field. The framework is the 2005 Institute of Medicine (IOM) Quality Chasm report outlining how one needs to be focus on six specific issues (an almost identical cross-walk to our list above, in different language).
- ACMHA hosts peer discussion calls each month for the membership. The [informal group] comes together to share ideas and solutions on

any number of topics. The January call is on integration and February is on maternal depression.

Mark Covall, executive director of the National Association of Psychiatric Health Systems (NAPHS):

Our top priority in 2008 is to get mental health parity passed and signed by the President. In 2007, the Senate unanimously passed a bipartisan mental health parity bill that has the support of the business and insurance industries and the mental health community. In the House, three committees approved the House version of mental health parity. Now, 2008 is the year to finish the job. Millions of Americans continue to have more restrictive mental health and addictive disorder benefits than general healthcare benefits. Time has long passed for this discrimination to end, but it still persists today. Republicans, Democrats, President Bush, mental health and addiction groups, and business and insurance leaders all support stopping this discriminatory coverage, so there are no more excuses and we must get it done early in 2008.

Our second priority is to implement the Hospital-Based Inpatient Psychiatric Core Measures (HBIPS). This joint project — initiated by the NAPHS, National Association of State Mental Health Directors (NASMHPD), NASMHPD Research Institute, Inc. (NRI), American Psychiatric Association (APA), and The Joint Commission (JC) — is in