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That's not the kind of state we are: why N.H. needs to fix mental health care now

By SHEILA H. GARDNER

The Concord Monitor's recent in-depth series on the mental health crisis in New Hampshire gives a clear and resounding wakeup call to state policymakers about the need to rebuild the community-based mental health system. The collapse of our once nationally renowned system has resulted in major public health and safety problems at all levels of government; and the way that adults and children with mental illness are being treated in our state at present is clinically, legally, economically and ethically wrong. This crisis is felt by individuals suffering from mental illness, their families, their communities, and by New Hampshire as a whole.

As described in the Monitor series, the state is being sued by citizens with mental illness who haven't been given access to appropriate community-based care, and the federal government has said that New Hampshire's system violates the Americans with Disabilities Act. Even with these black marks against the state, many in the mental health community have feared that it would take a tragedy like the mass killing in Newtown, Conn., to get our political leaders to stand up and say, "Enough." What it did take was Gov. Maggie Hassan's simple assertion in her budget address: "That's not the kind of state we are."

Hassan is right. New Hampshire may have a tradition of frugality, personal responsibility and less government, but our people recognize that there is something inherently wrong with restraining or sedating adults and children who are in a psychiatric crisis in a hospital emergency room because the resources to treat them aren't available. This is 2013, not the 19th century.

What it will take next is for our 424 legislators to find a sustainable way to pay for the funding of the 2008 Ten-Year Mental Health Plan, as proposed in the governor's budget. This \$28 million in state general funds will start rebuilding a system that has been neglected for well over a decade – neglect which, in fact, led to development of the 10-year plan. The governor's budget will also allow the community-based system to begin to catch up with the elements of the first five years of the plan that were never adequately funded or implemented.

Making this investment now, in 2013, will significantly reduce future years' spending on the Ten-Year Plan. While there will still be the need to fund workforce development, for example, which is in the plan but not in this budget, the state will be able to start maintaining the system in future budget cycles. An investment this year will also create savings in other areas of state, county and local government – the courts, the police, the corrections system, welfare budgets – that now absorb many of these services and costs. The longer we wait to fund the Ten-Year Mental Health Plan, the more it will cost in the end and the more we will see downshifted costs land on other agencies and levels of government. Most important, the longer we wait, the more we allow those with mental illness to suffer the consequences of not having access to the least restrictive care in the least costly environment with the best potential for recovery.

As for where the funding will come from, and which revenue source is better than another, that is the work of elected officials to hammer out. There will be opponents and proponents of any tax, fee or revenue "enhancement" proposed, but that is politics. The 10-year plan is policy.

It is often said that New Hampshire is both cursed and blessed with a two-year election cycle and a two-year budget. Voters can quickly un-elect officials who don't do what they promised on the campaign trail, but New Hampshire is also often cursed with too little institutional memory at the State House. There are countless studies with recommendations for improving state government or services that never saw the light of day because the next governor, the next Legislature or the next commissioner didn't follow up.

But we are blessed with a 10-year mental health plan that is still relevant and still offers solutions that the Department of Health and Human Services, the community mental health centers, and other providers, consumers and family members believe will work.

What citizens and mental health advocates need to do is convince the Legislature that this is the right time to fund the plan. Sharing the Concord Monitor series with your local elected official would be a good first step.

Political courage is what it took to create our community-based mental health system in the first place, almost three decades ago, and it is what it will take this year to save it.

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