Making Health Care Better

Addressing Mental Health:

Progress in Research, Prevention, Coverage, Recovery and Quality

Health Care in America: Making Progress for People with Mental Health Conditions

President Obama finally made health care reform a reality for America. He also recognized that health and mental health are deeply intertwined. The reforms stemming from the Affordable Care Act (ACA), along with other efforts in health care and public health, are greatly improving health and mental health care across the nation, enabling Americans to get and stay healthy. Thanks to the ACA, 20 million Americans have gained health insurance coverage. For the first time ever, more than 9 in 10 Americans now have health insurance coverage.

Such change has made a meaningful impact on the lives of people across the nation. Americans can no longer be denied coverage because of pre-existing conditions, including mental health conditions; women cannot be charged more based solely because they are women; Americans with health coverage have access to recommended preventive screenings and services without cost-sharing, such as depression screening and behavioral assessments for children; and, there are no more annual dollar caps on the care patients receive.

This report highlights how the Affordable Care Act and other policy actions over the past eight years have expanded the resources and protections for people that are affected by mental disorders. While people with mental illnesses may also have substance use disorders and there is overlap in some of the systems and programs that serve them, this paper is focused on mental illnesses, also termed mental disorders. As a companion piece, the Department of Veterans Affairs has released a summary of the Administration's work to marshal efforts across government and partner with communities to ensure Servicemembers, Veterans, and their families get the mental health care they need and have earned.

Mental Illness Among Americans

Millions of American households are touched by mental illnesses. In 2014, nearly 1 in 5 – or roughly 43 million – American adults had a diagnosable mental health disorder over the past year, and nearly 10 million American adults experienced serious functional impairment due to a mental health disorder, such as a psychotic or serious mood or anxiety disorders.[1] Mental disorders can disrupt families and careers and even lead to death; suicide is the tenth leading cause of death in the United States, accounting for more than 41,000 deaths per year. Untreated behavioral health conditions have serious effects on individuals' lives. People with mental disorders are more likely to be absent from work, lose jobs, experience the breakup of their families, and be unstably housed. Mental disorders also complicate the care of chronic health conditions. For example, co-occurring psychiatric conditions and chronic medical conditions are associated with significantly more expensive care due in large part to poor self-care and more acute episodes of needed health care.[2] Together, these circumstances serve to explain the fact that people with serious mental illness have an average life expectancy that is shorter than for similar people without these conditions.[3]

The nearly 10 million adults with serious mental illness face the most significant challenges in accessing and using quality care. They are among the heaviest users of public health and income support programs and of health services. Adults with serious mental illness are more than three times more likely than those without serious mental illness to be on Medicaid and significantly more likely to qualify for Medicare before age 65.[4,5] In addition, they are highly likely to rely on Social Security Disability Insurance or Supplemental Security Income, are heavy emergency room users, and frequently have serious co-morbid health conditions.

The Consequences of Not Treating Mental Illness

Research studies have consistently found that it takes too long before most people receive treatment for behavioral health conditions, including the most serious conditions. For example, research has consistently found that, on average, it takes about three years from the time that a first episode of serious mental illness occurs and when people receive treatment for this condition.[6] In the case of schizophrenia, this delay can worsen outcomes, whereas early comprehensive treatment can improve prognosis and is cost-effective.[7] In 2014, among the 43.6 million adults with a mental illness, 55 percent did not receive mental health services in the past year and 31.5 percent of the 9.8 million adults with serious mental illness did not receive mental health services.[8]

Once people receive treatment, the quality of care they receive is often highly variable. High rates of co-morbid physical health conditions make improving care coordination for this population imperative. In addition, those with more serious mental health conditions often need non-clinical, supportive services to successfully engage in their communities and achieve their education and employment goals.

What's Changed for People with Mental Illness?

President Obama recognized the importance of making real, lasting changes to ensure that people with behavioral health conditions, including those with serious mental illness, have the services and supports they need. Since Barack Obama took office, there have been several key changes in access to and delivery of quality mental health services, including:

- New opportunities for coverage and quality of care under the ACA:
    - Expanded private insurance and Medicaid coverage, enabling people with behavioral health disorders to have the security of health coverage at affordable prices.
    - Delivery system reforms, including improvements in how hospitals, doctors, and other providers operate to deliver better care at lower cost.
    - New Medicaid initiatives that integrate behavioral health care and primary health care.
    - Improvements to the Medicare Part D program that make prescription drugs more affordable by reducing cost sharing while guaranteeing continued access to psychotropic medications.
    - Expanded preventive services and essential health benefits for children and adults.
- Improved approaches to quality behavioral health care.
- Regulations putting mental health and substance use disorder benefits on equal footing with medical and surgical benefits – mental health parity – in all types of private insurance and under the Medicaid and CHIP programs. Individuals will now be able to count on their mental health and substance use disorder coverage being comparable to their general medical and surgical coverage.
- Helping states and communities improve behavioral health care and put strong infrastructures in place.
- Improving prevention and early detection of mental illness.
- Making major strides and developments in bench science to help diagnose and treat mental illness and substance use disorders.

The Affordable Care Act and Mental Health

Access to quality, affordable health care is essential in the effort to improve mental health care in the U.S. The average cost of care for a person with a mental illness was estimated at $1,849 per year in 2012.[9] Those affected by mental illness should not have to choose between health care and other basic needs. That is why this Administration fought so hard for the ACA, which has helped 20 million uninsured Americans gain the security they deserve. Under the ACA:

- As many as 129 million Americans with pre-existing conditions, including mental health disorders, can no longer be denied coverage or charged more because of their health or family health history.
- Annual and lifetime dollar limits on coverage of essential health benefits, which could disrupt mental health treatments, are prohibited for most plans.
- Out-of-pocket costs for consumers enrolled in non-grandfathered coverage are limited, helping them to maintain financial stability even in the face of stigmatized illness like mental health disorders.
- Americans enrolled in non-grandfathered coverage have the right to appeal decisions made by their health plan to external review.
- Most health insurance plans are required to provide coverage for recommended preventive services without cost sharing. This includes services such as depression screening for adolescents and adults, alcohol misuse screening and behavioral counseling.

More Americans with insurance means more people are receiving mental health services and screenings. In 2014, almost half (44.7 percent) of the 43.6 million American adults (aged 18 and older) who experienced a mental illness in the past year received mental health care. [10]The ACA created the largest expansions of mental health and substance use disorder coverage in a generation by requiring that most individual and small employer health insurance plans, including all plans offered through the Health Insurance Marketplace, cover mental health and substance use disorder services and expanding parity protections to this coverage, as well as covering rehabilitative and habilitative services that can help support people with behavioral health challenges.[11]

Prior to the ACA, 47.5 million Americans lacked health insurance, and 25 percent of uninsured adults had a mental health condition, substance use disorder, or both.[12] Estimates indicate that the ACA expanded mental health and substance use disorder benefits and parity protections to

more than 60 million people.[13] And, mental health can no longer be excluded from coverage as a pre-existing condition.

Further, the ACA increased mental health service utilization among young adults that obtained insurance coverage due to the ACA's requirement that young adults be able to remain on parent's plan until age 26, as expanded insurance coverage removes significant cost barriers to seeking treatment.[14] The young adult policy has resulted in increased use of private insurance for behavioral health treatment, and it has lowered the odds of young adults with behavioral health conditions having to pay 75 percent or more of their medical expenses out of pocket by 54 percent.[15] [16]

The ACA enhanced coverage of preventive services. Most private health plans must now cover preventive services, like depression screening for adults and behavioral assessments for children, without charging a copayment, coinsurance, or deductible. This includes Women's Preventive Services guidelines that have provided more than 55 million women with guaranteed access to eight additional preventive services, including screening and counseling for interpersonal and domestic violence.[17] In addition, states were offered incentives to offer preventive services to Medicaid beneficiaries. Today, about 137 million Americans have private insurance coverage of preventive services without cost sharing.[18] Preventing mental and/or substance use disorders is critical to Americans' behavioral and physical health. When left undetected, behaviors and symptoms that signal the development of a behavioral disorder can often manifest into a more serious mental health

THANKS TO THE AFFORDABLE CARE ACT

The Affordable Care Act prohibits health insurance companies from denying or charging more for coverage because of an individual's health or family history. Here is one story that represents the countless people with a mental health disorder who gained coverage under the ACA.

"I spent the last 10 years fighting depression, virtually on my own. As a part-time waitress and college student, I couldn't afford health insurance to get the care I needed. Some days, I couldn't get out of bed. I had a sense of despair--but I'm so glad I don't have to feel that way anymore.

Having health coverage made seeking treatment for my depression easier. I was able to see a doctor who prescribed antidepressants, which cost me only $4 a month. Now I'm moving forward. I can get up in the morning. I can walk the dog. I can go to work.

Because of the Affordable Care Act, depression screening for adults, and many other preventive services are covered by Marketplace insurance at no out-of-pocket cost. And I don't have to worry that my treatment for depression will prevent me from getting health insurance in the future. Thanks to the Affordable Care Act, insurers no longer can deny someone coverage because of a pre-existing medical condition.

Depression for me was despair, a black hole. With affordable, quality coverage, I can move forward."

Andrea Jahen
Austin, Texas

issue. In addition, people with a mental health illness are more likely to use alcohol or drugs than those not affected by a mental illness. [14]

In addition, Medicaid expansion is a significant benefit for individuals with mental health conditions. In the states that have expanded their Medicaid programs under the ACA, there has been a reduction in the unmet need for mental health and substance use disorder treatment among low-income adults.[19]

- The ACA created new Medicaid opportunities to improve services for people with mental illness. Notably, building on earlier investments in coordinating behavioral health care and primary care, the ACA authorized a new Medicaid state plan service, Health Homes, which allows states to provide comprehensive care management and coordination to individuals with two or more chronic conditions or serious mental illness. As of April 2016, 19 different health home programs with a focus on serious mental illness were active in 17 states and the District of Columbia.
- The ACA increased the options for states to provide home and community-based services through Medicaid, including for people with mental illnesses, by expanding the 1915(i) option to include individuals at higher incomes and to allow states to provide additional support services through this option. As of October 2015, 16 states and the District of Columbia had approved 1915(i) programs.
- Based on laws in place before the enactment of the ACA, Medicaid generally excludes coverage of services while a Medicaid beneficiary is an inpatient in Institutions for Mental Diseases (IMDs) that primarily serve people with mental illness (the "IMD exclusion"). In April 2016, HHS finalized rules expanding access to inpatient psychiatric care for Medicaid Managed Care Organization enrollees. The rule allows Medicaid managed care plans to support short-term stays in inpatient psychiatric IMDs of up to 15 days.

People with behavioral health needs make up nearly 30 percent of all low-income uninsured individuals in states that have not yet expanded Medicaid. Low-income adults with serious mental illness are significantly more likely to receive treatment if they have access to Medicaid coverage. If all states that have not yet expanded Medicaid did so, an estimated 371,000 fewer people each year would experience symptoms of depression, and 540,000 more people would report being in good or excellent health. States that choose to expand Medicaid may achieve significant improvement in their behavioral health programs without incurring new costs. State funds that currently support behavioral health care treatment for people who are uninsured but would gain coverage under expansion could become available for other behavioral health investments.[20]

Improving Approaches to and Quality of Care

Mental health prevention and treatment can be complex, and its success is often dependent on the provision of quality, coordinated health care. The ACA includes numerous provisions designed to support healthy people and improve the overall health system.

The law promotes the adoption of new care models that improve care coordination, advance measurement of quality and star-rating systems that help patients choose high-performing providers, and that modify how care is paid for to promote the delivery of high-quality, efficient, and affordable behavioral health care.

The Administration has undertaken a number of other initiatives to improve the quality of care for individuals with mental health disorders:

- In 2014, President Obama signed into law legislation that provides funds to the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the development of early psychosis treatment programs across the United States. The majority of individuals with serious mental illness, such as schizophrenia, bipolar disorder, and major depression experience the first signs of illness during adolescence or early adulthood, and there are often long delays between symptom onset and the receipt of evidence- based interventions – highlighting the importance of early identification and treatment.
- Since 2009, SAMHSA has funded more than 187 grantees through the Primary and Behavioral Health Care Integration (PBHCI) grant program. The purpose of the PBHCI program is to improve the physical health status of adults with serious mental illnesses by supporting communities to coordinate and integrate primary care services into publicly funded community mental health and other community-based behavioral health settings. At intake, individuals receiving PBHCI services had two times the rate at risk of having diabetes; three times the rate at risk of having high cholesterol; almost double the rate at risk of having hypertension; and triple the rate of smoking. The Comprehensive Primary Care (CPC) initiative launched by the Centers for Medicare and Medicaid Services (CMS) in 2012 to support primary care transformation through an enhanced payment model, data feedback, and a robust learning system. As of April 2016, 446 primary care practices with approximately 2,200 clinicians participate in CPC across seven regions, providing care for 2.7 million patients, including over 400,000 Medicare and Medicaid fee-for-service beneficiaries. Practice redesign in CPC centers on using team-based approaches to deliver comprehensive primary care. As part of their work, CPC practices have made significant strides in behavioral health integration, with over half of practices co-managing care with behavioral specialists or directly including behavioral specialists into primary care workflows. Nearly 90 percent of practices now screen patients for psychosocial needs,

and over 60 percent provide brief, targeted counseling within the primary care practice. In addition to increased coordination and integration of behavioral health services, CPC practices have also identified opportunities to broaden patient engagement in behavioral health by using shared decision making with their patients making choices in depression and anxiety treatment.

Parity

The Obama Administration has taken action to implement the Mental Health Parity and Addiction Equity Act (MHPAEA), a major step forward in putting behavioral health care on equal footing with medical and surgical care. MHPAEA requires comparability between medical/surgical and behavioral health coverage. In addition, the ACA extended parity protections to individual health plans, and regulations implementing the ACA's "essential health benefits" requirements extended parity protection to the small group coverage.[21]

Separate legislation extended parity protections to Medicaid managed care plans and CHIP and Alternative Benefit Plans (ABPs). The Administration recently implemented those provisions in a final rule adopted in 2016.

To further expand these efforts, earlier this year, the Department of Defense issued a proposed rule to apply the principles of mental health parity to TRICARE, the health benefits program from uniformed service members and their families.

Overall employer-sponsored large group plans have made meaningful improvements to their mental health and substance use disorder benefits. For example, the vast majority of these plans have eliminated higher cost sharing for inpatient and outpatient behavioral health care. There have also been significant declines in the use of day and visit limits for behavioral healthcare. This resulted in expanded access to care for adults and children with mental and addictive disorders. [22,23,24,25,26,27]

To ensure that consumers and health care providers understand these parity protections and that health plans are appropriately comply with parity, , the President recently asked members of his Cabinet to establish a Task Force to promote compliance with parity best practices; support the development of tools and resources to support parity implementation; and develop additional agency guidance as needed to facilitate the implementation of parity.

Building Strong Communities and Supporting Recovery

Most people with mental health disorders can get better. Treatment and recovery are ongoing processes that happen over time. The first step is getting help. The adoption of recovery by behavioral health systems in recent years has signaled a dramatic shift in the expectation for positive outcomes for individuals who experience mental and/or substance use conditions.

Recovery from mental disorders and/or substance use disorders is a process of change through which individuals: improve their health and wellness, live a self-directed life, and strive to achieve their full potential.

- In 2014, the President signed the Protecting Access to Medicare Act (PAMA), which included a bipartisan demonstration program to expand access to community-based mental health and substance use disorder services for Medicaid beneficiaries with a focus on adults with serious mental illness, children with serious emotional disturbance, and individuals with serious substance use disorders. States have planning grants for this Certified Community Behavioral Health Clinic demonstration, with the demonstration set to launch in 2017 in eight States.
    - The Administration's initiative to expand access to mental health care includes a Budget proposal to expand the PAMA demonstration to six additional States for a total of 14 pilot States.
- The ACA created new funding opportunities for Community Health Centers to build, expand, and operate health-care facilities in underserved communities. Throughout 2014 and 2015, HHS invested $166 million to expand mental health capacity at health centers, which supports the establishment and expansion of services to more than one million people nationwide. As a result, health centers increasingly have opted to integrate mental health providers into their primary care operations, or have built strong relationships with other community mental health providers. In March 2016, HHS awarded an additional $94 million to support 271 health centers in 45 states, the District of Columbia, and Puerto Rico to improve and expand the delivery of substance use disorder services in health centers, including medication-assisted treatment, with a specific focus on opioid use disorders.
- In 2014, SAMHSA established the Recovery Support Strategic Initiative to promote partnering with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience (including helping individuals with behavioral health needs be well, manage symptoms, and achieve and maintain abstinence); increase housing to support recovery; reduce barriers to

employment, education, and other life goals; and secure necessary social supports in their chosen community.

SAMHSA offers a range of recovery services and supports that help people develop resiliency and recover from mental and/or substance use disorders, for example:

- *Recovery to Practice* helps behavioral health and general healthcare practitioners improve delivery of recovery-oriented services, supports, and treatment.
- *Partners for Recovery* offers technical support and information to those who deliver services to people with substance use and co-occurring mental health conditions.
- *Projects for Assistance in Transition from Homelessness* provides formula grants to the states and territories to support community-based outreach, linkages to mental health and substance abuse treatment, case management, and other support services to individuals who are experiencing homelessness, or at imminent risk of homelessness, and who have serious mental illnesses, with or without co-occurring substance use disorders.
- *Transforming Lives through Supported Employment* grant program enhances state and community capacity to provide and expand evidence-based, supported employment programs to adults with serious mental illnesses, including people with co-occurring mental and substance use disorders.

Improvements in Prevention and Changing the Conversation

We can all take steps towards reducing the stigma of mental health disorders by educating ourselves and the public on what mental health is, making access to mental health services available to everyone, and talking openly and candidly about mental health disorders. It is also important to understand risk factors and access preventive services that can help to detect these disorders early.

This Administration has invested in prevention and improving public understanding of risk factors and promoting healthy lifestyles. And, it has put laws like the ACA in place to ensure that evidence-based screenings and treatment are available and affordable.

This Administration continues to invest in prevention, early detection, and treatment as a public health priority:

- The ACA both expanded private insurance coverage for preventive services including behavioral health screenings and invested in community-based prevention initiatives through the Prevention and Public Health Fund which provides sustained national investments in

prevention and public health to improve health outcomes and to enhance health care quality.[28]

- The ACA also eliminates coinsurance and deductibles for Medicare beneficiaries for preventive services like depression screenings. An estimated 39 million people with Medicare (including those enrolled in Medicare Advantage) took advantage of at least one preventive service with no cost sharing in 2015.
- The United States Department of Agriculture (USDA) investments increase access to mental health care in rural areas. The funding is used for construction, expansion, or equipping of rural mental health facilities. In 2013, USDA invested more than $649 million in 130 rural health care facilities – serving nearly 3.2 million rural residents.[29]
- Access to mental health services can be a particular challenge for veterans in rural areas. HHS is currently supporting a pilot program examining how to use telehealth, and health information exchange, to enhance the coordination of care for veterans in rural areas.
- The Administration has also doubled the size of the National Health Service Corps whose providers help reach communities that need them most and minimize patients' travel distances to seek care. Today, more than 3,000 mental health clinicians serve in the Corp and practice in designated areas of the country that need them the most, include psychiatrists, clinical psychologists, clinical social workers, licensed professional counselors, marriage and family therapists, and psychiatric nurse specialists.
- The President's Budget requests $70 million in new funding in FY 2017 for the National Health Services Corps program to support an additional 1,200 behavioral health providers. This includes: (1) $25 million as part of a new initiative to expand access to treatment to reduce prescription drug abuse and heroin use, with a focus on expanded use of medication-assisted treatment (MAT); (2) $25 million as part of the Administration's initiative to expand access to mental health care; and (3) $20 million to address the demand in high-need areas for mental and behavioral health providers.
- As part of the President's 2013 *Now is the Time* gun violence prevention strategy released after the Sandy Hook tragedy, the Administration proposed and Congress funded Project AWARE (Advancing Wellness and Resilience in Education). This project began in Fiscal Year 2014 with $55 million. In FY 2016, Project AWARE is funded at $65 million and raises awareness about mental health issues in schools and connects young people who have behavioral health issues and their families with needed services. Initiative components include Mental Health First Aid, which is a curriculum that prepares teachers and others to recognize and respond to signs of mental and/or substance use disorders in children. In FY 2015, the Mental Health First Aid program trained or served nearly 4.5 million individuals.[30]
- The President's Budget makes significant investments in suicide prevention. The Administration's $500 million initiative to expand access to mental health care includes $60 million over two years to support State suicide prevention demonstration projects focused

on reducing key risk factors by increasing identification, referral, and treatment for suicidal behavior. The Budget also includes a new $26 million Zero Suicide initiative in SAMHSA that will help identify those at risk for suicide and ensure they are served with evidence-based approaches and follow-up care.

- In March 2015, the First Lady launched the *Campaign to Change Direction*, a nationwide mental health public-awareness campaign promoting education and awareness of mental health issues. Since its launch, organizations have committed to teaching the "5 Signs" to 145 million people.
- *Joining Forces* is a comprehensive initiative, launched by the First Lady and Dr. Jill Biden, dedicated to ensuring that our service members, veterans, and their families can connect to resources that enhance their wellbeing. As part of the initiative, *Joining Forces* has coordinated efforts with the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) to combat post-traumatic stress (PTS) and Traumatic Brain Injury (TBI) through research and clinical trials. In addition, President Obama signed an Executive Order in 2012 directing HHS, the Department of Defense (DoD), and the Department of Veterans Affairs (VA) to collaborate and coordinate research and increase the number of mental health providers and counselors.
- Joining Forces and AAMC also produce Joining Forces Wellness Week, a week-long series of interactive trainings for clinical and non-clinical wellness professionals focused on specific health and wellness issues of veterans, service members, and their families.
- Older adults are vulnerable to mental health issues as well. Depression often co-occurs with other serious illnesses, such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. Because many older adults face these illnesses as well as various social and economic difficulties, health care professionals may mistakenly conclude that depression is a normal consequence of these problems. To address the particular circumstances of older Americans, HHS invests in an evidence-based treatment models like The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), which is an intervention for people 60 years and older who have minor depression or dysthymia and are receiving home-based social services from community services agencies, and Healthy IDEAS, which provides screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation.[31] An estimated 30,000 older adults have participated in these programs.[32]
- In 2013, there were 41,149 suicides in the United States—a rate of 12.6 per 100,000 is equivalent to 113 suicides each day or one every 13 minutes.[33] Suicide prevention is a serious public health concern in the United States, and SAMHSA supports three suicide prevention initiatives: the Garrett Lee Smith Youth Suicide Prevention grants fund state, tribal, and campus programs for individuals ages 10 to 24; the Suicide Prevention Resource Center (SPRC) advances the National Strategy for Suicide Prevention by providing technical

assistance, training, and materials to increase the knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide; and the National Suicide Prevention Lifeline helps provide free and confidential support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week through local crisis centers by means of the national number, 1-800-273-TALK (8255).

- In 2012, the Surgeon General, in partnership with the National Action Alliance for Suicide Prevention, released a *National Strategy for Suicide Prevention*, to guide the nation's suicide prevention actions over the next decade. [34]
- In 2014, in response to the Surgeon General's report, the National Institutes of Health (NIH) released *A Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives*, to ensure that available resources target research with the greatest likelihood of reducing suicide morbidity and mortality.

Research

The Administration continues to invest in mental health research and prevention programs. The NIH's annual funding for mental health totals nearly $2.4 billion per year.[35]

The Administration's BRAIN initiative supports research to develop methods for measuring and understanding the structure and functions of the brain at levels never before achieved. Such detailed measurement is necessary to understand the individual patterns of brain activity and malfunction that are essential to the development of personalized interventions, and can offer promise for a range of illnesses, including mental health conditions. [36]

Because of these investments, NIH research initiatives during the Obama Administration have produced exciting results such as:

- Researchers from the National Institute of Mental Health's (NIMH) Intramural Research Program (IRP), a part of the NIH, have shown that ketamine can rapidly lift depression in treatment-resistant patients, often within hours.[37] Further, Rapidly-Acting Treatments for Treatment-Resistant Depression (RAPID) is an NIMH-funded research project that promotes the development of speedier therapies for severe, treatment-resistant depression.[38]
- NIMH launched the Research Domain Criteria (RDoC) initiative, a research framework designed to support studies that investigate particular neural systems and related behavioral functions (such as fear, memory, or executive function), recognizing that malfunctions in these systems vary considerably in pattern and severity across individuals both within and between disorders. The growing amount of research funded under this

program is intended to help understand individual differences among patients and thus lead to more tailored precision-medicine interventions and new approaches to prevention.

- NIH is building an Early Psychosis Intervention Network (EPINET) to create a learning health care system among early psychosis treatment clinics to address the issue that many people experiencing a first episode of psychosis face delays in seeking and obtaining care.[39]

- Researchers in the NIMH IRP, in collaboration with multidisciplinary emergency staff at three pediatric hospitals across the United States, developed a risk of suicide screening tool for pediatric patients. The Ask Suicide Screening Questions (ASQ) is a brief, valid, screening instrument for assessing pediatric suicide risk, and is more accessible to non-mental health clinicians working in a variety of medical settings than the traditional 30-item suicide screening questionnaire. Early results indicate that this tool helps to identify patients' suicidality, which could have been missed because they were visiting the ER for a medical/surgical complaint.[40,41]

In addition, the President's Precision Medicine Initiative was launched in 2015. Building on the $200 million investment in 2016, the President's Fiscal Year 2017 budget proposed a $100 million increase to develop a voluntary national research cohort of a million or more individuals to propel our understanding of health and disease and set the foundation for a new way of doing research through engaged participants and open, responsible data sharing.

These examples represent only a few of the many advances in research and prevention achieved during this Administration.

RAISE SUCCESS

The 2-year outcomes from the NIMH RAISE Early Treatment Program show that 223 recipients of NAVIGATE remained in treatment longer, experienced greater improvement in quality of life, and experienced greater involvement in work and school compared with 181 participants in community care.

"OnTrackNY builds on the successful RAISE initiative in New York State which showed that early intervention services helps young people who have just started to experience psychosis stay in school and work. We are excited to be able to enable more New Yorkers in need to access this innovative program."

Dr. Lisa Dixon, Director of the Center for Practice Innovation at the New York State Psychiatric Institute.

Our Work Continues

The work throughout the Obama Administration is a powerful testament to the Administration's commitment to preventing and treating mental illnesses. Yet, there is more work to do to continue to advance the goal of quality, affordable, and accessible health care and public health for all Americans. Together with patients, consumer advocates, researchers, and health care professionals, we will continue to invest in, and work for, better prevention, detection, and treatment for mental health disorders so that individuals affected by these conditions get the treatment they need, when they need it – allowing them to live healthy, productive lives.

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