

Position Statement: The Call to Action: Accountability for Persons with Serious Mental Illness

(Adapted from the Position Statement: A Call to Action for the Chronic Mental Patient)

Approved by the Board of Trustees, July 2016

Approved by the Assembly, May 2016

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue: Failure to meet the needs of persons with serious mental illness, including persistent mental illness, early presentation of mental illness, and comorbid substance use disorders, remains a national crisis.

Serious mental illness spans all ages, genders, and sociocultural groups. It includes a wide variety of diagnoses, including psychotic disorders, mood disorders, anxiety disorders, neurodevelopmental disorders, neurodegenerative disorders, traumatic brain injury, and substance-related syndromes. Obstacles to recovery are everywhere. State hospital closures, community hospital downsizing, and the absence of essential community systems are driving forces behind poor outcomes, homelessness, and increasing social costs. Poor quality of care, social disadvantage, and adverse health behaviors lead to premature mortality in this population. Life expectancy of persons with serious mental illness is decreased by as much as 20 years compared with otherwise similar groups without mental illness.

Ensuring appropriate treatment, rehabilitation, and opportunities for recovery of persons with serious mental illness is **a public health responsibility**. Federal, state, and local governments must be accountable for ensuring access to comprehensive assessment and evidence-based treatments. Psychiatrists have a unique role and responsibility for developing strategies to address these challenges.

Position:

The American Psychiatric Association shall work with psychiatrists, other physicians, and professionals, communities, and partners to achieve the best possible clinical outcomes, functioning, and quality of life for persons with serious mental illness. Priorities and strategies include:

1. Ensuring access to all levels of effective and efficient care and treatment.

Services shall be:

- Person-centered and recovery oriented, fostering self-sufficiency, independence, and positive self-worth.
- Culturally and linguistically sensitive.
- Available to persons across the lifespan.
- Available to persons of all social, cultural, ethnic, racial, gender, sexual orientation, economic backgrounds, and population densities.
- Provided in the least restrictive setting appropriate to the person’s needs.

- Overseen in a meaningful way by a physician, preferably a psychiatrist.
- Reimbursed by all health insurances (including Medicare and Medicaid) and provided by all health systems (including the Veteran’s Administration).
- Adequately funded.

Services shall include but not be limited to:

- Comprehensive diagnostic assessments of psychiatric, substance use, and physical health, taking into consideration the impacts of psychosocial factors (such as homelessness, poverty, trauma, gender, and sexual orientation).
- Comprehensive plans of care and treatment based upon comprehensive and timely assessments.
- Follow-up assessments of sufficient frequency and duration.
- 24-hour emergency assessment and care, inpatient care, transitional care, respite care, clinic-based outpatient care, and therapeutic day care.
- Proactive crisis prevention with prompt and appropriate crisis intervention and stabilization, available and accessible at all times.
- Integrated psychiatric and substance use disorder care and treatment.
- Evidence based treatments (such as Assertive Community Treatment, supported employment, peer support, ECT, and DBT).
- Access to a comprehensive formulary of psychotropic medications.
- Comprehensive case management and functional support services.
- Support for education, socialization, and rehabilitation.
- Home-based, school-based, and community-based programs.
- Prevention and early recognition and intervention programs.
- Engagement of family and other primary supports, including the financial, social, and behavioral health resources to do so.
- Full spectrum housing from structured residential care to independent living.
- Full spectrum employment from supported employment to long-term, independent, and sustainable employment.
- Benefits counseling and coordination including assistance to the uninsured and underinsured.
- Review of social security eligibility to better reflect disability and to foster transition to sustainable employment.

2. Coordinating and integrating medical and psychiatric care.

Care and treatment shall be coordinated with primary care providers to alleviate the burden of medical illness, so the life spans of persons with serious mental illness will not be compromised or shortened because of inadequate or inadequately integrated services. Coordination shall include comprehensive care management services.

3. Ensuring interagency coordination of federal, state, and local: human service, health, and criminal justice agencies.

An individual’s transition between levels, locations, and jurisdictions of care and treatment shall be seamless. Funding shall follow individuals through transitions.

4. Enhancing education and training at every level of potential intervention.

Elements shall include but not be limited to:

- Family engagement and participation in education.
- Peer support knowledge and skill development.
- Educational opportunities for students and trainees in all relevant fields.
- Interdisciplinary and cross-discipline training.
- Medical student and resident training in primary care, specialty care, and emergency care.
- Reaching out to community partners and other interested stakeholders.
- Opportunities for academic career development.
- Partnerships of state health authorities, medical schools, and academic medical centers.
- Training of psychiatric residents and early career psychiatrists regarding administrative and leadership roles in the public/community sector.
- Availability and accessibility of adequately trained and supervised psychiatrists and other practitioners, at all levels of education and training, to meet clinical and social service needs.

5. Increasing research about serious mental illness and the individuals it affects.

Research shall include epidemiology, etiologies, treatments, comorbidities, prevention, outcomes, interdisciplinary management, and service delivery.

6. Eliminating discrimination against persons with serious mental illness by informing the public, elected leaders, and community leaders that any individual with serious mental illness may be meaningfully integrated into their community.

Individuals with serious mental illness, family members, professionals, paraprofessionals, and interested others shall inform the public, elected leaders, and community leaders about what must be done to overcome the discrimination, stigma, and obstacles of meaningful community acceptance and integration of persons with serious mental illness.

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Adoption Date: July 2016