National Alliance on Mental Illness

NAMI Policy Brief

Mental Illness and the Opioid Crisis

Overview

More than half (51.4 percent) of all U.S. opioid prescriptions are written for adults with mental health conditions. In fact, adults with mental health conditions are more than twice as likely to use opioids than adults without mental health conditions. [i]

Opioid use grows even higher for adults with mental health conditions who have chronic or severe pain.[ii] Chronic pain, which affects more than 25 million Americans, including a high percentage of veterans, [iii] also puts people at high risk for suicide. Over 1 in 3 (37%) patients with chronic pain who were prescribed opiates reported suicidal thoughts—and 1 in 5 had attempted suicide.[iv] Nationally, an average of 117 Americans—including 20 veterans—die by suicide every day.

With the high rate of co-occurring chronic pain, trauma and mental illness—and with the majority of opiate prescriptions written for people with mental health conditions—it is vital to expand effective, multi-disciplinary treatment interventions and recovery supports that address the whole health needs of people with opioid use disorders. It is also critical to develop better pain treatment interventions, expand access to care, and improve data and information-sharing among treatment providers.

Recommendations for reducing reliance on opioids

I. Promoting effective treatments and supports

Multi-disciplinary treatment for chronic pain and co-occurring disorders

It is critical to recognize that chronic pain deeply affects the lives of many Americans, including veterans, and is often accompanied by trauma, mental illness, substance use and chronic health conditions. Any solution to the opioid crisis must include multi-disciplinary, team-based models of care that effectively address chronic pain and co-occurring disorders for people with complex conditions. NAMI recommends that Medicaid and Medicare implement alternative financing models that promote expansion of specialized, multi-disciplinary treatment programs. NAMI also urges Congress to direct the National Institute of Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA) to jointly research and evaluate interventions for managing chronic pain and other co-occurring conditions, including mental illness.

Medication-Assisted Treatment (MAT)

Medication-Assisted Treatment, or MAT, uses both medications and therapy to effectively treat many people with opioid use disorders. The FDA-approved medications used in MAT treatment programs relieve physical cravings and block the "high" associated with opioids and alcohol, while therapy assists

people in their recovery. NAMI recommends that MAT programs be readily available for all people in need of treatment, including those in correctional settings.

Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT)

Effective, evidence-based therapies, such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT), help many people with mental health and substance use conditions—and can assist with management of chronic pain.[v,vi] Unfortunately, many mental health professionals do not practice these evidence-based interventions. To promote high quality care, NAMI believes it is vital for Medicaid and Medicare to create standards and implement enhanced reimbursement rates or alternative payment models that incentivize providers to be trained in and practice evidence-based therapies.

Alternative pain relief

In combatting the opioid crisis, it is important to acknowledge both the role of chronic pain and the limited options available for treating chronic pain. NAMI recommends that Congress prioritize development of policy solutions that spur research and development (R&D) of innovative treatment interventions for pain that reduce reliance on opioids.

Peer support specialists

Peer support specialists and peer recovery coaches play an important role in supporting treatment and sustaining recovery for people with mental health and substance use conditions. They have been shown to improve relationships with treatment providers, increase engagement in and satisfaction with treatment, improve access to social supports and to help maintain recovery. NAMI believes it is important for peer support specialists and recovery coaches to be routinely integrated into care teams and to be reimbursed under Medicare, just as they have been by most state Medicaid programs.

Recovery housing

Recovery housing and "sober homes" can play an important role in supporting recovery from opioid and substance use disorders. However, with an absence of standards and accountability, many residential settings provide poor quality services and are unnecessarily restrictive. To promote recovery, NAMI believes that the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Housing and Urban Development should develop and implement a set of best practices and standards for recovery housing and sober homes that align with the standards for Permanent Supportive Housing, an evidence-based housing model.

II. Enhancing access to care

Certified Community Behavioral Health Clinics (CCBHCs)

The Medicaid Certified Community Behavioral Health Clinic (CCBHC) demonstration program in eight states is one of the most promising structural innovations for improving behavioral health care. CCBHCs are increasing their behavioral health staff, integrating primary care services into mental health and substance use treatment, and improving outcomes for people with serious mental illness. NAMI urges greater federal support for the CCBHC model, with a goal of making it the standard in every community across the country, is vital to addressing both the mental health and opioid crises in our country.

Integration of behavioral health in primary care

Research shows that getting people treatment earlier for mental health and substance use conditions results in better outcomes and lower costs. Yet, nearly half of people with mental illness go without treatment and studies show average delays of several years from first symptoms of mental illness to diagnosis and treatment. NAMI believes that fully integrating behavioral health screening and specialists into primary care can help people with mental health and substance use conditions get help earlier, before their conditions get worse and harder to treat. Integration of care also allows physicians to provide more holistic care and improve health outcomes, particularly for people with opioid use disorders and other co-occurring conditions.

Equitable pay for providers

Recent research shows that psychiatrists are paid less by commercial health plans than primary care physicians or medical specialists for services billed to the same codes. This payment disparity may contribute to shortages of behavioral health providers across the country. While this payment disparity was researched in commercial health insurance plans, NAMI recommends that all payers, including Medicaid and Medicare, take steps to ensure equitable payment of behavioral health providers with other health care professionals and ancillary providers.

Institutions for Mental Disease (IMD) exclusion

More intensive and sustained treatment options are urgently needed to help people with severe opioid use disorders (OUDs), substance use disorders (SUDs), mental illnesses, and co-occurring disorders forge a path to recovery. NAMI believes it is vital to lift the federal IMD exclusion, an unfair regulatory barrier to Medicaid payment of facility-based care, in order to provide more options for people with complex conditions.

Coverage for care

People with severe mental health and substance use conditions, particularly those who encounter law enforcement, often lack health coverage for the treatment and supports they need. The very symptoms of their illnesses can make it difficult to sustain employment and have health insurance. Severe symptoms also make it very difficult for many to achieve a federal disability determination. Unfortunately, a disability determination is required for single adults to be eligible for Medicaid coverage in many states, even if they are very low-income. Medicaid expansion, in contrast, helps people with severe conditions get covered for treatment because it is based on income, not disability.

III. Improving data and information-sharing

42 CFR Part 2

42 CFR Part 2, a burdensome federal regulation, requires obtaining multiple, highly specific consents before other health care professionals are provided information about their patients' opioid use or substance use disorders. This outdated regulation is stricter than the HIPAA (Health Insurance Portability & Accountability Act) standards that apply to all other health records. 42 CFR Part 2 erects barriers to appropriate sharing of medical information that results in health professionals prescribing opiates, sometimes with tragic results, for people whom they are unaware have opioid or substance use

disorders. NAMI recommends federal legislation to align 42 CFR Part 2 with HIPAA regulations for treatment, payment and health care operation purposes only, with protections from substance use and other health information being disclosed to law enforcement, housing providers and others for non-treatment-related purposes.

Electronic Health Records (EHRs)

Electronic Health Records (EHRs) are an important mechanism for capturing relevant medical information that enables safer and more coordinated care, including prescribing. EHRs are in wide use in medical settings, but mental health and substance use clinics adoption lags. NAMI recommends legislative solutions and new payment models that incentivize the adoption of and training in EHRs among behavioral health providers to promote much needed data-sharing.

Telehealth services

Telehealth technology helps bring needed mental health and substance use treatment and chronic pain management options to rural, isolated or underserved communities.[vii] It also helps overcome other barriers to care, such as time and transportation challenges, by delivering care when and where people need it. Unfortunately, outmoded federal laws and regulations impede more effective use of telehealth. NAMI urges Congress to work with health care providers and patient advocacy organizations to develop thoughtful policy solutions for equitable reimbursement and appropriative use of telehealth services.

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