



Caring for Patients with Mental Illness —

California's Behavioral Health Challenges

An Issue Summary

One in four Americans experiences a mental illness or substance-use disorder each year. In addition, about half of the people diagnosed with a mental health disorder have a combined substance-use disorder. Mental health patients who also have substance-use issues increase the difficulty of their treatment due to: 1) the increased risk of relapse, 2) the complexity and expense of their health care needs, and 3) the likelihood they will need services from multiple, often uncoordinated, systems of care.

California's community hospitals play an important role in the broad continuum of care for individuals who suffer from behavioral health and substance-use illnesses. This is especially true today due to ongoing and severe cutbacks in the number of community health, mental health, social and substance-use programs provided by the state and counties. This continued reduction in mental health programs has increased the demands on hospitals, emergency rooms (ERs), law enforcement and emergency transportation organizations to provide emergent and non-emergent care for individuals with mental health conditions.

The Issue

State and county budget cuts have reduced local and community-provided prevention, early-intervention, and crisis-stabilization programs for individuals suffering with mental illnesses. Individuals with behavioral health disorders frequently use hospitals for reasons that could have been avoided if primary, behavioral health or other more appropriate care was more readily available in the community. ERs are the only health care resource that, by law, must screen anyone who walks through the door. As a result, they have become the only 24/7 provider of services available for individuals with mild, moderate, acute and chronic behavioral health needs.

In California, 30 out of 58 counties have no acute inpatient psychiatric hospital beds to care for mental health patients with special care needs. Statewide, there are only 6,000 inpatient beds supporting a population of more than 36 million people. As a result, California's community hospitals and ERs are quickly becoming the only source of acute-care services for patients with mental health and other care needs.

Effectively treating behavioral health disorders has obvious clinical benefits, but it also has profound economic and social benefits. Conversely, not treating mental health and substance-use disorders means greater costs for patients, providers and the community at large. Untreated acute episodes may progress to become chronic conditions, leading to long-term disabilities and an increased dependence on the health care delivery system.

Individuals with mental health illness who regularly use ERs typically face multiple barriers to accessing primary and behavioral health care, as well as housing and other care benefits to which they are entitled. This inappropriate use of hospitals and ERs for behavioral health care conditions creates inefficiencies for both patients and hospitals. ERs are designed to provide episodic acute care, and are not designed or equipped to assist patients with the array of chronic mental, substance-use and social issues. Nor are they designed to safely care for patients who are a danger to themselves or others due to their mental illness.

Programs that address social barriers to accessing appropriate care, as well as help coordinate medical and behavioral health care, can reduce the inappropriate use of hospital services and expensive ER care. Community-based case management, outreach and engagement strategies, transportation, linkage to permanent housing, coaching toward self-directed care, and assisted outpatient mental health treatment must be made available in every county.

Fragmentation in the financing and delivery systems for medical, mental health and substance-use treatment creates significant obstacles to integrating health care for people who have multiple behavioral health conditions. Policymakers must develop and finance a behavioral health delivery system with shared financial burdens, risks and rewards across state and local programs.

Policy Recommendation

The California Hospital Association (CHA) supports the integration of primary care, behavioral health care and linkage to social services along with the alignment of financial and policy initiatives. CHA is committed to the long-term goal of creating an optimally healthy society in which every Californian has equitable access to safe, affordable, high-quality, medically necessary physical and mental health care.