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BEHAVIORAL HEALTH

PREVALENCE, COST AND THE FUTURE OF CARE & THE PATIENT ENVIRONMENT

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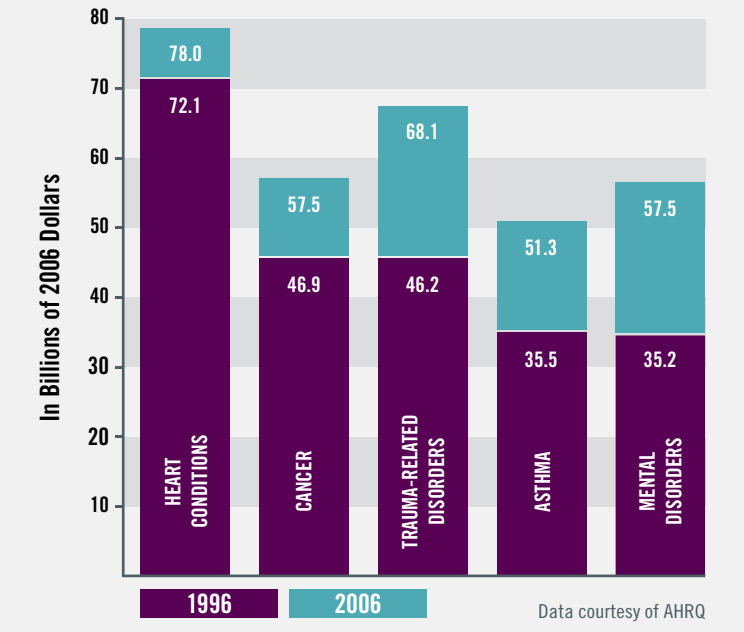
COSTS ASSOCIATED WITH BEHAVIORAL HEALTH ISSUES. As the costs of healthcare continue to increase in the US, the costs for behavioral health illnesses also continue to rise. Total spending on healthcare has doubled over the last 30 years to a current level of about 16 percent of the gross domestic product (GDP).[1] The costs associated with mental illness stem from both direct expenditures for mental health services and treatment (direct costs) and expenditures and losses related to the disability caused by these disorders (indirect costs). Indirect costs include public expenditures for disability support and lost earnings among people with serious mental illness. Serious mental illnesses afflict about 6 percent of American adults and cost society $193.2 billion in lost earnings per year.[2]

Healthcare reform or the Patient Protection and Affordable Care Act (PPACA) is expected to insure 32 million more people in the U.S. What this means is those who have serious mental health illnesses will be eligible and encouraged to seek services, many of them for the first time. Included in the 32 million are dependent children (up to age 26) who will be covered under their parents' health plans. The Medicaid program also will be expanded to cover more families in poverty, resulting in an estimated additional 10 million people (including children) being eligible for health insurance and mental health coverage.[2] Children and young adults will enter the healthcare system earlier and will stay in the healthcare system longer.

The PPACA will ensure that insurance companies will not be able to deny coverage for a preexisting condition, including serious mental health disorders, and that insurance companies will not be able to drop coverage due to illness.[3] Medicare and Medicaid pay for a large proportion of mental health services. With PPACA, the process by which hospitals, clinics and providers are both compensated for care and evaluated will differ. Hospitals that provide mental health services will be held accountable for the quality of care they provide. The act will necessitate that hospitals demonstrate that their services and programs meet a certain standard. For those programs that exceed the standard, financial bonuses will be awarded. For those that do not meet the standard, penalties or withheld payments are possible. This kind of incentivized method should result in hospitals, clinics and providers striving to provide the best possible care in the most cost effective way.[4]

Figure 1. Total expenditures for the five most costly medical conditions (AHRQ).



BEHAVIORAL HEALTH ISSUES AND MEDICAL CONDITIONS. Since budget cuts have affected hospitals for several years, another trend has evolved. In the 1980s and 1990s, thousands of beds in hospitals that were designated for psychiatric care were cut back or eliminated. For those units that are not designed or equipped for the behavioral health environment, there are risks involved. This may include injury to the patient (unsecured equipment, unmonitored environment) and injury to the caregiver (unsecured equipment). Other risks may include costs related to worker's compensation and litigation.

THERE WERE MORE THAN 12 MILLION BEHAVIORAL HEALTH VISITS TO ER'S IN 2010.

The emphasis of care has moved to the outpatient setting, and this adversely affects emergency room ER departments. There were more than 12 million behavioral health visits to ERs in 2010. Of these visits, Medicare was billed 30 percent of the time, private insurance was billed 26 percent of the time and Medicaid was billed for 20 percent of the time. Of the 12 million visits, 21 percent of patients seen were uninsured. When patients with serious mental health issues are seen in the ER, the care is not always optimal. In addition, many people who receive Medicaid and visit the ER have a combination of medical and behavioral health problems. Approximately 68 percent of adults with behavioral health conditions also have medical conditions and 29 percent of adults with medical conditions also have behavioral health conditions.[2]

Many patients with both medical and behavioral health issues are admitted to hospitals every day—and they are admitted to units that are not designated for behavioral health, but to regular units that are not ready or equipped to manage their behavioral health issues. This is stressful for both staff and the patient. The nurse has difficulty getting the complete care plan because the behavioral health providers are not readily available for consultation. If the

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2008 SNAPSHOT:[3]

36.2 MILLION people paid for mental health services totaling $57.5 billion.

15 PERCENT of this total was used to treat children.

4.6 MILLION of the 36.2 million, were children.

$1,591 DOLLARS Average cost per person.

$1,901 DOLLARS Average cost for children.

THE COSTLIEST HEALTH CONDITIONS IN THE U.S. WERE:

HEART CONDITIONS	$78 MILLION
TRAUMA	$68 MILLION
CANCER	$58 MILLION
MENTAL DISORDERS	$58 MILLION
ASTHMA	$51 MILLION

58 PERCENT of funding from behavioral health services is expected to come from public payer sources.[4]

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patient is admitted to a designated behavioral health unit, he or she often has complex medical needs that the unit is not prepared to handle. In a regular unit, the layout of the unit may not be designed for patients who need frequent monitoring. The typical medical-surgical unit does not meet the safety needs of the patient or the staff. As mentioned, units that are not designed or equipped for the behavioral health environment present safety risks to both the patient and care provider, as well as risk to the hospital (i.e. worker's compensation and litigation). The rooms may be far from the nursing station, the equipment may not be able to be locked up and it is difficult to account for and secure sharp instruments. The nursing staff has basic education regarding this unique population but may not have the advanced skills to, for instance, notice an escalation in behavior. While nurses may place patients in television-monitored beds, this is an added expense. Sometimes a sitter is assigned to the patient, but again this is an expensive option for care.

COORDINATION OF MEDICAL AND BEHAVIORAL HEALTH SERVICES.

As PPACA moves forward, new care delivery models will be implemented. Strategies emphasizing improved access to inpatient behavioral health units for those who need a higher level of care will be implemented. More resources will be available for specialized outpatient clinics designed to prevent admissions to the acute care setting. Behavioral healthcare will need to be integrated into primary care visits. This is an opportunity to monitor and support both the patient's medical issues as well as his or her behavioral health issues and to develop integration of care and future care plans. Primary care physicians will need education and resources to manage these patients. One of the key elements of these programs will include tracking the quality of care across all settings. This will ensure that programs can be adjusted and resources be allocated to where they are most needed.

UNITS OF THE FUTURE.

If patients need to be admitted to the acute care setting, they will be admitted to specially designed medical-psychological units that can coordinate all of the patient's needs in one setting. This includes medical care and behavioral healthcare. Providers will have the skill set needed to care for these complex patients. Under PPACA, these unique units will have the resources and equipment necessary for both patient and staff safety. Look for units of the future to have large, open spaces with natural light for a calming environment. These units will be able to incorporate many of the safety strategies already used in behavioral health settings such as observation rooms and specialty equipment. Equipment of the future will be designed to meet the safety needs of the behavioral health environment. Currently, there is little research or evidence on expected outcomes, but the body of literature in this field continues to grow. Units will be patient-centered and will be able to adapt to families who stay overnight. Equipment, such as beds, will be designed to meet the safety needs of the behavioral health environment, specifically to improve upon the care and safety of the patient with behavioral health issues as well as the safety of the care provider.

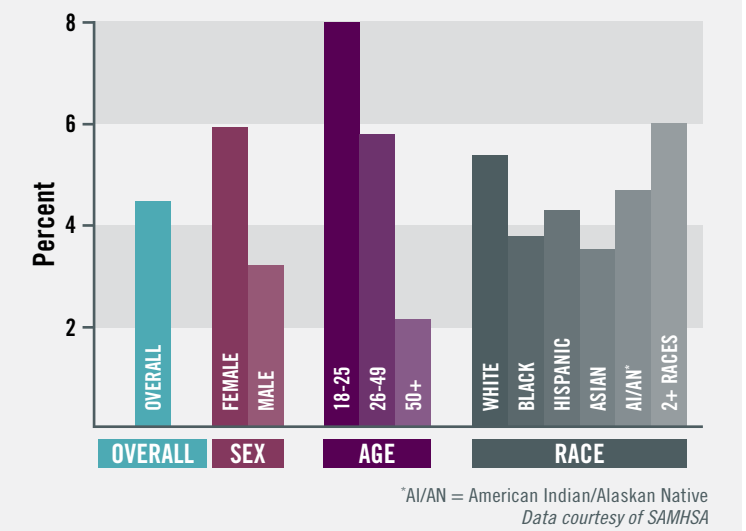
THE PREVALENCE OF BEHAVIORAL HEALTH DISORDERS.

The National Institute of Mental Health lists the most prevalent forms of behavioral health disorders as anxiety, attention deficit hyperactivity, autism spectrum disorders, bipolar disorder, borderline personality disorder, depression, eating disorders and schizophrenia. The occurrence of these disorders is seen within all ethnic groups and in both males and females (Figure 2).

In the past, behavioral health issues, usually referred to as mental illness, were kept secret. Today that is no longer the case. We have advertisements for medication to help with depression, anxiety and other social disorders. Celebrities, news reporters and a host of others openly talk about the problems they have had in the area of behavioral health. It is hard to determine the reason that Americans are no longer afraid to disclose the fact that they may be afflicted with depression, anxiety, schizophrenia, substance abuse, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD) and a host of other behavioral health issues. Many believe that there are several contributing factors to the awareness of these health disorders. General awareness of treatments, number of medications available, social acceptability of depression and anxiety, and ad campaigns are just a few of the proposed explanations as to why the general public seek help for these once private conditions. Whatever the reason, there has been a consistent increase in reported cases of behavioral health disorders.

As illustrated in Figure 2, the youngest age group seems to be the group with the highest incidence of occurrence. Females are affected more than males and white Americans have a greater percentage than any of the other races.

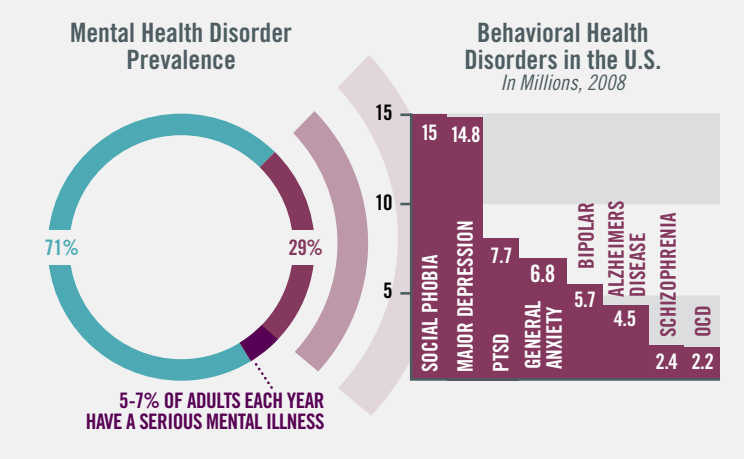
Figure 2. Prevalence of serious mental illness in 2008 among U.S. adults by sex, age and race (SAMHSA).



*AI/AN = American Indian/Alaskan Native

Data courtesy of SAMHSA

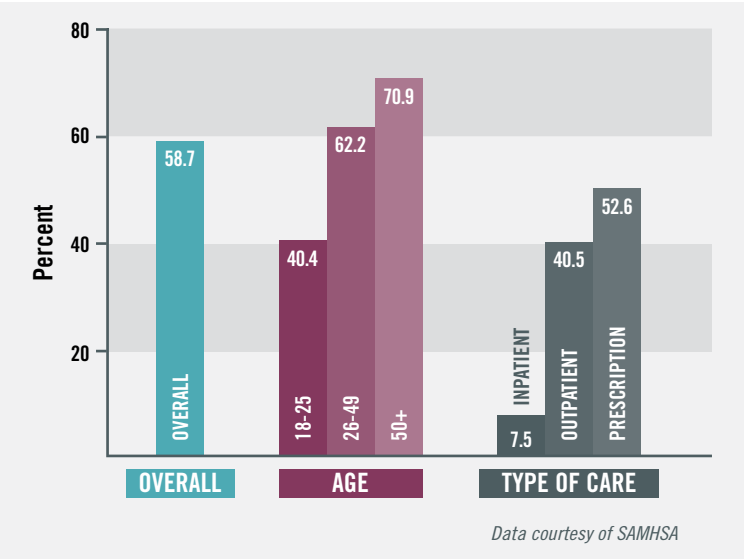
Figure 3. Prevalence and growth of behavioral health disorders (NIMH).



Reporting behavioral health disorders (Figure 3) account for almost 30 percent of all mental health disorders, with greater than 5 percent of the adult population in the United States reporting behavioral health issues.

While the numbers are increasing, the number of those who actually seek treatment has not increased significantly over the past several years. The group with the greatest increase in numbers has the lowest percentage of treatment. It is also apparent that many choose to seek pharmaceutical assistance without adequate inpatient and/or outpatient care (Figure 4).

Figure 4. Service use/treatment of serious mental illness among U.S. adults by age and type of care (SAMHSA, 2008).



Data courtesy of SAMHSA

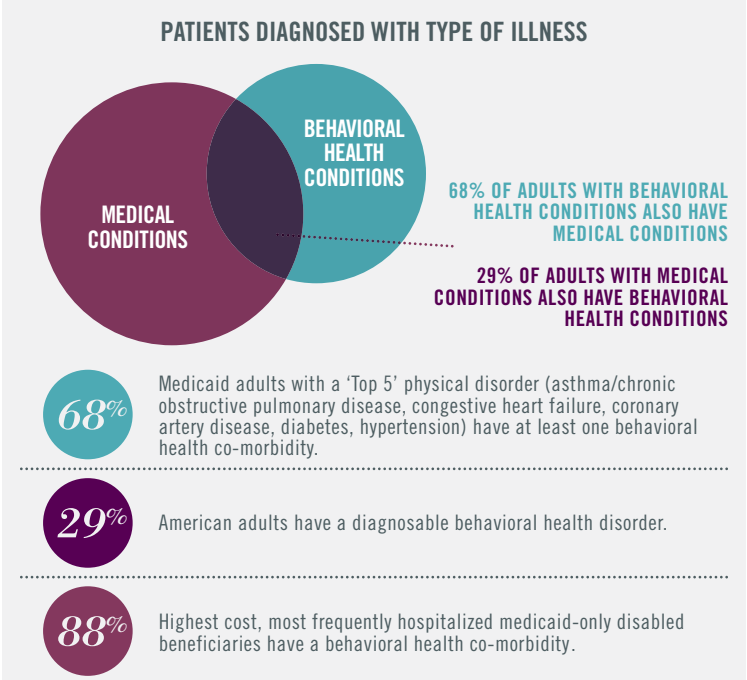
The National Institute of Mental Health stresses the need for more available services for those with behavioral health disorders,[5] and the Centers for Medicare & Medicaid Services (CMS) has new initiatives that address the care of adults with mental health disorders who qualify for Medicaid.[6] These are both needed, but what may be required is more education about behavioral health disorders before we can adequately begin to address these problems.

THE EFFECT OF BEHAVIORAL HEALTH DISORDERS ON HEALTHCARE PROVIDERS & PATIENTS. While there has not been a rebirth of mental healthcare facilities, the needs of patients with behavioral health issues are being met in other ways (See Page 4, Pulse on Research).

The profile of patients with behavioral health disorders has changed. Behavioral health disorders are not necessarily standalone diagnoses. Approximately one third of patients with medical conditions have behavioral health conditions as well. Two thirds of patients who experience behavioral health conditions have other medical issues.

These patients are being admitted to and treated in acute care facilities. Patients with both acute and chronic behavioral health issues are appearing in emergency rooms, intensive care units (ICU), and all other units in healthcare facilities. Acute care facilities have always had patients with behavioral health issues. With the advances in diagnosis and treatment of behavioral health illnesses, the numbers of patients being treated in acute care settings for combined medical and behavioral health issues has increased. There is also a better understanding now of the impact of behavioral health conditions on the overall health of the patient, illustrating the need for treatment of these conditions. For the patient, being seen in the acute care setting seems like an ideal situation. The opportunity to receive care for all of their health needs in one place means that they stand a better chance of successful treatment.

Figure 5. Prevalence and growth of behavioral health disorders (NIMH).



The staffs of both ICU's and ED's know the benefits of this firsthand. These departments are well prepared to care for a patient with multiple comorbidities, including behavioral health issues. The problem in acute care facilities occurs when the patient is transferred out of these areas into a general medical/surgical unit.

In these units, the same medications and treatments are available. The same provisions for restraints, sitters, and security remain consistent throughout the entire facility. What changes is what can be made available to the patient in the areas of beds and support surfaces. ICU and ED areas have a different provider to patient ratio and patients are monitored more closely. Nurses in general have the same basic training in care of the behavioral health patient unless they specifically work in behavioral health facilities. In some instances, it may be difficult to provide the same level of care. For example, the proper equipment for the prevention and treatment of skin issues such as specialized beds and mattress may not be available. There is a growing need for acute care facilities to look for up-to-date equipment that provides comfort and safety as well as therapeutic options for the patient with behavioral health issues.

The patient is the single greatest focus of care. In order to meet the increasing demands of patient care and balance that with the continued decline in reimbursement for hospital-acquired conditions, more options must be explored when addressing preventable medical conditions such as pressure ulcers and other skin-related breakdown. Total patient care means addressing all medical and behavioral conditions holistically; this encompasses equipping the staff, patient, and family with the tools necessary to provide proper care and a continuum of that care for any necessary treatment.

PULSE ON RESEARCH

A COMPREHENSIVE ONLINE RESOURCE GUIDE (FOR NURSES, CLINICIANS, PATIENTS AND FAMILIES)

According to the National Alliance on Mental Illness (NAMI), mental illness is a medical condition, specifically a mental health condition, which affects the way a person thinks, feels,and acts on a daily basis. While many people occasionally experience mental health distress, this distress is considered a legitimate mental illness when it begins to affect daily routine and functionality.

Symptoms and signs of mental illness can be cognitive, behavioral, and emotional, such as sadness, confusion, lack of interest in relationships, abnormal thinking, changes in eating habits, changes in sleeping patterns, drug or alcohol abuse, inability to cope with problems, extreme shifts in mood, and suicidal thinking. In addition, there are physical symptoms and signs of mental illness, including weight loss or gain, fatigue, and back or chest pain.

As expressed by NAMI, there are a myriad of serious mental illnesses (SMI), namely attention-deficit/hyperactivity disorder (ADD/ADHD), autism spectrum disorders (ASD), bipolar disorder, borderline personality disorder (BPD), panic disorder, schizophrenia, OCD and PTSD. These mental illnesses and many others affect millions of people regardless of demographics. Specifically, according to a 2010 national survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 45.1 million (19.9 percent) adults in the United States (U.S.) experience mental illness and 11 million (4.8 percent) adults in the US endured SMI.

While there are millions of people who are affected by mental illness, it is important to remember that recovery is feasible. However, in order for recovery to be possible, it is vital that healthcare workers are properly informed of the facts, symptoms, stigmas, and treatments regarding mental illness. Although there are various health organizations and initiatives that are dedicated to researching and spreading awareness about mental illness, support for mental health resources is shrinking due to the current economy and health system. Therefore, now more than ever, nurses need to rely on the existing resources so that better care can be given. The following organizations are phenomenal mental illness resources that nurses and clinicians should become familiar with in order to better treat their patients and help them live full and functional lives.

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FOURTH EDITION (DSM-IV)

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) is a manual published by the American Psychiatric Association. It is a resource for mental health professionals, who are trying to learn more about their patient's specific illness. It consists of information on symptoms, possible causes, statistics, and treatment options for the various mental illnesses. Mental health professionals in the United States commonly refer to the manual as their "bible." (www.psychiatryonline.org)

HEALTHY MINDS

HealthyMinds.org is the American Psychiatric Association's online resource, which provides information regarding what mental health illness means, signs of mental illness, and potential treatment plans. The website allows users to search various mental health topics and explore facts about particular demographics as they relate to mental illness. HealthyMinds.org serves a large audience, as its goal is to be a resource for anyone seeking information about mental illness (www.HealthyMinds.org).

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

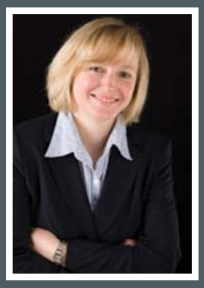
The National Alliance on Mental Illness (NAMI) is the largest U.S. grassroots mental health organization, which is devoted to bettering the lives of Americans affected by mental illness. It strives to spread awareness about mental illness as well as provide services, programs, and support for those affected. Additionally, NAMI has a powerful initiative, Fight Stigma, which aims to fight negative and erroneous portrayals of mental illness. NAMI is an excellent resource for a large audience, especially people who have mental illness and their families. For more information, please visit www.nami.org/

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

The National Institute of Mental Health (NIMH), which is a component of the U.S. Department of Health and Human Services, strives to foster understanding and discover a cure for mental illness by conducting basic and clinical research. NIMH believes that through scientific research, there can exist a world where mental illness will be eradicated. NIMH is a resource for all individuals who have been affected by mental illness, as it provides hope for a future cure. In addition, it is a resource for healthcare providers that desire to take part in the research. For more information, visit www.nimh.nih.gov/

ADDITIONAL RESOURCES

1. The Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. www.ahrq.gov
2. Commission on Accreditation of Rehabilitation Facilities (CARF). www.carf.org/programs/BH
3. Mental Health America, (formerly National Mental Health Association) www.nmha.org
4. Mental Health Resources. www.mhresources.org
5. Substance Abuse and Mental Health Services Administration (SAMHSA). www.samhsa.gov
6. World Health Organization (WHO) www.who.int/topics/mental_health/en/



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PUBLISHED: FEBRUARY 2012

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