

## Tennessee 'takes seriously' bad grade on mental health services

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Originally published 12:06 p.m., March 12, 2009

Updated 12:06 p.m., March 12, 2009

The National Alliance on Mental Illness has given Tennessee's mental health-care system a "D" grade - average among states, but unacceptable.

NAMI's "Grading the States 2009" report card, released Wednesday, looked at factors including the number of services available, wait time for services, how providers are reimbursed, whether different agencies collaborate, how well the state promotes services, ease of access and support for people with mental illness.

Four states were graded F; 28 got Ds, eight of them Southern states. No state received higher than a B.

Sita Diehl, executive director of NAMI-Tennessee, said the state has work to do when it comes to protecting Tennessee's behavioral health "safety net" of services for people with mental illness, but commended the state on some "innovations" that have helped solve some problems other states still face.

Among them: peer counseling, in which people who have mental illness help other mentally ill people; the Creating Homes Initiative active in Chattanooga, Nashville and rural West Tennessee, which draws federal Housing and Urban Development dollars to help people with mental illness find permanent housing; and Crisis Stabilization Units, which provides short-term mental health services in small settings. A CSU opened at Helen Ross McNabb's Centerpointe facility in Knoxville last month.

She also cited Tennessee's integrated care network, such as one through Cherokee Health that provides both primary medical care and behavioral health services within the same network, making it more likely that people who come in for health services will also get mental-health services if they need them, and vice versa.

Yet Tennessee's budget is "scariest than most states," Diehl said. Although the 2009 economic stimulus package may provide "breathing room, we still have to fight hard to keep ... basic core services that keep people stable," not to mention more intensive services that point people toward recovery and support them along the way.

A fraction of the money spent on services to some populations last year is earmarked for services this year, and that can only mean fewer services and fewer people helped, Diehl said.

"Somebody's got to find some money (for behavioral health services) somewhere," she said.

Lack of funding is also leading to a lack of qualified providers, who move out of state, go to work for federal agencies or quit the profession all together, she said. There are also "very, very few" Spanish-speaking providers and not enough services for National Guard and Army Reserves personnel returning from deployments overseas, she said.

Tennessee Department of Mental Health and Developmental Disabilities "takes these types of external reviews very seriously," said Jill Hudson, spokeswoman for TDMHDD. "Commissioner (Virginia) Betts and the staff of TDMHDD aim for no less than an A-plus. We are reviewing the (NAMI report) carefully to see what improvements we can make with the resources we have. We will work with NAMI and all other mental health/substance abuse stakeholders and hope to get a better grade ... on (NAMI's) next report card."

Tennessee received a C on NAMI's last mental-health report card, in 2006.

Hudson said the department received a perfect score on the "consumer and family test drive," in which a trained group of mental-health services consumers and family members made phone calls and department Web site searches for basic information, and excelled in educating the public about mental illness and services; availability of supported jobs for mentally ill people; targeted case management, mobile crisis services; and transportation.

"Both NAMI and TDMHDD share the mutual goal of an effective, respectful, evidence-based mental health system that looks out for the best interest of all Tennesseans, especially those with serious mental illness," Hudson said.

"We've had more improvement in mental health care in the last 20 years than in the 2,000," Diehl said. People who would have spent their lives dependant on the state in the 1950s or '60s, or institutionalized in the 1970s and '80s, "are now working, contributing members of society, raising families and doing what everybody else does - and that's a miracle of modern medicine."

