

Recovery-oriented treatment programs save millions a year in inpatient treatment

BY ANGELA KIMBALL, OPINION CONTRIBUTOR — 10/23/17

Navigating the waters of young adulthood can be challenging for everyone, but for those faced with emerging symptoms of schizophrenia, those challenges are magnified.

Each year, about 100,000 young people between the ages of 16 and 24 are diagnosed with schizophrenia. This mental health condition can result in many symptoms, including hearing, seeing, or believing things that are not real, withdrawing from family and friends, being suspicious, expressing strong and inappropriate emotions, having trouble thinking clearly, and other debilitating symptoms.

Historically, a diagnosis of schizophrenia carried with it a high rate of disability, low rate of recovery, multiple costly hospital stays, lack of education and employment opportunities, and often, incarceration, homelessness and early death.

Schizophrenia has been a heartbreaking life sentence for many young people. But it no longer needs to be.

At the National Alliance on Mental Illness, we advocate for the millions of Americans and their families affected by schizophrenia. Through this advocacy, we have seen dramatic success and new hope in a model that identifies and treats this condition at its earliest stages.

Intervention at the first signs of symptoms, or early psychosis, has proven to be a powerful tool for preventing the disabling outcomes of schizophrenia. While early intervention can fall within a two-year window of symptoms, the earlier the intervention, the better the results. Ideally, within weeks of the initial symptoms of early psychosis.

First implemented in Europe and then the United Kingdom, Australia, and Canada, a new treatment model, known as coordinated specialty care (CSC), uses a team-based approach to treatment and decision-making, surrounding patients with a network of medical, psychiatric, education, family, and employment specialists for a 360-degree support system.

CSC programs have recently grown in the U.S. following the dramatic results from a 2016 large-scale, multi-site study by the National Institute of Mental Health (NIMH). Recovery After an Initial Schizophrenia Episode (RAISE)-Early Treatment Program (ETP) demonstrated that patients who were receiving CSC

were staying in school, had better interpersonal relations, an improved ability to hold a job, better quality of life, high rates of recovery and overall much greater cost-effectiveness than typical treatment.

This recent expansion of CSC in the U.S. also owes much to the foresight of Congress. For the second consecutive year, Congress has allocated \$50 million through a set-aside in the Mental Health Block Grant for early psychosis programs. This demonstrates their understanding of the urgency behind early detection and treatment, and acknowledges our shared national responsibility to give all youth a chance for a better life.

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Among specific regional programs which congressional funding has helped facilitate, we are seeing incredible success: rates of hospitalization dropped from 73 to 11 percent and enrollment in school or work increased from 45 to 74 percent. Yet even with federal funding taking a sizable bite out of costs for CSC, the national price tag for schizophrenia remains close to a crippling \$156 billion annually.

This week, I will join with mental health leaders to bring our message of hope to Capitol Hill, reinforcing that it is crucial that we address the long-term sustainability of the CSC model, which saves millions a year in inpatient treatment.

Standing by our side will be a young woman, Maggie, who will share her story of living with ongoing auditory hallucinations, a typical symptom of schizophrenia, while building a healthy, successful life — all because of her treatment through a CSC program. Despite her diagnosis of schizophrenia, she has recently graduated from nursing school and continues to live life to the fullest.

It is critical that states join with us in calling on Medicaid and commercial insurance plans to adopt alternative payment models for funding CSC, and to look at how they can join Congress in financially supporting this evidence-based approach to treatment.

A serious illness requires a serious response. With CSC, we have an opportunity to change the life trajectory of 100,000 individuals every year. Let's ensure we provide them with the care and resources they need to keep their young lives on track.

Angela Kimball is the national director of advocacy and public policy at the National Alliance on Mental Illness.