

The Impact of the Economy on Individuals with Mental Health and Addiction Challenges: Tangible and Intangible Effects

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Those of us who work in the public, state-funded behavioral health care system in North Carolina are experiencing a profound sense of concern for the individuals that we serve. Frankly, it's a sense of concern that has not been unfamiliar to us since the North Carolina Legislature passed mental health reform in 2001. Over the past several years, as consumers, providers, advocates, regulators, and decision-makers, we have collectively and hopefully held our breath as a new array of services was launched—services which were intended to increase the delivery of effective, evidence-based supports to those most in need.

As public employees turned private providers, we rolled up our sleeves and dug into the task of learning how to survive in a private, fee-for-service environment. Many of us hoped to do more than just survive—we wanted to strive for the level of quality and innovation in our service delivery that our recipients deserve. During the early days of mental health reform in North Carolina, we often used the metaphor of “building a plane while in flight” to reassure ourselves and those we serve that at some point this rather daunting task would be accomplished. At that point, the aircraft would fly smoothly, providing a safe and reliable vehicle for individuals on their journey of mental health and substance abuse recovery. However, even those of us who believed strongly in the philosophy of reform have struggled to maintain a sense of optimism as reform implementation has left many of the promises unfulfilled.

Recently, North Carolina Department of Health and Human Services Secretary Lanier Cansler challenged all of us to relinquish the language of reform and instead focus on rebuilding the system by relying on the routine practice of continuous quality improvement. I agree that it is time to accept the constancy of change and allow ourselves to benefit from a new viewpoint. However, I also must admit that if I was granted the ever-elusive “one wish” it would be that our public mental health system would have inspired more confidence in the individuals who count on it before we experienced the impact of an economic downturn.

When considering the impact of the economy on individuals who seek public mental health services, it may be useful to distinguish between those who are most recently seeking

services and those that have depended on mental health services for some length of time. Over the past year one thing has become clear: more individuals than ever are reaching out to receive public mental health services. Our agency has seen a 64% increase in referrals for individuals seeking services compared to the previous year. In the past few months, we have seen anywhere from a 125% to 211% increase in referrals. One hypothesis for this trend is that access into the mental

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health system is more efficient and more effective (“no wrong door”) as a result of mental health reform. However, our Local Management Entity reports that the number of individuals presenting for services in the midst of a mental health/addiction crisis or in need of psychiatric hospitalization is unprecedented.

For many individuals, the economic downturn has dramatically changed their circumstances in life, and the change has precipitated an onset or relapse of mental health or addiction challenges. Professionals in the health care field are very familiar with the stress-vulnerability theory of illness. Typically, individuals who have a vulnerability to mental health and/or addiction issues experience a breakdown of coping when these issues are combined with significant external stressors. We can all imagine the effect that job loss and heightened financial stress can have on one's mental state, often in the form of increased symptoms of anxiety and/or depression, as well as increased conflict within the very support systems that individuals need the most during

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times of enhanced stress. We also can easily imagine how, as income becomes significantly compromised and health care of all types becomes less affordable, individuals may initially attempt to avoid costly treatment services, including psychiatric medication. Sometimes, particularly in rural areas, a barrier to reaching out for services can be something as simple as lacking gas money or a car. Under the new service array, community-based services are intended to go to the individual, rather than require the individual to come to a clinic. However, the unfortunate reality of this approach is that some adults find community-based services to be intrusive or even embarrassing if their living situation is not what they would wish it to be. The initial effort to avoid incurring the cost of formal treatment services is understandable. However for some individuals this may result in an event which either warrants a crisis response system or eventually connects the individual with mental health services through a more indirect route—first passing through a period of homelessness, incarceration, or involvement with social services. The stigma of receiving mental health services is still quite strong in our society, particularly in rural areas, so crisis events can trigger a process of internalized stigma and shame that only adds to an individual's sense of failure and demoralization. For those finally reaching out for services, this represents an unprecedented low point for them. It is these intangible consequences that may be difficult for us to fully appreciate during this period of economic downturn.

For individuals that have been service recipients in the public mental health system for a longer period of time, the impact of the economic downturn may play out in a manner that is more subtle and less dramatic. For many of these individuals, daily life already includes a sense of deprivation from what the rest of society has. Many already live on disability, already rely on public assistance for housing and food, already make-do without transportation, and already go without cell phones or a landline to reach out for support. Many already live very transient lives, fraught with challenges to their personal safety and wellness due to financial hardship.

In preparing this commentary, I met with several individuals that my agency serves in order to gain insight into what has changed for them since the economy started to fail. It was very interesting to realize that many of those I spoke with, including some who receive the most intensive services, did not focus on what I would call the "tangibles," such as a job, a home, a car, insurance, or some type of regular income to cover their basic needs. Instead they focused more on their fears and anxieties about the service delivery system and the stress of not knowing who will be there for them as they experience the ebbs and flows of their psychiatric conditions. They spoke about the importance of having a place to go where they knew there would be help when they needed it, a place where they wouldn't be judged or turned away. They also spoke of the confusion they have experienced during reform as they have transitioned between providers and tried to keep track of who works where and what each service is called. They spoke of the alternative strategies that they are willing to employ to

ensure that they get the help they need, including buying medication off the street when psychiatric appointments are too few and far between. Finally, several spoke of all of the people that appear to be in need of help these days and their fear that there will not be enough services for everyone. We all know that even the most gentle of people can begin to develop a sense of competitiveness and distrust when resources begin to run scarce.

As it turns out, many of these fears are real. In addition to the potential loss of service dollars due to budget cuts, which directly threatens service delivery, there is also the effect of the economic downturn on providers and their ongoing willingness/ability to deliver services to individuals within the public mental health system. Many patients were aware that when North Carolina decided to legislate the privatization of the system, one of the potential unknowns of the model would be the willingness of private providers to serve those public mental health consumers with the most demanding and complex needs. Despite their need, individuals with considerable mental health and addiction challenges can often be difficult to engage in services. As providers become more protective of their revenue, they consciously or unconsciously begin to focus their efforts on individuals who are most able to engage, most reliable, most compliant, and most accessible. This can mean that the individuals who are most difficult to serve become known primarily by crisis response workers, law enforcement officers, and local emergency departments. Ironically, this is exactly the opposite of what mental health reform legislation intended when target populations were established with the goal of prioritizing those most in need of clinical care and assuring they get the treatment they need.

It appears that a primary challenge for the mental health system during this economic crisis is to identify the providers of care that are most invested in serving the public mental health client, even at the highest level of challenge and needs, and then supporting and incentivizing those providers to develop creative, cost-effective models of service delivery with the potential to survive during lean economic times. This takes a willingness on the part of each and every partner in the system to place value on innovative and creative solutions, to replace competition with collaboration, and to maintain a focus on the individuals needing services. The answer is much more comprehensive than putting additional money in the system. It is about providers and decision-makers demonstrating that we are fully committed to walking alongside the individuals we serve, regardless of the challenges brought on by our economy. Commitment is a trickle-down affair. As the system commits to the ongoing viability of quality providers, those providers, in turn, are able to inspire confidence that they are in it for the long haul. We may not be able to make a difference in the more tangible effects of the flailing economy; however, our assurance is that we can be counted on to be there, regardless of whether individuals are seeking services for the first time or continuing to receive services. And that assurance is invaluable. **NCMJ**