



## NAMI – Vermont

*National Alliance on Mental Illness of Vermont*

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### MENTAL HEALTH ISSUES SURVEY FINDS ACCESS TO CARE IS TOP ISSUE

**WATERBURY** – Vermont's 1998 mental health parity law was supposed to guarantee Vermonters equal access to mental health care. However, limited coverage of mental health conditions by public and private insurers, and long wait times to see counselors and other providers, remain key barriers to Vermonters getting the treatment they need, according to a recent survey of Vermonters personally affected by mental illness.

This unscientific\* print & online survey, conducted in December 2007 by NAMI-Vermont and two other state-wide organizations (VT Psychiatric Survivors and the National Association of Social Workers – VT), asked Vermont family members, individuals personally affected by mental illness (also referred to here as 'consumers'), and mental health providers to identify key barriers to obtaining mental health care & housing, suggest priorities among many mental health issues for the 2008 Legislature, and get feedback about proposed changes to VT law on involuntary psychiatric treatment.

**111 survey responses were received.** 60% are providers (e.g. counselors, case managers etc.), 45% family members of adults living with mental illness, and 24% consumers. 30% also identified as advocates, or interested citizens. (Some respondents checked more than 1 category, hence total is over 100%.)

Asked to identify the **two most important barriers to using mental health care**, from a list of 12 widely available types of mental health services:

- 38% chose '**Insurance coverage (e.g. high cost, limited coverage, providers don't accept, etc.)**.'
- 26% noted '**Long wait times for a treatment appointment with a mental health care provider**' as a key barrier.
- 23% cited '**Transition to services (e.g. housing, outpatient treatment) after discharge from [inpatient psychiatric] hospital**' as a gap in the system of care.

Another question asked participants to choose their **top five priorities for mental health advocacy** in 2008, from a comprehensive list of 24 options. Top issues cited were:

**First priority:**

- 30% called for increased funding for VT's public mental health system of care
- 15% want to strengthen VT's mental health parity law, to reduce the loopholes which restrict access to mental health care for those covered by private insurance

- 12% asked for better access to voluntary mental health treatment, before a crisis occurs

**Second priority:**

- 14% called for diverting non-violent offenders with serious mental illness from prison into treatment
- 12% want more supportive & affordable housing options for individuals with mental illness

**Third priority:**

- 12% asked for better access to voluntary mental health treatment, before a crisis occurs
- 9% called for improved access to community services for prisoners with mental illness upon release

Affordable housing & better integration of physical & mental health care with substance abuse treatment were also cited as top 4<sup>th</sup> & 5<sup>th</sup> priorities by respondents (at 12% & 14%, respectively).

**Housing emerged as a major area of unmet need.** 45% experienced some difficulty in obtaining or keeping their housing in the past year, among clients, family members or themselves. (Unlike individuals with developmental disabilities, most adults with mental illness have few supervised group home options. Individuals not currently living in subsidized housing may wait 2 to 5 years before getting help, and the state Housing Authority just closed its waiting list to new applicants.) The high incidence of homelessness among adults with serious mental illness reflects our low investment in supportive housing.

**The survey also asked about changing Vermont's involuntary treatment laws,** an emerging issue in the 2008 session of the VT Legislature. There were no specific bills 'on the table' when the survey was put together. Responses were broadly divided on the question. However, of the 50% who answered that question, **35% support expediting the current legal process for ordering a patient to undergo involuntary non-emergency medication,** when a patient refuses it while hospitalized. Another 14% support keeping the current law intact, or making it tougher to order psychiatric patients to be medicated against their will.

(A recent study documented that in VT today, it takes an average of 109 days to resolve the cases of the 5% of psychiatric patients who refuse medication while hospitalized, then are brought before a judge to seek an order for administering medications. A trio of consultants hired by the Legislature suggests this timeframe be expedited, to remove a key barrier to advancing the Vermont State Hospital Futures Plan.)

However, as responses to the earlier question on priorities reveals, **very few think this issue should be a priority: only 8% picked either side of this issue as their first or second priority.** Also, 35% of respondents noted 'better access to voluntary mental health treatment, before a crisis occurs' as their first, second or third priority. This would suggest a third option: **many Vermonters who need psychiatric care are aware they need help and seek voluntary care in the community or at a hospital, but are more likely to go into crisis, when they don't get the help they need.** This ties back

to strong support among respondents for 'increased funding for VT's public mental health system of care.'

\* *About the survey methodology:* hard copy of the survey was mailed in late November to over 1500 members of NAMI-Vermont and VT Psychiatric Survivors. It was also promoted to members of the National Association of Social Workers – VT via email, with a link to the online version. Responses were voluntary & no incentive was provided to boost response. This was not a random sample, thus no claims can be made about it being representative of the views of any particular group, other than the respondents (nearly all of whom have a personal, family or professional interest in quality mental health services).

*About the survey sponsors:* NAMI-Vermont is a statewide nonprofit grassroots organization that assists families, friends and individuals living with mental illness. Our mission is to provide support, education & advocacy to improve the quality of life for more than 1 in 4 Vermonters affected by these illnesses. VT Psychiatric Survivors seeks to empower individuals, raise their self-esteem, and facilitate mutual peer support among its members. The National Association of Social Work (NASW)–VT chapter is the professional organization for all graduate (MSW) and undergraduate (BSW) social workers in VT, and promotes and respects social justice, self-determination, human rights, diversity, and interdependence.

**The survey sponsors were also involved, with four other groups, in co-sponsoring VT's first Mental Health Advocacy Day at the VT State House on January 29<sup>th</sup>.** For more information, contact NAMI-Vermont at 800-639-6480, NASW-VT at (888) 260-7398, or VT Psychiatric Survivors at 800-564-2106.