

FIRSTHEALTH COMMUNITY VOICES FACT SHEET



Mental Health Reform Efforts Pose Challenges



BACKGROUND

FirstHealth of the Carolinas (FirstHealth) is a not-for-profit health system serving a largely rural 15-county area in the mid-Carolinas. In 2003, FirstHealth commissioned a survey of adult residents in its service area to determine health status, behaviors and needs in a defined region. The survey area included Moore, Hoke, Montgomery and Richmond counties, as well as the Pembroke area of Robeson County. As described below, responses to questions about mental health status suggest that providing adequate access to mental health services should be a high priority for local and state policy makers and health agencies.

LOCAL FACTS

- ♦ Almost one quarter of those surveyed reported three or more days in the past month when their mental health was not good (national rate is 18.7 percent).
- ♦ Nearly 30 percent reported two or more years in their lives when they have felt depressed or sad on most days (national rate is 22 percent).
- ♦ Forty-two percent reported that they have experienced feeling worried, tense or anxious for three or more days in the past month.
- ♦ Eleven percent report indulging in binge drinking (five or more drinks on a single occasion).

STATE FACTS

In 2002, the N.C. legislature mandated that the state's public mental health system undergo reform requiring divestiture of most state-run mental health services while imposing responsibility for provision of services on community-based private providers. However, many communities do not have sufficient mental health resources to provide adequate services.

- ♦ The United States Bureau of Primary Healthcare has designated 97 out of 100 counties in North Carolina as underserved for mental health services (at least in part).
- ♦ Studies indicate a severe maldistribution of physicians providing psychiatric services in the state, with rural areas in particular being chronically underserved.
- ♦ Results of a joint Division of Mental Health, Developmental Disabilities and Substance Abuse/ North Carolina Hospital Association task force indicate that many community hospitals lack sufficient resources to take on inpatient psychiatric services that were previously provided by state facilities.

POLICY RECOMMENDATIONS

- ♦ Ensure that state budgets allocate sufficient funds to the local communities to support local providers' efforts to provide needed mental health services.
- ♦ Develop a long-range strategy for increasing the range of services available in communities.
- ♦ Carefully monitor reform implementation to ensure that the burden of providing services is not shifted to private providers before an adequate community care delivery system is in place.
- ♦ Ensure that local management entities collaborate with key community providers.
- ♦ Provide incentives to community hospitals to add or expand inpatient services.