



INTEGRATE MENTAL HEALTH INTO HEALTH POLICIES

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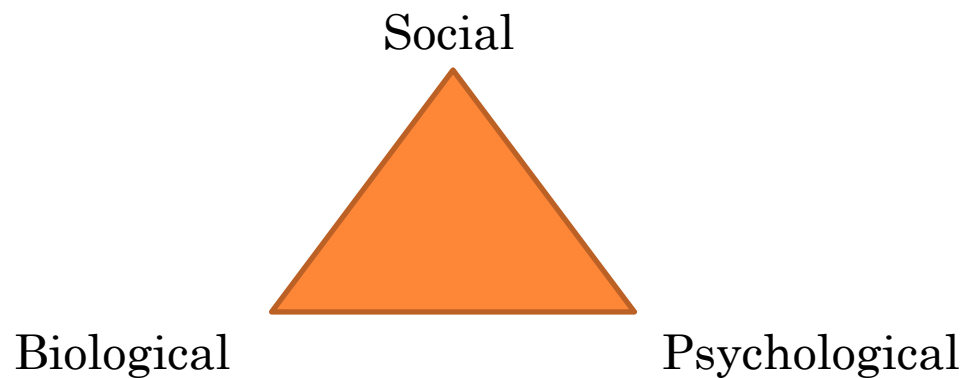
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A CONCEPTUAL FRAMEWORK

- Mental health as part of health
- Shared values of policy makers
- Tools: How do we integrate mental health and health?
- A comprehensive community-based wellness model in school
- Policy support: financing, shared data, care management and coordination, integration at all levels of prevention, early intervention, and treatment
- What do we need to do?

MENTAL HEALTH 心理健康



Mental Health



A long distance...



Mental Illness

MENTAL HEALTH PROMOTION AND MENTAL DISORDER PREVENTION (CANADA)

Mental health promotion aims to promote positive mental health by increasing psychological well-being, competence and resilience, and by creating supportive living conditions and environments.

Mental disorder prevention has as its target the reduction of symptoms and ultimately of mental disorders.

MENTAL HEALTH PROMOTION AND MENTAL ILLNESS PREVENTION (US):

Mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and adversity. Mental health can be characterized as the presence of positive affect and absence of negative affect, and satisfaction with life.

Mental illness is characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning. MH and MI can be influenced by multiple determinants, including genetics and biology and their interaction with social and environmental factors.

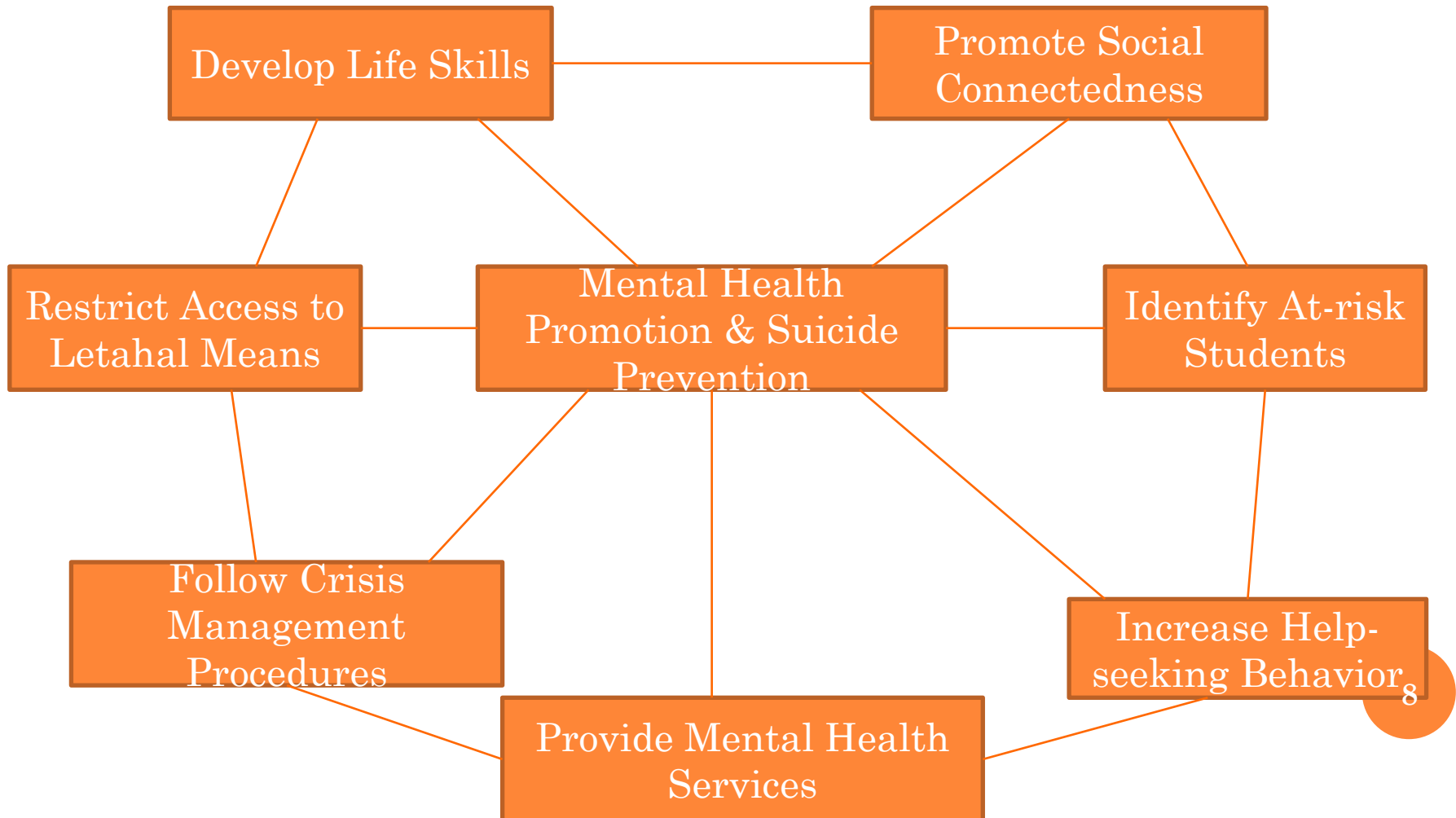
SHARED VALUES IN PURSUING MENTAL HEALTH INTEGRATION INTO HEALTH POLICIES:

- Person and family-centered, not program-centered: mental health is our shared business, not someone else's responsibility.
- Interconnectedness of mind and body: emotional content of our biological disorders, and vice versa.
- We become stronger when we collaborate: cross-system work can make each partner stronger.
- Resources are to be shared to produce better outcomes: remove barriers that hinder resource sharing across systems.

HOW DO WE INTEGRATE MENTAL HEALTH INTO HEALTH (US TOOLS)?

- Use of IT (information technology) to unify data and records
- Each community has followed mental health index as targets (ex: reduction in obesity, chronic illness, improvement in employment and housing)
- Establish incentives to encourage different models of integration(collaboration among different providers, primary care based mental health services, System of Care among multiple systems, etc.)
- The Affordable Care Act (Obama Care) provides fiscal support to integration among primary care, acute care, long-term care and behavioral (mental health and substance abuse) healthcare.

A COMPREHENSIVE COMMUNITY-BASED WELLNESS MODEL (US MODEL):



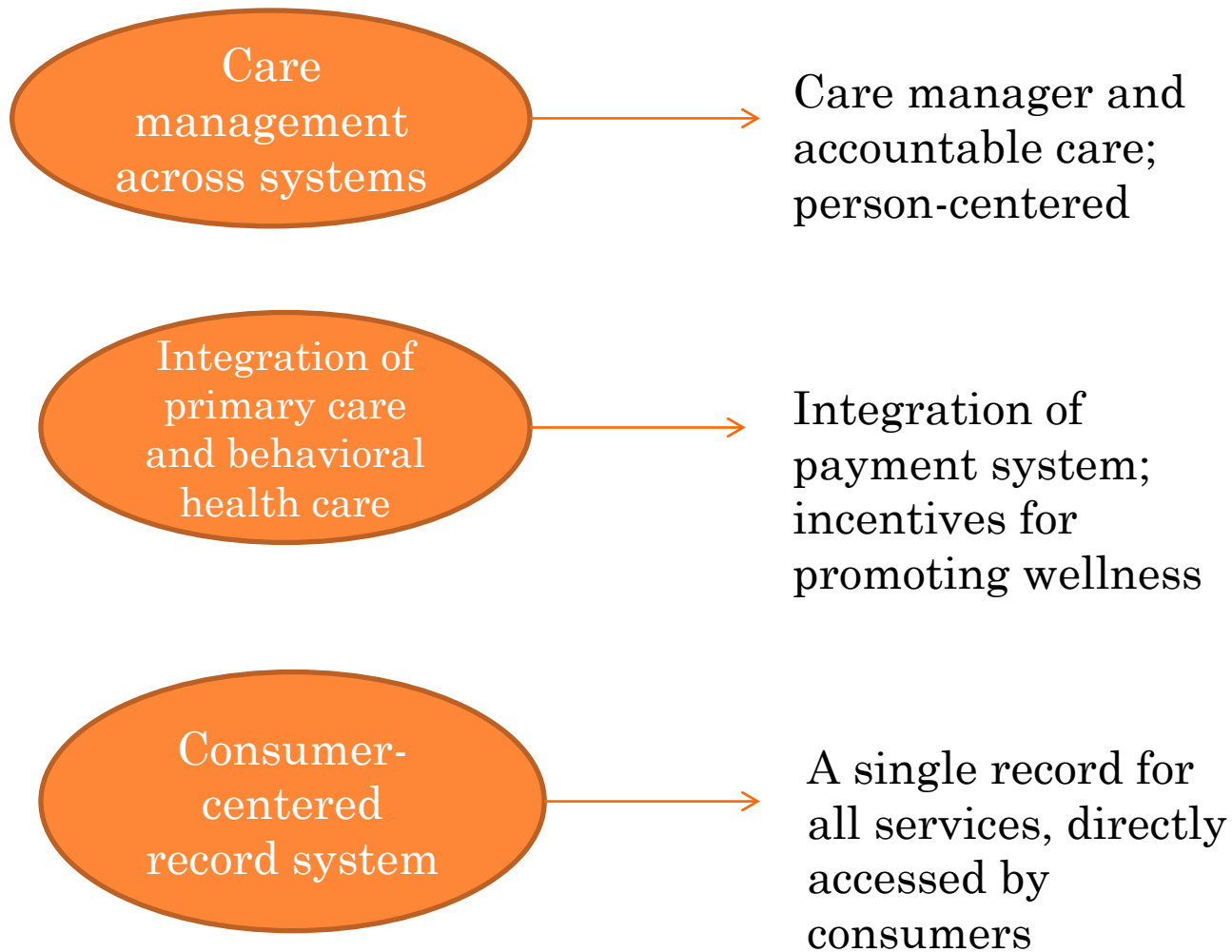
CRITIQUE OF THE US SCHOOL-BASED MODEL

- Has been adopted by Milbank Memorial Fund as an exemplary practice model based on US Air Force experiment
- It is targeted (suicide prevention) at a particular problem area
- It is a secondary prevention model—identification and early intervention
- It is short on connecting home with school and with other systems of care (social services, law and enforcement, mental health services)

POLICY SUPPORT:

- Federal financing: to encourage integration, the federal government will pay 100% of the cost of integration until 2020
- Seed money is provided to states on adoption of new information technology
- 10 billion set aside for preventive care over ten years
- Allow state innovations to create different models of delivery system at all levels, from prevention to early intervention, to treatment

MOST PROMINENT CHANGES TO THE US LANDSCAPE IN INTEGRATION:



CRITIQUE OF US APPROACHES:

- Primary prevention activities are still insufficient
- Integration among primary care, acute care, long-term care and behavioral health is the most prominent feature
- The motivation for encouraging tertiary level of integration is to reduce cost of healthcare for those with chronic physical and mental illnesses
- US is influenced by its history of parallel development of mental and health and attempts to make corrections

IMPORTANT INGREDIENTS FOR POLICY INTEGRATION:

- Shared values
- Leadership direction
- Federal/state collaboration and resource sharing
- Financial support
- Technical assistance to the states and local counties
- Incentives for innovation
- Local experiments are to be encouraged

WHAT DO WE NEED TO DO? (LESSONS FOR TAIWAN)

- Develop mental health index to promote “healthy cities” initiative: community engagement
- Develop a shared vision: what do we want to integration to look like?
- Develop cross-system collaborations at central office level to address administrative barriers and create incentives for collaboration
- Target areas of concern for a national action plan
- Create innovation pods at local level to experiment with new funding formula and strategies