

# Opinion

GUEST COLUMN

## Better community services can aid mental health fix

By **Ellice P. Martin**  
and **Tod Citron**

Georgia and the U.S. Department of Justice are headed back to Federal District Court in Atlanta after the collapse of negotiations over the future of the state's public behavioral health care services.

According to newspaper reports, the parties disagreed over revising the original settlement agreement signed in January 2009 to include community services.

Apparently, both parties agreed that behavioral health care services in Georgia need to be improved and community services expanded.

Apparently, both parties agreed the state has over-relied on inpatient hospital care.

This is why consumers, advocates, and providers hoped an agreement would be reached and costly litigation avoided.

Responding to conditions in state-operated psychiatric hospitals reported by this newspaper in the series, "A Hidden Shame," Gov. Sonny Perdue requested and the General Assembly appropriated an additional \$60 million this year to the Department of Behavioral Health and Developmental Disabilities. This agency was also shielded from budget reductions imposed on other state agencies.

While conditions in the hospitals must be addressed, inpatient care is just one component of a public behavioral health care delivery system.

Let us not forget that community services are equally critical, and the improvement and expansion of these services needs to be accelerated without further delay.

Community services not only improve the lives of consumers with behavioral health challenges, but are cost-efficient as well.

Consumers with severe and persistent mental illness and/or addiction who rely on the public sector need available a set of community services that can adjust in intensity and frequency depending on a consumer's needs.

A safety net agency is essential to serve the consumer in the community where the consumer lives and to coordinate a unified system of care for the

consumer.

This fixed point of accountability and responsibility reassures a consumer that the agency and its services will always be available.

Among the clinical and support services needed are outpatient and medication services, mobile crisis services, crisis stabilization programs, housing, supported employment, care management and transportation.

Equally important are consumer-operated wellness centers and services oriented toward recovery and resilience.

Other Southern states, such as Florida and Texas, are much more aggressive than Georgia in relying on 24-hour crisis stabilization programs.

These are state-licensed community residential programs that provide emergency receiving and evaluating services traditionally offered in hospitals.

When crises occur, an expanded network of these pro-

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grams could serve to screen and stabilize consumers for diversion from hospitals into other community residential and support services, or to authorize hospital care when needed.

Recent studies show that persons with a major mental illness die on an average of 25 years earlier than the general population, and half the individuals with mental illness report barriers to medical care compared with only 19 percent of others.

Having a serious mental illness is associated with having other major medical conditions, including diabetes, lung and liver diseases, hypertension, cardiovascular disease, infectious diseases and dental disorders.

Primary medical care should be available in community behavioral health care agencies for those consumers who view these organizations as their health homes.

Creating a unified behavioral health care delivery system will require resolving significant professional work-force shortages as well as addressing substantial deficiencies in infrastructure, such as modern information technology.

Psychiatrists, psychologists, social workers, nurses, counselors and other licensed therapists are in short supply, particularly in rural and underserved areas.

Reform efforts were hampered in other states, such as New Mexico, where appropriate attention was not given to the infrastructure needs of community providers.

Recovery and the resilience to live independently in the community are goals of consumers of behavioral health care services.

Georgia needs to support consumers in achieving these goals by accelerating the rebuilding and expansion of its public behavioral health care delivery system. We need to start now.

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