

Progress on Care and Support for People with Serious Mental Illnesses

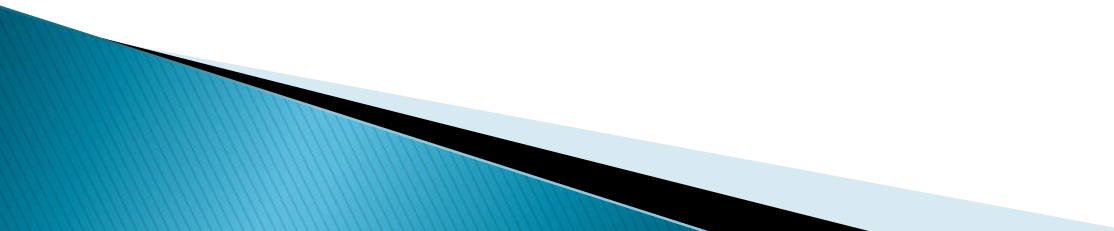
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Overview

- ▶ Recent gains in financial access to mental health care
 - Parity
 - ACA and coverage expansion
 - 21st Century Cures
 - ▶ On-going challenges for community and workplace integration in the 21st Century economy
 - ▶ Early interventions for promoting reduced disability and community integration
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- ▶ Private health insurance for mental health fails to protect against most serious illnesses and costs +
FEHB and Parity Study =
Mental Health Parity and Addiction
Equity Act, Pub. L. 110-343

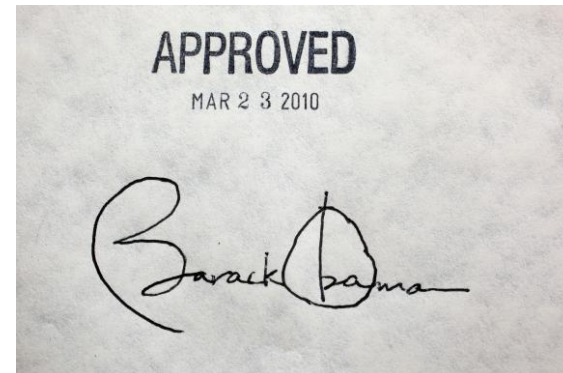


But...

- ▶ Limited to firms that offer MH/SUD coverage
- ▶ Limited to firms with 50+ employees
- ▶ Did not apply to individual health insurance market

ACA Behavioral Health Benefits

- ▶ Essential Health Benefits include mental health and substance abuse
- ▶ Parity applies to qualified health plans “in the same manner and to the same extent as such section applies to health insurance issuers and group health plans” (sec. 1311(j))



Populations with Coverage Affected by MHPAEA and ACA

Group	Policy	Number
Large Insurance Populations	MHPAEA	103 million
Small Group Insurance Market	ACA	30 million
Individual Insurance Market	ACA	18 million
Medicaid	ACA/MHPAEA	23 million
Total		174 million

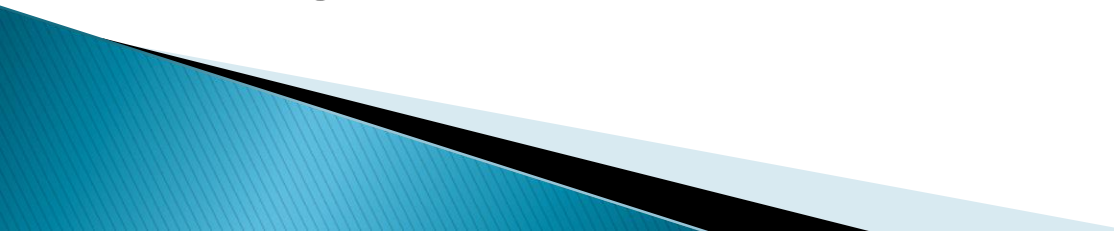
Covered Users of Behavioral Health Care and Spending in ACA, 2016

	Behavioral Health Care Service Users	Dollars
Health Insurance Marketplaces	554,488	\$981 million
Medicaid Expansion	1,286,550	\$4.5 billion

Percent Low Income Adults with Severe Psychological Distress

	Before ACA (2012– 2013)	After ACA (2014– 2015)
Medicaid Expansion	12.2%	7.6%
Non-Expansion	8.0%	7.5%
Expansion DID = -4.1%		

Some Unfinished Business

- ▶ While insurance coverage for mental health and SUD care has expanded and that has improved access to care—we have done far less well on integrating people with serious mental illnesses into our communities
 - ▶ Work is an important element of community integration
 - ▶ The evolving economy is altering the nature of work in fundamental ways
 - ▶ These developments may have profound effects on people with mental illnesses –thereby creating programmatic and policy challenges
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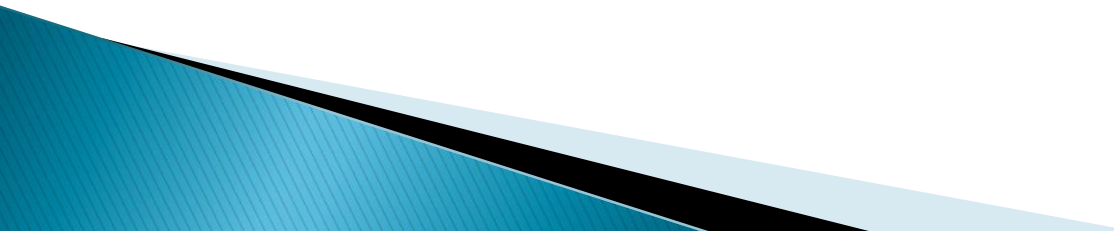
Employment Gap Ratios: Mental Illness

Employment	Severe	Moderate
Full Time	0.62	0.83
Part Time	1.16	1.13
Any Employment	0.72	0.83
Not in Labor Force	2.05	1.58

Lower Earnings—Lower Skilled Jobs

- ▶ People with mental illnesses in the U.S. earn about 71% of the income of people with no disorders, other factors equal
- ▶ People with mental illnesses are more likely to work in low skill occupations (OECD, 2012)
 - In part due to lower educational attainment
- ▶ Between 25% and 32% of people with serious mental illnesses live with incomes below the poverty line (NHSDUH; ACS)

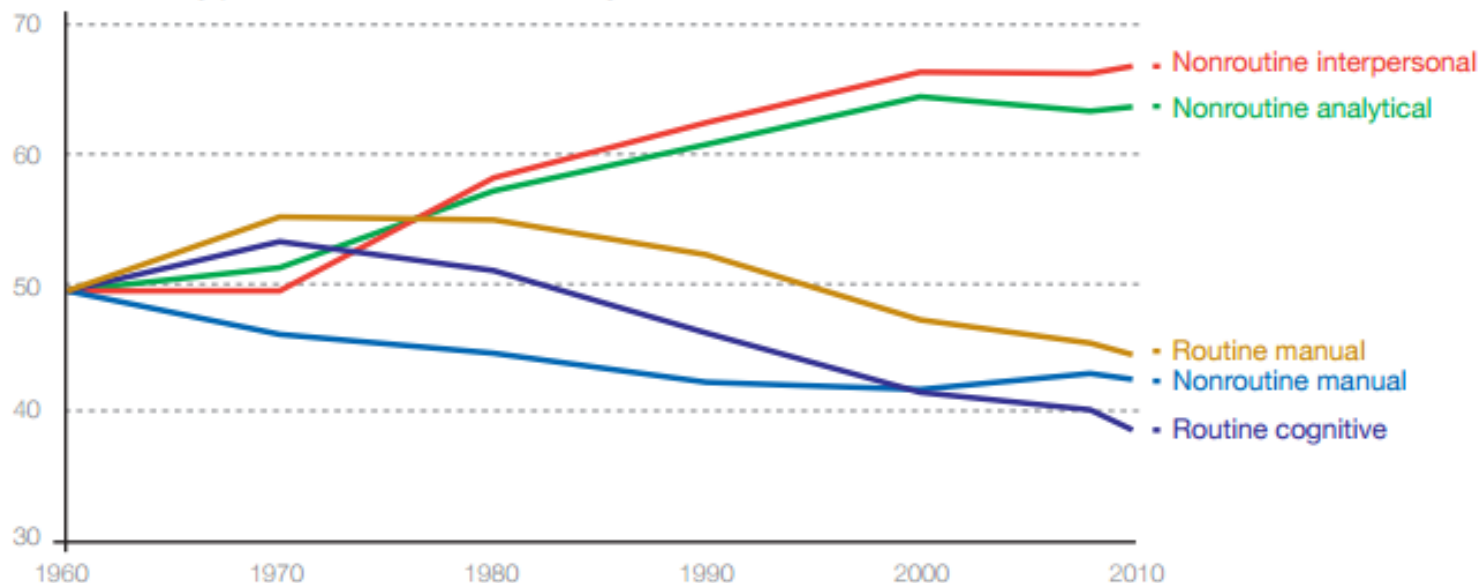
Mental Illnesses Interfere

- ▶ Prevalent illnesses like major depression, bipolar disorder, PTSD and GAD plus schizophrenia are likely to impact skills
 - ▶ Key Skills
 - Concentration
 - Problem solving
 - Communication
 - Memory/Organization
 - Adaptability
 - Collaboration
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Distribution of Skillsets in U.S. Labor Market

Exhibit 1: The labour market increasingly demands higher-order skills

Tasks by percentile for the US economy, 1960-2009

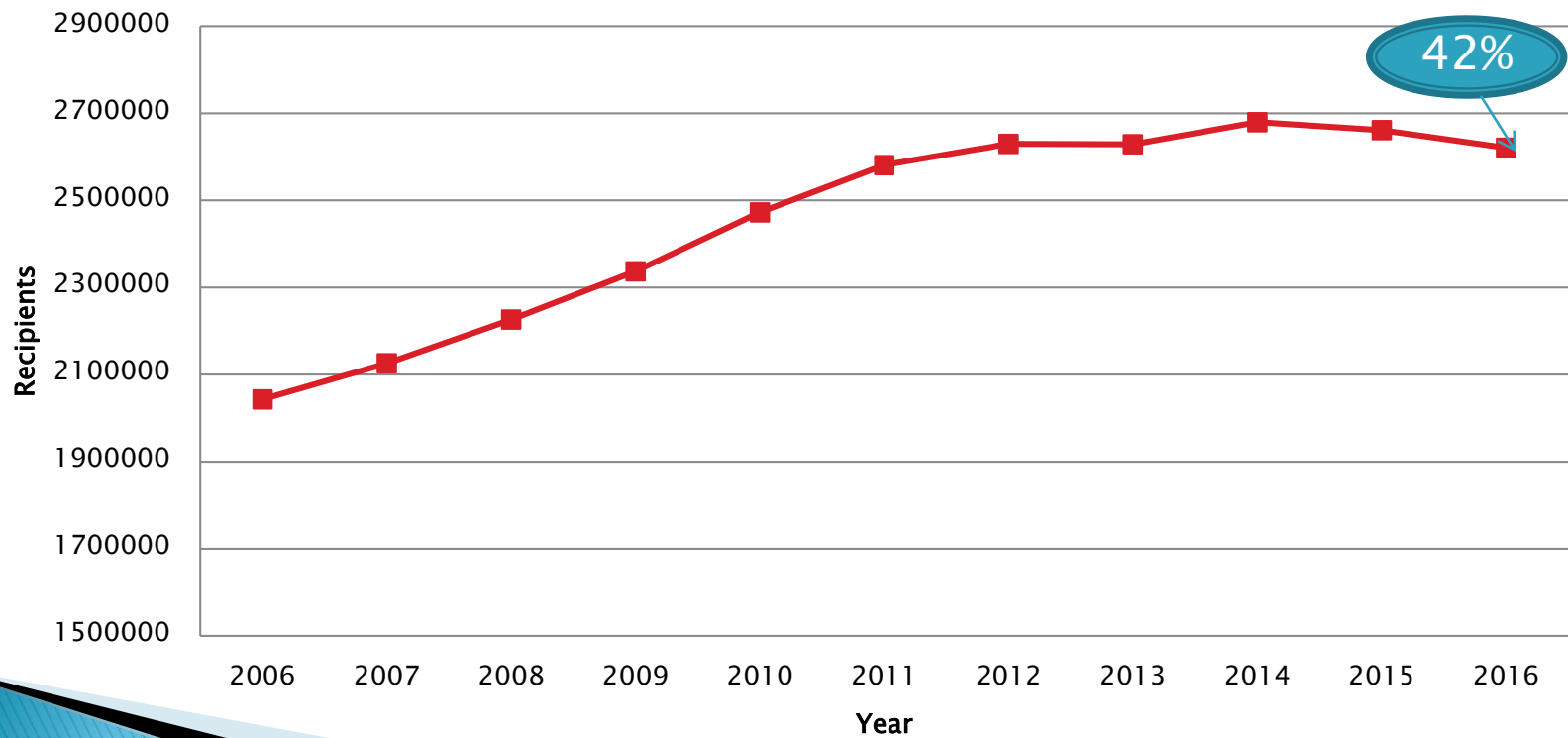


robots: Human skills for computerized work." Third Way NEXT. 2013.

(<http://content.thirdway.org/publications/714/Dancing-With-Robots.pdf>) Data provided by David Autor at MIT and updated from the original 2003 study by Autor, Levy and Murnane.


SSI Trend

SSI Enrollment for Mental Disorders



(Excludes Intellectual Disabilities)

Observations

- ▶ Work is shifting towards non-routine interpersonal skills tied to service provision and non-routine analytical skills
 - ▶ Mental disorders create impairments that interfere with the development and application of these skills
 - ▶ The presence of significant mental disorders reduces work activity and productivity and drive disability rates up
 - ▶ Social and economic consequences extend beyond employers and employees
 - ▶ The future outlook for progress on community integration and work is therefore challenging
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Early Intervention programs like RAISE

- ▶ Can they alter rates of disability from serious illnesses?
- ▶ Evidence to date suggests
 - Early interventions that make use of Supported Employment result in greater engagement in work activity (Rosenheck et al 2017)
 - Higher levels of social integration
 - Has small or no significant affect on disability rates (Rosenheck et al 2017)
 - No meaningful impacts on earnings (Rosenheck et al 2017)
- ▶ RAISE demonstrates what to do once a “first episode” case is identified BUT few of the cases studied were true first episodes

Early Intervention II

- ▶ Are there reasons for optimism?
- ▶ The RAISE cost-effectiveness results suggest a very large benefit from engaging people early in their course of illness
 - Low DUP \$1,036/QLS
 - High DUP \$41,307/QLS
 - RAISE engaged most people after a considerable Duration of Untreated psychosis (DUP)—so impact of “true” early intervention may be understated
- ▶ Some evidence shows that cognitive remediation boosts impact of psycho-social rehabilitation
- ▶ The DMIE program targeted working age people with disabling conditions that were still employed—found salutary effects on disability

Observations

- ▶ Models are well-developed for knowing what to do AFTER patients are engaged
 - ▶ Models for identifying and engaging patients are less well understood
 - ▶ Targeting towards short DUP is key to cost-effectiveness and potentially reduced disability
 - ▶ Key Challenge: How to pay for mix of services that do not fit comfortably in most insurance arrangements and aim to intervene prior to Medicaid eligibility?
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