

North Carolina Mental Health System Improvement

Caring for people with serious mental illness, substance abuse and/or developmental disabilities has become one of North Carolina's greatest public health challenges. One in three North Carolina adults (nearly 2 million people) have had a mental health or substance abuse disorder in the past year, and nearly 400,000 have a serious mental illness.

Despite spending \$2.7 billion in fiscal year 2006–07, problems still abound for the North Carolina mental health system—including short supply of community-based crisis services, over-crowded state psychiatric hospitals, growing numbers of people with mental illness who are detained in jails across the state, and people with serious needs who do not receive the most effective services.

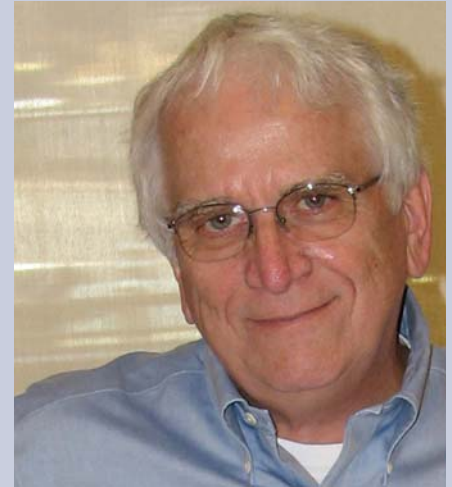
Dr. Joseph Morrissey, UNC professor of health policy and management, was awarded a Gillings Innovation Lab (GIL) to help the state find a better way to approach mental health problems. Using a variety of system modeling tools, he will assess the financial and human impacts of alternative policies for using state psychiatric hospitals. He will also examine ways to improve the accessibility, quality and effectiveness of community services as alternatives or complements to these hospitals.

“At this point, North Carolina policy-makers trying to fix the system of care for people with serious mental illness, developmental disabilities and/or addictions do not have all the tools needed to understand the complexities of the mental health sys-

tem and all the factors that influence policy outcomes,” says Morrissey, who also is a professor of psychiatry at the UNC School of Medicine and deputy director for research at the UNC Cecil G. Sheps Center for Health Services Research. “If policy-makers cannot depict the network of relationships and feedback loops surrounding state psychiatric hospitals in a systematic and holistic manner, the result is likely to be more of the same, that is, quick administrative fixes that fail to resolve problems for the longer term.”

In the first year, Morrissey and his team will map the clinical, organizational and financial factors driving use of mental health services in North Carolina's Orange, Person, Chatham and Durham Counties. These sites offer both a predominantly rural laboratory and an urban counterpart to apply research methods, community and health care provider participation and computer simulations to identify ways to make the system work better for everyone.

By modeling mental health service use in these counties, the team can see how changes in structure and policies affect the entire system, and find innovative



Dr. Joseph Morrissey

methods to improve services. In the second year, the team will scale up to statewide implementation.

Morrissey's team includes Drs. Kristen Hassmiller-Lich, Shouou-Yih Daniel Lee, and Rebecca Wells, all faculty in UNC's Gillings School of Global Public Health; Dr. Marvin Swartz from Duke University's School of Medicine; and a number of community partners.

“This innovation lab represents an unprecedented opportunity for the School to assist government officials and concerned citizens in improving mental health services for all North Carolinians who need them,” Morrissey says. “Our objective is to influence state policy by assessing and vetting optional approaches to managing the use of state psychiatric hospitals, community-based crisis services and county jails.”

“Ultimately, he adds, “our goal is to increase the extent to which persons with mental illness, developmental disabilities and/or addictions spend their lives functioning successfully in the community.” ■

— BY TORREY WASSERMAN
AND RAMONA DUBOSE