

Turning the Tide on Mental Illness & Substance Use Disorders

The Issue

California's behavioral health crisis has pushed our health care system to the breaking point. An estimated 7.5 million people in California experience a mental health condition in any given year and only one-third of adults who experience mental illness are getting treatment.

Hospitals see the pain people go through every day. **Behavioral health demands on the state's emergency departments are increasing.** Between 2016 and 2018, ED visits for behavioral health-related conditions rose 4.4% while visits for all other types of health conditions remained flat.

COVID-19 is making things even worse, as economic insecurity, social isolation, and health concerns have taken their toll. In July, 44% of Californians reported symptoms of generalized anxiety disorder or major depression since the start of the pandemic. For those with behavioral health conditions, the financial hit is even harder; they incur 3.5 times higher costs than those without a behavioral health condition.

The caregivers at hospitals know the obstacles people with behavioral health conditions face and the challenges in getting them the treatment they need. Many hospitals employ advanced screening techniques, collaborate with community-based providers, and invest in specialized staff to treat patients with behavioral health conditions.

But more needs to be done. While hospital EDs are a safety net for tens of thousands of people with mental health conditions and substance use disorders, they should be the option of last resort for chronic illnesses like these.

There is no core set of mental health and substance abuse services for the state's 58 counties, and behavioral health care is reimbursed at a significantly lower rate, leading to a gap between need and capacity. **In the past 15 years, the number of inpatient psychiatric beds in California has decreased by 6%, while the population has grown 12%.**

What's Needed

California's county-by-county system of behavioral health care needs reform to include a **standardized set of core services.** A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and waste of resources. There is a better way, but this requires leadership on a statewide basis to develop an effective crisis care system that saves lives and dollars. The state should create a new position within the administration to evaluate and implement a cohesive crisis care delivery system.

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3.5x

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