

Being Healthy Takes More Than Health Care

Message from the President

James W. Squires, M.D.



The Endowment for Health's mission may be familiar to most of our readers: To improve the health and reduce the burden of illness of the people of New Hampshire. While some of our work focuses on improving health care systems, compared to our genes, the environment, and personal choices, health care, while essential, is one of many contributors when it comes to being healthy.

The best predictors of whether or not someone is "healthy" are now called "social determinants." Health care, if you have access to it at all, can help treat illness and, at best, can aid in preventing illness.

If you face a variety of challenging life obstacles, you cannot be healthy, as for example, being homeless. You cannot be healthy if you lack an education. You cannot be healthy if you are unable to find employment that pays a living wage.

So much of our work at the Endowment focuses on the far-reaching systemic changes that can improve peoples' lives, and therefore, create and support a state of overall health and wellbeing.

Our new theme - Improving the mental health of New Hampshire's children and their families, acknowledges deficiencies and obstacles in receiving health care services frequently made worse by a variety of social determinants. As we launch this 5-year commitment, we recognize that children, in particular, are in need of a stronger mental health care delivery system in our state, and their families want to remain active partners in setting the course of treatment for their children.

Over the past 18 months, Endowment for Health Program Director Kim Firth has worked tirelessly to set the direction of our future work in this area. She has spent countless hours meeting with our Theme Advisory Committee as well as with other community partners to define our expected outcomes and strategies. It has not been an easy task. Focusing our work in children's mental health has entailed some tough decisions. One of the toughest was deciding to focus our limited resources on the system of mental health service delivery, even though prevention is also an important strategy worthy of support. In the end, with the help of our Theme Advisory Committee, we decided to tackle the biggest problems first.

Throughout this edition of our newsletter, you will read about both the gaps and the opportunities for children's mental health in New Hampshire. We'll examine the current policy landscape on a state and federal level. We'll hear from some of our community partners on issues ranging from mental health workforce to effective, science-based treatment. We will also present some of the first research ever conducted in New Hampshire on who is accessing children's mental health from the perspectives of both the public and private service delivery systems. Most importantly, we will discuss where we believe we can make the greatest impact on this issue from the vantage point of a private foundation.

As recent research indicates, New Hampshire's population lacking health insurance continues to rise, representing a real dilemma on the patient side. At the same time, funding for community-based mental health services continues to decline. Emergency rooms, especially in rural areas, are increasingly called upon to provide services for the mentally ill – another compelling dilemma on the provider's side. We must not allow New Hampshire's children to be caught in the middle of this conundrum. And so our success in this new theme area will be directly tied to that of our community partners.

Thank you for your partnership in making a difference to the children of this state and to their families.

Why Children's Mental Health? Why Now?

Kim Firth, Program Director



With the imminent launch of the Endowment for Health's new theme, Program Director Kim Firth helps frame the issue and explains the foundation's focus on improving the mental health of New Hampshire's children and their families.

The mental health-care delivery system in the United States needs nothing short of transformation, yet state and federal hurdles to achieving this goal seem almost insurmountable. According to the President's New Freedom Commission on Mental Health, the delivery system is, "fragmented and in disarray, leading to unnecessary and costly disability, homelessness, school failure and incarceration." The New Hampshire legislature, also concerned about the issue, created a Commission to Develop a Comprehensive State Mental Health Plan (see related article), which is completing its plan to transform New Hampshire's mental health care delivery system.

The federal government has been unable to untangle and simplify the multitude of funding streams that support state mental health care, which is perhaps the greatest contributor to our fragmented system. Because of the stigma and discrimination that surround mental illnesses, mental health care has historically been relegated to restrictive institutions or dismissed as non-essential health services. Third party payers continue to treat mental health care differently from other health conditions through discriminatory limits on allowable visits and higher co-payments.

Adding to the complexity is a national and state workforce crisis which is particularly acute for child psychiatrists. Public mental health centers in New Hampshire are under funded and lack the necessary infrastructure to increase access. Although a scientific knowledge base has evolved and effective treatments for mental illnesses exist, there is an unnecessary lag time in incorporating these practices into routine patient care. In light of the challenges that lay ahead to transform the mental health care delivery system, we asked ourselves at the Endowment how a state health foundation could leverage the greatest impact.

From the outset, our Board of Directors wisely advised a realistic approach. After all, the Endowment for Health is not a mental health foundation. Our mission is to improve the health and reduce the burden of illness for the people of New Hampshire – with a special focus on vulnerable and underserved populations. Nonetheless we knew from our annual Listening Sessions and our grantmaking experience over the last six years that choosing mental health as our next theme was the right thing to do. After considerable deliberation, the Endowment Board of Directors and Advisory Council chose to narrow our new theme area to: Improving the mental health of New Hampshire's children and their families.

Why? There is significant unmet need for children's mental health care. A study published in the American Journal of Psychiatry found that 85% of children and youth in need of mental health services in the child welfare system do not receive them. Seventy-nine percent of children with private health insurance and 73% with public health insurance have unmet mental health needs.

We know that untreated mental health issues may affect school academic performance, inhibit future employment opportunities, and contribute to economic insecurity. There is a growing body of evidence that early childhood is a critical period for the onset of emotional and behavioral impairments. Early detection, assessment, and treatment for children can prevent mental health problems from worsening. Exposure to childhood trauma can cause mental health problems. Approximately one-quarter of all children have experienced a traumatic event. These children are at risk for developing post-traumatic stress disorder, depressive disorders, and/or other anxiety disorders.

Although New Hampshire's current capacity to deliver children's evidence-based mental health treatment is quite limited, there is considerable momentum to increase this capacity in partnership with New Hampshire's community mental health centers, the Bureau of Behavioral Health and the Division of Children, Youth and Families. Local school districts are large providers of children's mental health services so further development of school-based mental health services can lead to earlier identification and treatment of children in need of mental health care. New Hampshire pediatricians and primary-care providers also play a significant role. As the recent National Alliance on Mental Illness-NH (NAMI-NH) focus group and survey findings suggest, increasing the

capacity of primary-care providers to deliver high-quality mental health care is an untapped opportunity.

The Endowment for Health is a responsive grantmaking organization. To be successful in our efforts to improve the mental health of New Hampshire's children and their families, we must build on the leadership of our community partners, including those in the Departments of Health and Human Services and Education, advocacy organizations, and service providers. As our state and our nation work to transform the mental health care delivery system, our foundation will support efforts to create more collaborative systems of care and by promoting high quality, science-based early identification and treatment. We also recognize that advocacy and public policy capacity are essential ingredients to sustaining these efforts. Investment in this capacity will be critical.

From a systemic point of view, reducing risk factors like poverty, domestic violence and child abuse, and strengthening protective factors like peer relationships and parental mental and emotional health are critically important to children's mental health. One could argue it is the responsibility of government to create high quality children's mental health care delivery systems. Reorganization and blending of funding streams and reimbursement for essential services like care coordination would go a long way towards creating a more collaborative system of care for children and families. However, given what we know about the health care delivery system in our state, the Endowment has an obligation to invest our resources in system improvement. We cannot ignore the deficits of the existing delivery "system." We cannot miss the opportunity to build on the leadership emerging from the field on this important issue.

Kim Firth is program director for the Endowment for Health and oversees its new theme area on children's mental health.

Children's Mental Health: The New Hampshire Picture

Steve Norton, NH Center for Public Policy



An estimated 14 million children – approximately one in five – have a diagnosable mental health disorder in this country. Eleven percent of children have significant functional impairment, and five percent of children have extreme functional impairment – issues that impede their ability to learn, to form social connections, and to function in a family. If New Hampshire is consistent with the rest of the nation, these estimates of prevalence would translate to nearly 56,000 children, ages 5 – 19 with diagnosable mental health disorder and almost 14,000 with a serious emotional disturbance.

Here in New Hampshire an analysis of administrative claims data suggests that a significant number of children, but clearly not all with mental illness, are accessing mental health services through the private and public systems in the state. More than 19,000 - or 12% - of privately insured children showed evidence of a mental illness diagnosis and/or treatment in 2005. In the Medicaid program, 25% - or 18,000 children – received services for a mental illness during that same time period. These are just some of the findings from The New Hampshire Center for Public Policy's recent analysis of several children's behavioral health dimensions. In this article, we'll look at the service system, Evidence Based Practices and workforce issues.

The Service System

The public sector Medicaid program finances most of the mental health services provided to those with mental illness in New Hampshire. More than \$96 million was spent on mental health services in 2005, of which only \$15 million was for services to the privately insured. The significantly higher expenditures in the public sector program are due in large part to the higher acuity levels of those within the Medicaid program.

The service systems in the public and private sector are, not surprisingly, very different. In the private sector, most services are provided in a physician's office. Services within the public sector were largely provided by three different systems: the community mental health system – comprised of the state's 10 mental health providers – the schools, and the network of providers serving foster children.

Evidence Based Practice (EBPs)

The portfolio of evidence-based practices is just beginning to grow in New Hampshire. Approximately 40-50 practices meet the standards of analytic precision necessary to qualify it as an evidence-based practice. Two of these EBPs appear to be Cognitive Behavioral Therapies (CBTs), with distinct components for depression, trauma, and anxiety disorders; and various parent management approaches typically involving support, education, and therapy.

Although still in its infancy in New Hampshire, there are a number of EBP initiatives underway. The Bureau of Behavioral Health and the Division for Youth, Children and Families, are both beginning to employ EBPs or practices which closely approximate an EBP model. There are also significant activities at the local level. Both Dartmouth and a number of Community Mental Health Centers have begun to explore the use of different evidence-based practices based on the needs of the community. Despite the fact that local schools are a significant provider of mental health services to children, local school efforts at implementing EBP's remain limited.

Workforce

New Hampshire has a limited number of child psychiatrists – in fact the fewest per 10,000 children of the four northern New England states. The dearth of providers is even more acute in the rural parts of the state. Additionally, when you look at the primary providers of mental health prescriptions to children – psychiatrists, family practitioners and pediatricians – New Hampshire ranks the lowest in Northern New England. Not surprisingly, a significant part of Northern New Hampshire has been designated a mental health professional shortage area by the Health Resources Services Administration, in large part due to the absence of psychiatrists.

There is, however, a larger – if poorly documented – pool of mental health providers other than physicians. It is clear, for example, that schools are a critical component of the mental health workforce for children. While there is less than one child psychiatrist in the state per 10,000 children under the age of 18, depending on the county, there are between 1.9 and 6.6 school psychologists. Any efforts to enhance the workforce will have to be closely tied to better information on the availability of providers of different kinds, what types of treatment are most effective for particular mental health disorders, and who is best to provide treatment.

The Center's research points to both gaps and opportunities in the children's mental health service delivery system. The Endowment and its community partners will use this data to further refine strategy and to inform future projects.

--Steve Norton is executive director of the New Hampshire Center for Public Policy Studies

Families Want to Be Part of Solution for Improving Mental Health

Mike Cohen, NAMI-NH



Recognizing the importance of family inclusion in systems change efforts, the National Alliance on Mental Illness NH (NAMI-NH) partnered with the Endowment for Health to examine the state's delivery system for children's mental health services. NAMI-NH elicited input from 206 parents and primary caregivers through web-based surveys and eleven focus groups across New Hampshire. All participants had a child or adolescent, birth through 21 years of age, currently receiving mental health care in New Hampshire from either public or private providers.

Parents and caregivers criticized both providers and mental health delivery systems. At the same time, they acknowledged the system demands and constraints placed on providers who are hampered by large caseloads, organizational barriers and funding mechanisms. Despite this, respondents described their providers as caring

and concerned professionals.

A number of common themes emerged:

- Participants described fragmented care and the “sinking” feeling many experience as they try to negotiate within and across various health-care delivery and school-based systems.
- Many expressed a feeling of being “lost in a maze,” underscoring the need for integrated and coordinated mental health services and supports based on the needs of their child, without the financial constraints and regulations imposed by insurers.
- Health insurance, public or private, had an impact on access to services and provider choice, according to project participants.
 - Those with private insurance were often unable to access case management services and found the limit on office-visit and medication co-payments a financial challenge.
 - Participants whose children received public insurance said they had no choice of providers and found themselves on waiting lists for services.
- Focus group participants commonly cited the need to change from weekly appointments to bi-weekly appointments due to insurance or increased provider caseloads.
- Parents expressed concern about high staff turnover in the public mental health system and felt that the lack of consistent providers and individualized services negatively affected their child. Services and supports were often described as differing from one community to the next or unavailable in some communities altogether. Respite services and childcare were specifically highlighted as was the need for specialized training for school personnel, childcare and mental health providers.
- Many participants felt their primary care provider did not have the knowledge or skills to address their children’s mental health issues and were unaware of available community resources and supports. Nearly half the participants said that mental health screening is not commonly conducted as part of a well-child check-up.
- Parents repeatedly emphasized the need for more support for themselves and education on children’s mental health issues. And since a family’s life is profoundly impacted by a child’s mental illness, learning from other parents experiencing the same issues would empower them to help their children and help improve services, they said.

The parents participating in the focus groups acknowledged the value of the current treatment and support received from their providers but want to see improvements to the system. Like any parent, they want the best for their child and seek to work with providers toward a shared goal of strengthening the children’s mental health service delivery system in the state.

--Michael J. Cohen, MA CAGS, is executive director of NAMI-NH

State Mental Health Commission Preparing to Issue Report

Linda Fox Phillips, Mental Health Commission



Recommendations to serve as road map for transformation of care delivery

Twenty percent of New Hampshire residents received treatment for mental illness last year. Research findings demonstrate that good mental health is fundamental to overall health. In recognition of these facts, Representative Jim MacKay (Concord-R) introduced a bill more than two years ago to create a commission tasked with designing a comprehensive State Mental Health Plan.

The bill passed, Jim was elected chairman, and assistance was obtained to help fully devise the blueprint to transform the New Hampshire mental health system of care. The Endowment for Health agreed to provide funding for the commission to underwrite that support.

Using the pattern developed by President Bush's New Freedom Commission, six work teams were established, each with co-chairs recruited for their knowledge and experience. A Leadership Group was also launched consisting of the team co-chairs as well as other subject matter experts who meet monthly. Individuals were also recruited with direct personal experience in receiving mental health care so their voice would be strong in the discussions of the commission work teams.

There are currently more than 100 volunteers participating in the work of the commission. The participants have researched national emerging and best practices, collected data on New Hampshire programs and have met for several hours each month to develop recommendations for the first phase of the report. This document will address the needs of all age groups receiving services from both the private and the public sectors. Themes include:

- Changing the system so that services are person and family centered;
- Eliminating disparities of access for individuals based on age, social class, race, ethnicity, sexual orientation or other distinguishing characteristics;
- Integrating services so that medical, mental health and substance-use services are provided collaboratively;
- Ensuring that quality mental health services use technology safely and effectively; and
- Improving the provision of mental health services to persons involved with the criminal justice system.

The work teams delivered their first drafts to the Leadership Group in mid-July and we are now engaged in the difficult task of establishing priorities and reaching consensus on the format of the report. At the same time, a commission subcommittee is developing a plan for the rollout of the report, and the development of an implementation team.

The commission has worked throughout the past 2 ½ years to ensure that the report will be a living document and the future architecture for mental health care delivery in the state. Historically, the mental health field takes an average of 17 years for research findings to be used directly in the delivery of evidence-based services. Moving into the implementation phase, the commission will work to see that this pattern is changed and that the NH system rapidly builds resiliency in a recovery model.

--Linda Fox Phillips is project coordinator for The New Hampshire Commission on Mental Health and former area director of the Carroll County Mental Health Services and Family Center.

2008 Program Year Kickoff and Theme Debut Set for October 2

The Endowment for Health is just days away from its annual program year kickoff to be held on October 2 at Concord's Grappone Conference Center. As in past years, the morning's first hour will be dedicated to the display of grantee projects, offering a valuable opportunity to share best practices and network with others. Endowment program staff will be on hand to provide updates on each of the foundation's theme areas with an emphasis on new projects and approaches for the coming program year.

Program Director Lindsay Josephs will discuss achievements made over the past six years in the area of Oral Health and a special presentation will be given by Program Director Kim Firth to mark the debut of our newest theme area: Improving the mental health of New Hampshire's children and their families. Additionally, this year's guest speaker underscores the importance of our new theme. Nationally renowned children's mental health expert, Dr. Barbara Burns, will share her insights with the group. As Professor of Medical Psychology at Duke University, Dr. Burns has conducted extensive research on mental health services for children and adolescents.

She will speak on the best practices that contribute to positive outcomes in late adolescence and adulthood.

Specialized breakout sessions on topics related to children's mental health will be offered in the afternoon. We look forward to seeing all of our community partners at the event!

Promoting Immigrant Integration

The Endowment for Health, in partnership with The New Hampshire Charitable Foundation, The Bean Foundation, and Grantmakers Concerned with Immigrants and Refugees (GCIR), will host a funder's symposium on October 10 to discuss the role that foundations, corporate funders and government can play in fostering healthy two-way integration between lifelong residents and newcomers to the state. Demographic, economic and social imperatives for immigrant integration will be discussed and a new framework will be examined to help immigrants and refugees establish a social and economic foothold in their new communities.

The event, entitled The Changing Face of New Hampshire, will feature nationally recognized experts including leaders from GCIR, The Urban Institute, and The Colorado Trust. New Hampshire's own Ross Gittell, Professor of the Whittemore School of Business and Economics at the University of New Hampshire, will provide state-specific data, discussing changing demographics and how they correlate with the results of recent social capital research.

"We are pleased to partner with other funders to bring experts in the field of immigrant integration to New Hampshire," said Endowment for Health program director Kelly Laflamme. "GCIR's framework has been received nationally and internationally as a best practice model for successful immigrant integration that maximizes benefits for both the newcomers and the receiving communities."

Momentous Occasion



Gov. John Lynch signs into law tougher standards to protect New Hampshire's children from lead poisoning. The signing ceremony, held on July 12, was attended by policy makers and advocates alike, including the New Hampshire Lead Poisoning Prevention Collaborative, which is co-funded by The Endowment for Health and The New Hampshire Charitable Foundation.

New Reports on Endowment Supported Projects

[NH Population Lacking Health Insurance, NH Center for Public Policy Studies](#)

[NH's Children Mental Health Report, National Alliance on Mental Illness NH](#)

Resources on Children's Mental Health

Federal Agencies

[Substance Abuse and Mental Health Services Administration](#)

[National Institute of Mental Health](#)

[Administration for Children and Families](#)

National Resources

[National Technical Assistance Center for Children's Mental Health](#)

[Technical Assistance Partnership for Child and Family Mental Health](#)

[Research & Training Center for Children's Mental Health](#)

[Research & Training Center on Family Support and Children's Mental Health](#)

[Bazelon Center for Mental Health Law](#)

[Mental Health America](#)

[National Alliance on Mental Illness](#)

[Federation of Families for Children's Mental Health](#)

[Zero to Three](#)

[Connect for Kids](#)

[The Future of Children](#)

[National Center for Children in Poverty](#)

[National Child Traumatic Stress Network](#)

Federal Health Policy on CMH

[Surgeon General's Conference on Children's Mental Health: A National Action Agenda](#)

[President's New Freedom Commission on Mental Health](#)

New Hampshire Resources

[National Alliance on Mental Illness New Hampshire](#)

[New Hampshire Bureau of Behavioral Health](#)

[Parent Information Center](#)

[Disabilities Rights Center](#)

[New Hampshire Family Voices](#)

Sept. 30 - Planning, Convening and Technical Assistance

Proposals Due.

[Details...](#)

Program Year 2008 Kickoff and New Theme Debut

October 2, 2007
8 am to 3 pm
Grappone Conference Center
Concord, NH

[Agenda and Registration](#)

Healthy Eating Active Living Forum

October 15, 2007
8 am to 4:30 pm
Grappone Conference Center
Concord, NH

[Healthy Eating Active Living Forum Registration](#)