

Testimony before the Select Committee on Disabilities
California State Assembly
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By Tina Wooton, Commissioner, MHSOAC

Thank you for allowing me the opportunity to address this Committee on important issues from the perspective of a consumer of mental health services. I am honored to be here.

In 2003 the President's New Freedom Commission on Mental Health outlined a stirring vision: "We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community."

Much work lies ahead if we are to transform this noble vision into reality.

Unfortunately, the public mental health system of care in California is severely underfunded, fragmented and filled with gaps that leave large numbers of persons with serious mental illness without the resources they need to recover and thrive. Large segments of the population, including many children from low-income families, persons without insurance, veterans and members of some ethnic communities remain underserved.

Several statistics help paint the picture. First, according to the U.S. Department of Housing and Urban Development, in January 2011, California accounted for 21.4 percent of the nation's 636,017 homeless, more than 136,000 people.¹ The U.S. Substance Abuse and Mental Health Services Administration has estimated that 20% to 25% of the U.S. homeless population suffers from some form of severe mental illness.² This suggests that the number of homeless persons in California with severe mental illness is at least 27,000 and possibly a lot more.

Second, according to the National Alliance on Mental Illness, in 2006, 15,240 children were incarcerated in the juvenile justice system. National statistics suggested that 70%

of these youth experience mental health disorders. In 2008, approximately 41,400 adults with mental illness were incarcerated in California prisons.³

Third, in 2006, 3,334 Californians died by suicide, which is almost always the result of untreated or under-treated mental illness.⁴

Persons with mental illness, who often have great difficulty meeting basic challenges of life, should not be punished because they have disabilities. Homelessness, incarceration and suicide are unacceptable outcomes for tens of thousands of Californians with mental illness. The mental health system of care is failing too many people.

However, the fight for survival, dignity and recovery is not lost. I have reasons for hope.

In November 2004 the voters of California passed Prop 63, the Mental Health Services Act, or MHSA. MHSA has provided much-needed funding to support innovative, recovery-based programs infused by consumer and family involvement and a focus on reaching under-served individuals with culturally competent programs.

By promoting an array of recovery-based supports, including employment, housing and preventive services, MHSA has enriched the California public mental health system of care.

We know what works. The President's New Freedom Commission and the Mental Health Services Act have pointed the way. A recovery model of care that involves consumers and family members, places consumers in charge of their recovery and delivers culturally competent services must be fully supported.

Throughout the state, peer-run programs harness the lived experiences of consumers and family members:

- Turning Point in Sacramento is a peer-run crisis residential program that has significantly reduced the cost of hospitalizations and the trauma experienced by clients.

- The Berkeley Drop-In Center is one of scores of peer-run wellness centers throughout California that provide daily opportunities for hope, education and recovery for persons struggling with mental illness.
- Another model program in Long Beach, the MHA Village Integrated Services Agency, successfully blends clinical, peer, housing and employment supports to maximize opportunities for recovery.

Sadly, within a few short years after MHSA funds started flowing to California counties, a severe recession produced enormous strain on core mental health care resources, reducing the positive impact that MHSA might have otherwise had.

I've offered an overview of the status of the California public mental health care system. Now I want to address the host of barriers to care faced by mental health consumers. These barriers include:

- *Lack of health insurance:* According to the California Healthcare Foundation, "Many do not have the insurance necessary to access care. California now has the largest number of people without health insurance — 6.9 million — of any state in the nation."⁵
- *Lack of provider resources:* Even those with health insurance face an under-funded mental health care system that often lacks the staffing and resources to help them. Crisis and emergency mental health care is costly for the taxpayer and traumatic for the consumer. Supporting a broader array of relatively inexpensive preventive services would greatly reduce the rate of incarceration and homelessness, while also decreasing the utilization of expensive crisis care.
- *Stigma:* Some individuals, families and communities experience stigma and shame that discourages them from seeking help. Over the years, some commendable anti-stigma campaigns have been launched, but they are typically neither comprehensive nor sustained. I am encouraged by the new Bring Change 2 Mind campaign supported by director Ron Howard, actress Glenn Close and others. Let's hope efforts like these gain enough support to really make a difference.

- *Barriers of language and culture:* Many individuals face significant barriers of language and culture. When non-English speaking clients describe complex psychological challenges, their needs are often lost in translation to well-meaning clinicians. Treatment is sometimes inappropriate and outcomes unfortunate. We must offer more culturally competent services. I serve as the Consumer Empowerment Manager for Santa Barbara County. We are proud of a variety of outreach initiatives that have engaged Latino consumers and family members, and we have shared our experiences and insights with other counties.

In conclusion, we can and must do better. We can save lives and money. We can reduce costly emergency care, serve more people in need, decrease incarceration, promote recovery and lessen the emotional trauma experienced by thousands of Californians every day. I urge you to explore and support the increased use of cost-effective peer-run programs and services.

The Mental Health Services Oversight and Accountability Commission, and I look forward to working with this Committee to ensure that we do the very best we can for persons recovering from mental illness.

Notes

1. The 2011 Point in Time Estimates of Homelessness, U.S. Department of Housing and Urban Development, December 2011, http://www.hudhre.info/documents/PIT-HIC_SupplementalAHARReport.pdf
2. National Coalition for the Homeless, July 2009, http://www.nationalhomeless.org/factsheets/Mental_Illness.html
3. National Alliance on Mental Illness, State Statistics: California, 2010, <http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=93482>
4. Ibid.
5. California Healthcare Foundation, <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaUninsured2011.pdf>