

The NAPHS story is about people:
those who are profoundly affected
by mental and addictive illnesses,
those who have dedicated their
lives to helping them, and those
who have organized into an associ-
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for its members so that their concerns
may be heard.

NAPHS...A Story about People

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NAPHS
members
are a source
of help...
of healing...
of hope...

every day...
24 hours a day...
in communities
across America...

NAPHS members exist because....

- serious mental illness affects about 6% of American adults (or 1 in 17), according to the National Institute of Mental Health.¹ About 1 in 4 adults suffer from a diagnosable mental disorder in a given year.
- research shows that "... mental disorders are the chronic disorders of young people in the U.S.," says NIMH Director Thomas Insel, M.D.²
- mental illnesses can be lethal. In 2004, 32,439 (approximately 11 per 100,000) people died by suicide in the U.S.—making it the 11th leading cause of death.³ An estimated eight to 25 attempted suicides occur per every suicide death.⁴
- among children and young people, suicide was the third leading cause of death in 2004 for children ages 10–14 (1.3 per 100,000), adolescents 15–19 (8.2 per 100,000), and young adults ages 20–24 (12.5 per 100,000).⁵
- mental illness and substance abuse annually cost employers an estimated \$80 billion to \$100 billion in indirect costs.⁶
- mental disorders are the leading cause of disability in the U.S. for ages 15–44.⁷
- fifty percent of youth with serious emotional disorders drop out of high school.⁸
- an annual average of 8.2% full time workers aged 18 to 64 used illicit drugs in the past month, and 8.8% used alcohol heavily in the past month.⁹

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A Focus on Improving People's Lives

This is a story about people: those who are profoundly affected by mental and addictive illnesses, those who have dedicated their lives to helping them, and those who have organized into an association that provides a powerful voice so that their concerns may be heard.

As you read about the evolution of behavioral health care and of the correlated shaping of the National Association of Psychiatric Health Systems (NAPHS) over the last 75 years, one thing has remained fixed: the consistently devastating impact that untreated mental and addictive disorders have on the lives of all people who face them. And the impact of these illnesses expands to touch many others—families, friends, co-workers, classmates, and communities. The conditions can be severe, disabling, even fatal.

Private psychiatric providers in the United States recognized and began responding to the need for structured, targeted, compassionate care for those with the most severe

mental and addictive conditions as far back as the mid-1700s, when a few early and mostly independent psychiatric hospitals opened their doors. The caregivers in these hospitals began and continued a tradition—basically an ethic—of providing the around-the-clock, individualized, safe, and secure care that focuses on the needs of individuals with the most complex mental health needs.

It was the psychiatrists in these hospitals who founded our association in 1933 as a voice to make certain that the needs of these people with such serious illnesses would be heard. Over time, association membership has broadened to represent all levels of care—inpatient, residential, partial hospital, and outpatient—and been strengthened by engaging and blending the senior clinical and administrative leadership of member organizations. The men and women in these organizations, who have made help and healing their life's work, have created, molded, and led inpatient psychiatry into the future in profound ways. Through NAPHS,

NAPHS...

...is the voice of experts in behavioral healthcare delivery

...helps members *anticipate change*

...partners with others to produce *results* that improve peoples' lives

NAPHS...A Story About People

**What Motorola
knows about mental
health coverage
could fill a book.**

So what's to know? Right now, the National Association of Private Psychiatric Hospitals has available a limited number of copies of a study which analyzes this important employee benefit from all three perspectives: business, insurer, and health care provider.

It's packed with information on trends, and how all three sectors are reacting to them. It candidly compares mental health benefits to benefits like dental or eye care. It answers honestly, the question of mental health benefit costs. And it answers a whole lot more of the most "delicate questions" about this benefit.

If you think your company may be losing productivity due to employees under stress from work or family pressures...you owe it to your company and your employees to write today for a copy of this valuable report. It's been read by employee benefit managers at some of the nation's largest companies. Companies which currently include mental health benefits in their employee benefit package.


When it comes to mental health benefits...the NAPPH wrote the book. And now we'd like to share it with you.

This Book.

I want to know what Motorola knows about mental health coverage. Please send my confidential copy to:

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Title _____
Company _____
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City _____ State _____ Zip _____

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NAPHS promotional ad campaign, 1985

these leaders in clinical organizations have come together to advocate for what it takes to deliver high-quality treatment that can make a difference in people's lives...and to ensure that those resources will be available when people need them.

Over the years, the structure of the hospitals and health systems that our members operate have evolved along with changing societal views and scientific understanding of the causes of mental illness, the role of the family, and the best treatment approaches. Private inpatient provider organizations have both helped to create and have incorporated the latest innovations—from new medications to evidence-based research—as they continuously work to meet patient needs. Having been on the cutting edge of improvements, of the expansion of knowledge, and in science, caregivers in NAPHS-member organizations have been able to adjust and lead—and are integral to the ongoing evolution of behavioral health.

Power Through Advocacy

As the CEOs and chief medical officers of their organizations, members have stood up—often when issues were unpopular—to speak out based on real-life knowledge of what it takes to provide safe, secure, and hopeful treatment settings when lives are out of control and at risk.

Looking at the association's 75-year history, there are a number of lessons learned.

There is strength in numbers.

No one person or organization alone can accomplish all that needs to happen. You need partners. You need the power of many individual voices working together at the grassroots level.

NAPHS has worked over the past decades to put these ideas into practice in support of innovation, quality, and responsive programming to meet the needs of those who need us most.

Advocacy is not a sometimes activity.

You need to be there constantly so that when opportunities arise, you can act. Massive changes have occurred over the past 75 years (from the advent of managed care to the era of improved psychotropic medications). And change will continue unabated. Being able to anticipate and respond to change is essential and a key aspect of what the association does for its members.

You need to focus.

Resources—even in the best of times—are limited, and a concentrated, results-oriented strategy is most effective.

Mental health is everyone's concern.

While our members have worked hard over the years to overcome barriers to access, coverage, and many other issues, challenges remain. And many of those challenges—such as lingering stigma—are things that hospitals alone cannot fix. Meeting the needs of individuals with mental and

addictive conditions will take all of us—not just those in the mental health community. Mental health is integral to overall health. To continue to serve this patient population and meet their needs, this integration is something society as a whole—all of us—must work together to achieve. Inpatient caregivers have been leaders. They have made great progress with the resources they have had. More resources may be needed, but that's something that only can be achieved if everyone agrees and works toward making mental health part of overall health.

We want to—and have been—part of the solution. Working together, we all can make a difference.

SOURCES

- 1 The Numbers Count: Mental Disorders in America. National Institute of Mental Health (NIMH). Accessed at www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml. November 2007.
- 2 See NIMH news release at <http://www.nimh.nih.gov/press/mentalhealthstats.cfm> on the National Comorbidity Survey Replication. June 6, 2005.
- 3 NIMH. The Numbers Count.
- 4 Suicide in the U.S.: Statistics and Prevention. National Institute of Mental Health. Accessed at www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention.shtml#CDC-Web-Tool#CDC-Web-Tool, November 2007.
- 5 NIMH. Suicide in the U.S.
- 6 An Employer's Guide to Behavioral Health Services: National Business Group on Health. December 2005. Also see Partnership for Workplace Mental Health at <http://www.workplacentalhealth.org/pdf/POPartnershipBrochure05.pdf>.
- 7 NIMH. The Numbers Count.
- 8 Helping America's Youth "Quick Facts" at www.helpingamericasyouth.gov. From the US Dept. of Education, Office of Special Education Programs (2001)
- 9 The NSDUH Report: Worker Substance Use by Industry Category. August 23, 2007. See <http://oas.samhsa.gov/2k7/industry/worker.cfm>.

