



## Demand For Mental Illness, Substance Use Care Outpacing New Hampshire Health Care System, Says New Report From UNH IOD

Media Contact: [Beth Potier](#)

603-862-1566

UNH Media Relations

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DURHAM, N.H. - A new policy brief from the University of New Hampshire's Institute on Disability indicates that although demand for hospital services among people with mental illness or substance use conditions is rising, services to treat and pay for such care may not be keeping pace.

"National research tells us that over the course of their lives, nearly half of all New Hampshire residents are likely to require some kind of treatment for mental illness or substance use," said report author Peter Antal, research associate at the Institute on Disability (IOD). "Based on our research and other New Hampshire-based research, it does not appear that the system of care is prepared to effectively meet this rising demand, let alone provide a continuum of care. We need to address this gap now rather than ten years from now."

For the brief, "The Changing Dynamics of Hospital Care for Mental Illness & Substance Use in New Hampshire - Implications for Supporting Continuums of Care," researchers reviewed 1997-2006 New Hampshire ambulatory, inpatient, and specialty hospital records involving patients presenting either mental illness or substance use conditions. The policy brief suggests a range of action steps needed to ensure that the state can meet the growing demand for mental health and substance use services.

Among the report's key findings:

- Demand for emergency department and ambulatory care among people with mental illness or substance abuse conditions is rising, particularly among younger residents. Between 1997 and 2006, mental illness hospitalizations increased 55 percent among 15 - 29 year-olds.
- Private insurance is less likely to pay for the care of people with mental illness or substance use conditions. For patients who are repeatedly hospitalized, private insurance is no longer the majority payor source.
- There are no inpatient (acute care) medical facilities with dedicated resources for the integrated treatment of mental illness or substance use conditions in key areas of New Hampshire. Many towns in the North Country as well as in central and eastern New Hampshire rank in the top 20 percent of towns with the highest rates of hospitalization for mental illness or substance use but have no acute care medical facilities to provide resources dedicated to these issues.
- Among patients who are frequently hospitalized (at least 10 times over 10 years) with

a primary condition of mental illness, 75 percent had a co-occurring diagnosis of substance use in a quarter of their visits, accounting for a disproportionate share of charges.

- Individuals with mental illness or substance use conditions experience a wide variety of additional physical conditions that impact their overall health and should impact their treatment plans.
- Although the hospital system of care for patients with mental illness or substance use conditions demonstrates an increased ability to identify underlying conditions of mental illness or substance use, patients with primary diagnoses of these conditions were five to nine times more likely to be discharged from inpatient care against the medical advice of the attending physician than all patients.

The brief makes a range of recommendations, including continued assessment of the state's mental health system, improved treatment solutions for patients who have both mental illness and substance use conditions, improved availability of community resources in some rural regions of the state that experience higher need and limited facilities, and ongoing education in best practices for health care providers to ensure integrated care.

"If we don't do something now and renew our focus on prevention or long-term support-based strategies, things are going to get far worse and New Hampshire taxpayers - families, employers, and the community at large -- are going to shoulder an increased burden while the residents who need effective care get bounced from one system to another," said Antal.

The report is the second in the Access New Hampshire series, which is a collaborative led by the UNH Institute on Disability/UCED, a University Center for Excellence on Disability. The Institute on Disability was established in 1987 to provide a coherent university-based focus for the improvement of knowledge, policies, and practices related to the lives of persons with disabilities and their families. Its mission is to advance policies and systems changes, promising practices, education, and research that strengthen communities to ensure full access, equal opportunities, and participation for all persons. For more information, go to [www.iod.unh.edu](http://www.iod.unh.edu).

