

# Mental Health in Indiana: challenges, opportunities, and the role of the State

By Jay Chaudhary, JD

Director, Division of Mental Health and  
Addiction



## Vision:

An unyielding focus on promoting and supporting the mental health and wellness of the people of Indiana.

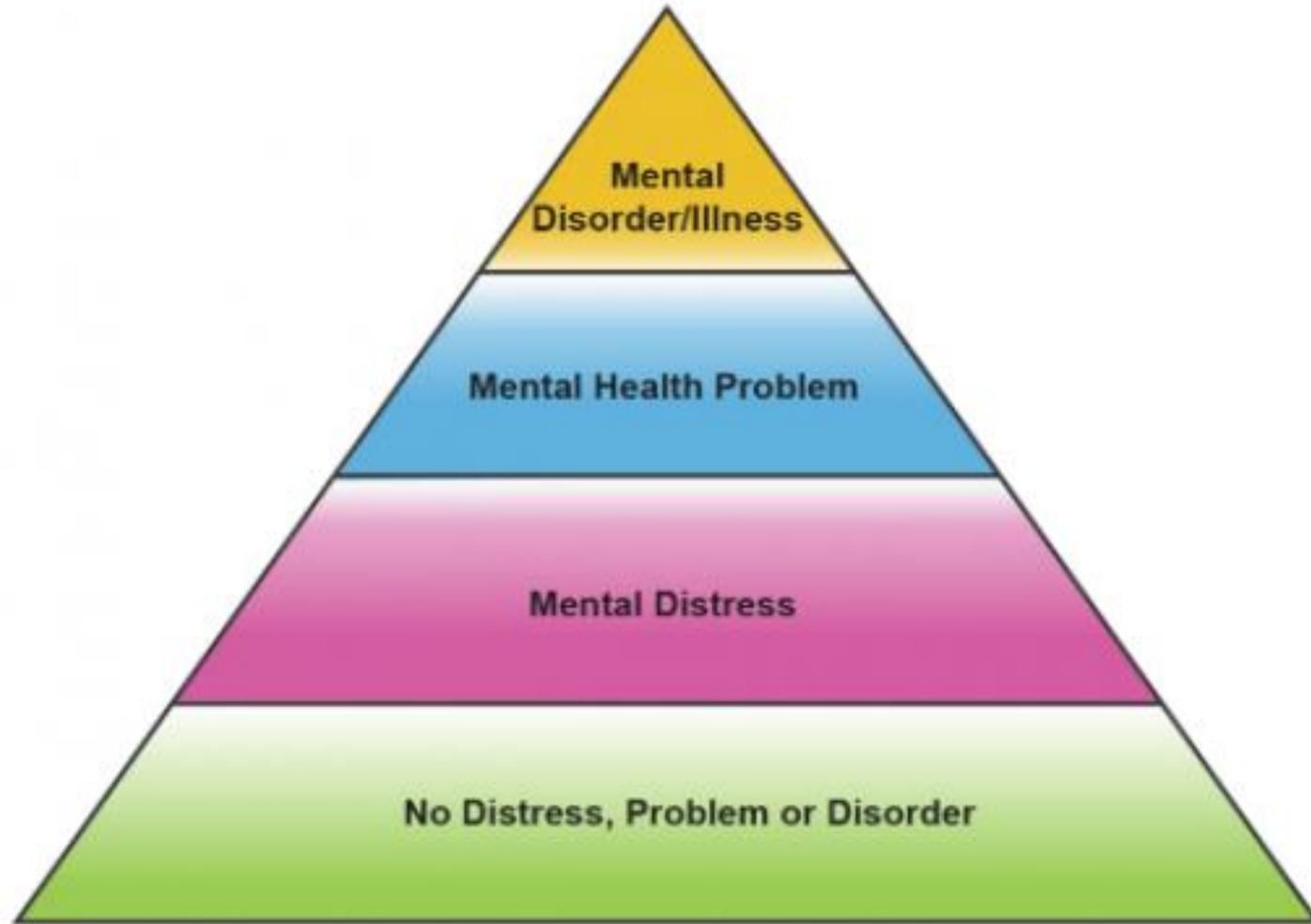
## Mission:

To champion mental health promotion and substance use disorder prevention, treatment and recovery systems that are high quality, seamlessly integrated and accessible to the people and communities of Indiana.

High quality	Seamlessly integrated	Accessible
Person-centered	Full continuum of care	Minimal administrative burden
Innovative	Strong partnerships	Accessible to clients and providers
Data-driven	Smooth referrals	Easy to use
Evidence-based	Minimized silos	Expedient
Peer-driven	Functions with payer sources	Transparent
Culturally competent	Includes shared populations	Expedient access to care
Trauma-informed		



What does it mean to talk about “mental illness?”



# THE IMPACT OF COVID-19

## **Employment**

Massive unemployment  
Permanent automation of jobs

## **Housing**

Market instability  
Housing insecurity

## **Public Health**

Food Insecurity  
Reduced physical activity

## **Environment**

Closed public spaces  
Disrupted public and religious services

## **Public Safety**

Increased domestic violence  
Drug and alcohol abuse

## **Mental Health**

Social isolation  
Depression, anxiety, suicide

## **Business**

Disrupted supply chains  
Small business closures

## **Education**

Disrupted schools  
Inequitable access to technology

## **Healthcare**

Disrupted services  
Reduced care seeking

## **Government**

Disrupted voting  
Disrupted tax revenue

## **Transportation**

Reduced safety  
Decline in infrastructure and travel



## **Exacerbating factors that can affect the nature and magnitude of any impact**

Lack of healthcare coverage

Existing structural inequalities

Systemic racism, bias & discrimination

Politicization & misinformation

**As recently as two weeks ago, nearly 32% of adults in Indiana reported symptoms of anxiety or depression.**

CDC Household Pulse Survey: August 18 –30, 2021



Rank	State	Count of Severe Depression	Percent of State Population with Severe Depression	State	Count of Frequent Suicidal Ideation	Percent of State Population with Frequent Suicidal Ideation
1	Alaska	567	0.078%	Alaska	666	0.0910%
2	Indiana	2,763	0.041%	Alabama	2,205	0.0450%
3	Alabama	2,002	0.041%	Wyoming	258	0.0446%
4	Wyoming	231	0.040%	Indiana	2,976	0.0442%
5	Arizona	2,790	0.038%	Hawaii	622	0.0439%
6	Utah	1,213	0.038%	Arizona	3,037	0.0417%
7	Nevada	1,126	0.037%	Utah	1,296	0.0404%
8	Hawaii	496	0.035%	Nevada	1,227	0.0398%
9	Washington	2,662	0.035%	Colorado	2,256	0.0392%
10	West Virginia	618	0.034%	Montana	405	0.0379%

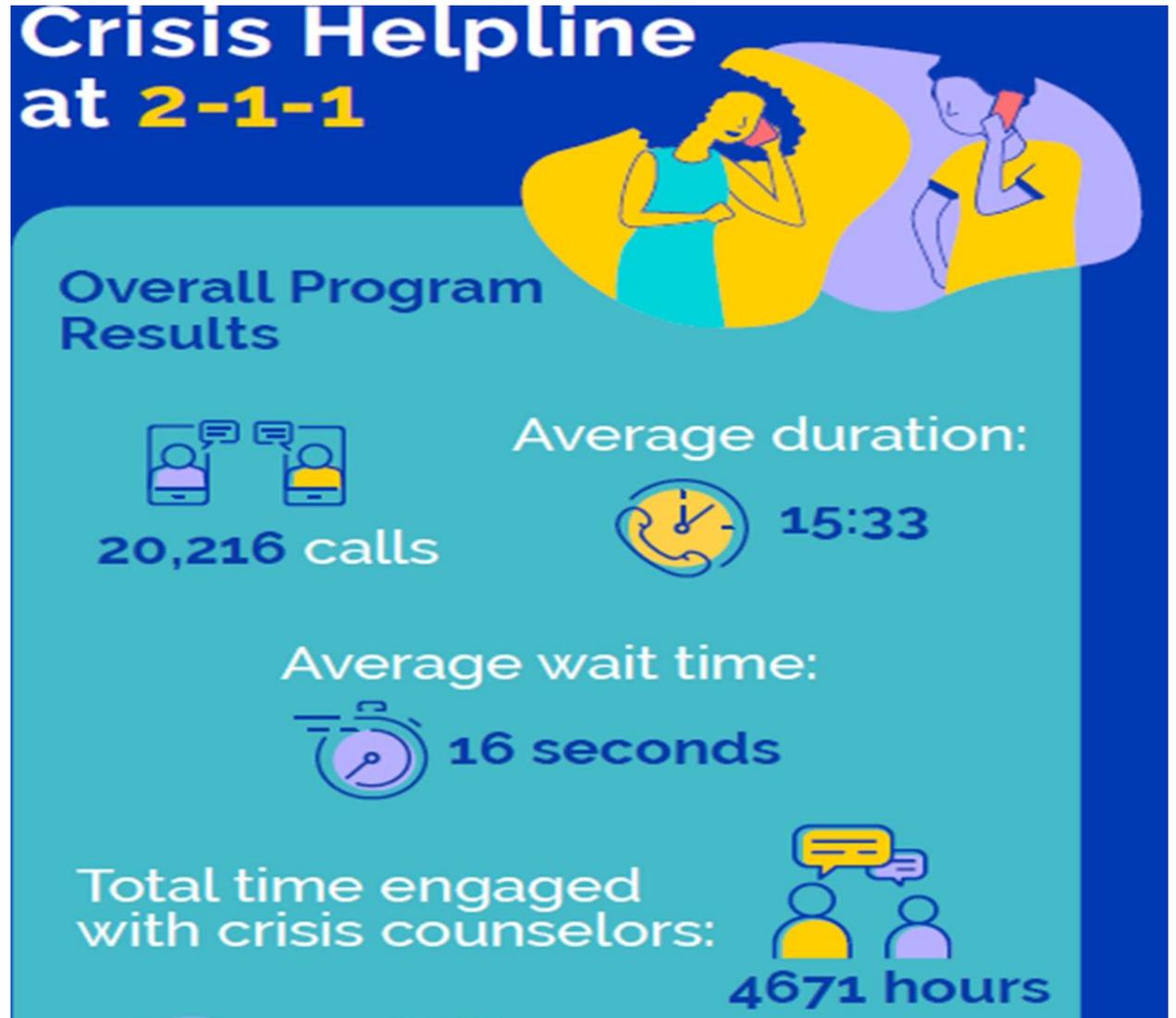
TOP 10 STATES:  
SEVERE DEPRESSION  
AND SUICIDE  
DURING COVID-19

# Call for support...

...if you feel overwhelmed, stressed, or frustrated.

## Be Well Crisis Helpline

Call 2-1-1 and follow the automated prompts to speak with a trained counselor 24/7.





# Indiana Behavioral Health Commission

- Overarching goal: present legislature/executive branch with concrete, actionable steps in our report due in October 2022
- Workgroups:
  - Suicide Prevention/Crisis Response
  - Continuity of Care
  - Overall mental wellbeing
  - Workforce
  - Children and Families
  - Criminal Justice Interface
- Learn more: <https://www.in.gov/fssa/dmha/indiana-behavioral-health-commission/>
- Email us!
  - BxHealth.Commission@fssa.IN.gov



## Role of the State

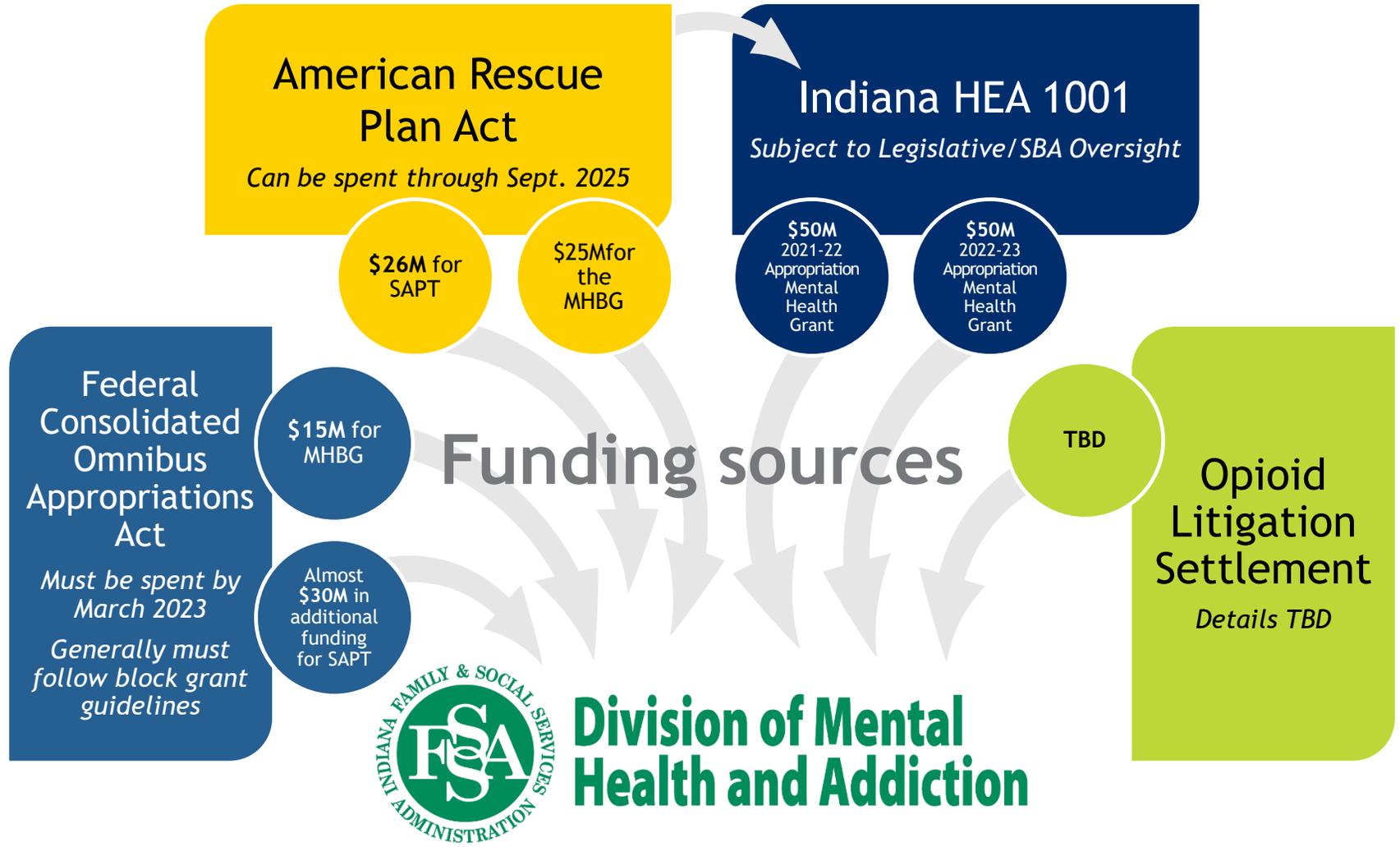
Traditionally: Seriously Mentally Ill vs. general/overall mental health

Traditionally, very limited, fragmented oversight and jurisdiction

- Public system
- SMI/indigent
- Professional Licensing

Especially in light of the COVID impacts and funding, is there more of a role?

- Very mindful of not getting in the way but can be a catalyst and convener with local communities to get Hoosiers the quality, accessible care they need?



# Federal Funding Considerations

DMHA established overarching goals for federal funding to enable equitable, effective, efficient, and sustainable supports to improve health outcomes, fill unmet needs, and support all Hoosiers.

## Overarching Goals & Considerations



# Opportunity #1: Workforce





## Who is the BH Workforce?

- Psychiatrists
  - Almost half of Indiana psychiatrists are over 55
    - 22% are over 65!
  - Less than 8% are child psychiatrists
  - Opportunities: NP extenders, residencies/fellowships
- Psychiatric Advanced Practice Nurses (APRN)
- Psychologists
- Licensed Clinicians
  - LCSW, LMFT, LCAC, LMHC
  - Barriers/opportunities: loan repayment, licensing burdens, training on EBPs
- Other Behavioral Health Professionals
  - Attendants, techs, skills trainers, etc.
  - Need to define/standardize



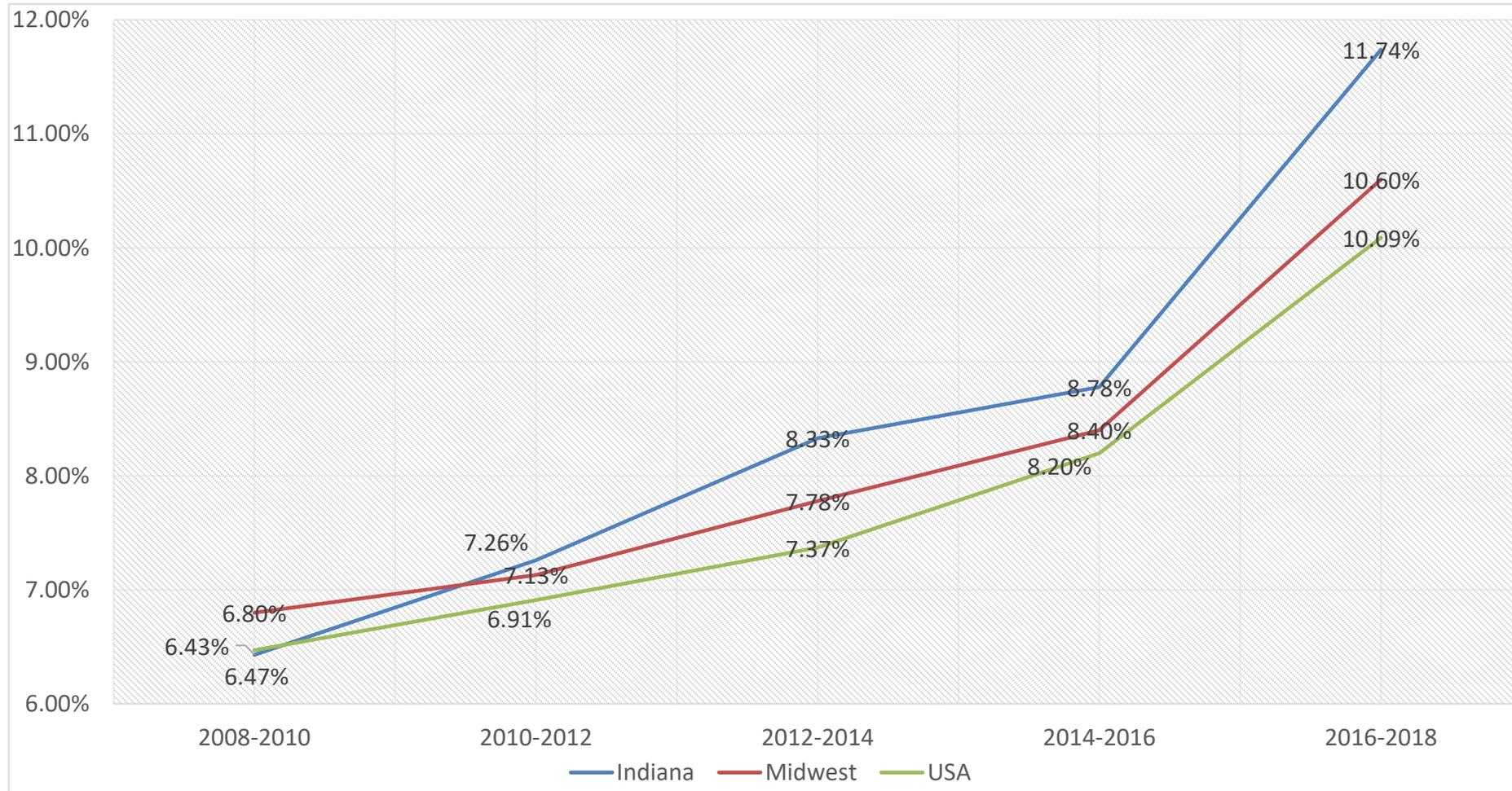
# Workforce Issues

- Primary limiting factor for behavioral health access
- Key problems
  - High burnout
    - Opportunity: reduce administrative burden as a workforce development strategy
  - Private pay/commercial insurance only
    - Opportunities:
      - Rates
      - Parity
      - Incentivize acceptance
  - Lack of EBPs throughout the system
    - Opportunities: training institute, reimbursement incentives for EBPs
- Three-pronged approach, driven by data
  - Recruitment
  - Retention
  - Quality

# Opportunity #2: Suicide Prevention/Crisis Response



# Suicide Ideation Prevalence Estimates for Indiana, the Midwestern US, and the entire US, Adults Aged 18 to 25 Years, 2008-2018.



# President Signs National Suicide Hotline Designation Act Into Law

## S.2661 - National Suicide Hotline Designation Act of 2020

116th Congress (2019-2020)

LAW

Hide Overview ✕

Sponsor: [Sen. Gardner, Cory \[R-CO\]](#) (Introduced 10/22/2019)

Committees: Senate - Commerce, Science, and Transportation

FCC designates

# 988

for national suicide  
prevention hotline



Coming in 2022:

# 988

National Suicide  
Prevention Lifeline



# 9-8-8 is More than a Number: It's a Chance to Transform Crisis Care in Indiana



## Someone to Call

Statewide 24/7 Call  
Center(s)



## Someone to Respond

Mobile Crisis Teams



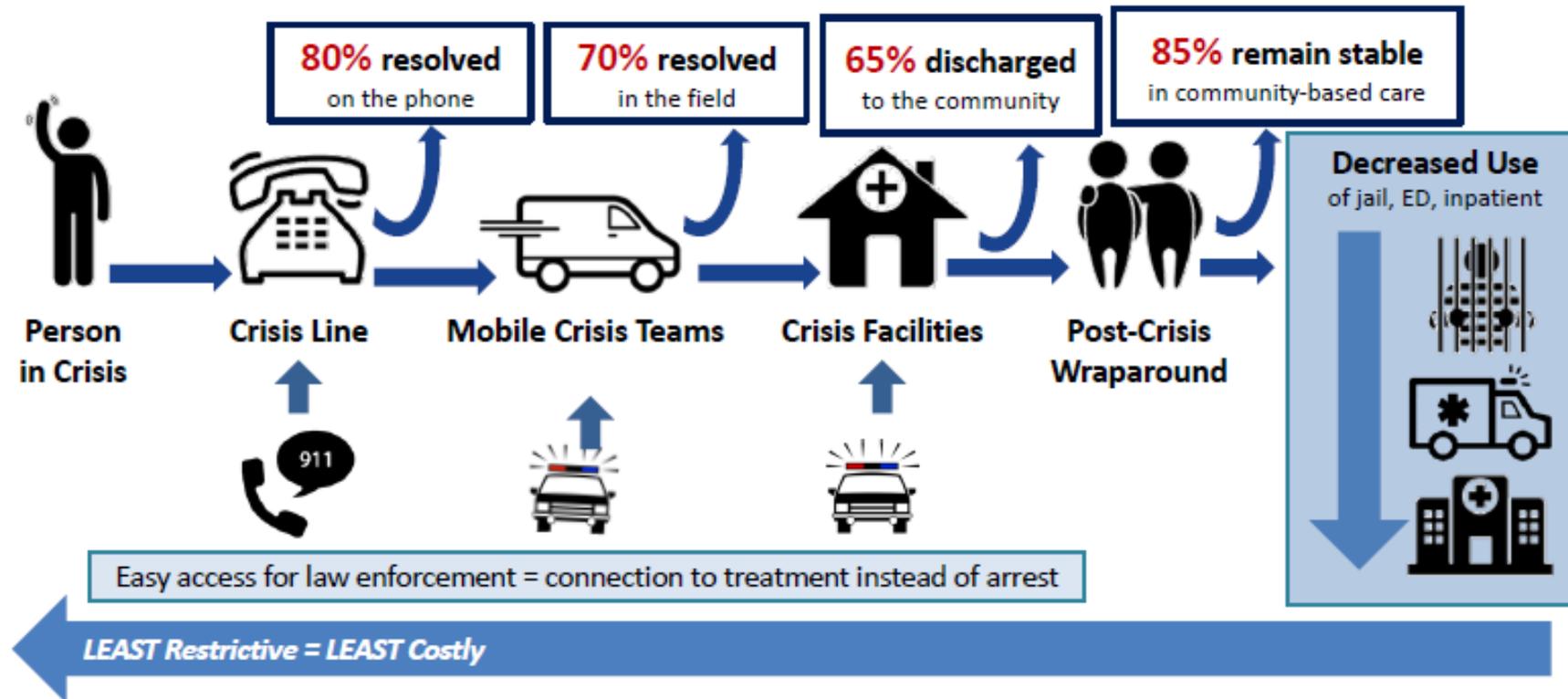
## A Place to Go

Short-term Crisis  
Stabilization Facilities

**A system that will serve anyone, anytime,  
anywhere**



# Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

*The above image is a reproduced slide from the April 2, 2021  
Congressional Briefing: Mental Health is Not a Crime:  
How 988 and Crisis Services will Transform Care*



# Opportunity #3: Criminal Justice System





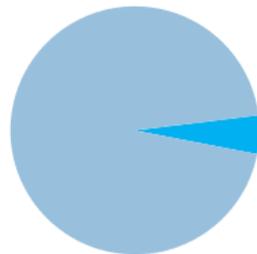
# Criminalizing Mental Illness

- “Mental Health is the #1 issue facing Indiana Sheriffs”
  - Indiana Sheriffs Association President Brett Clark

## SMI in U.S. Jails

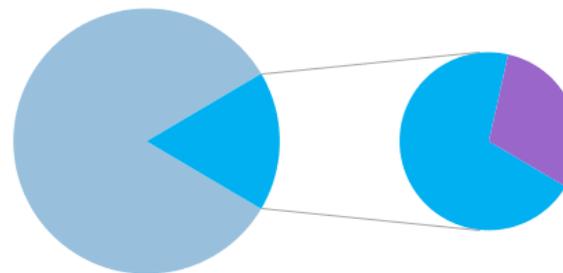
### General Population

4% Serious Mental Illness



### Jail Population

17% Serious Mental Illness      72% Co-Occurring Substance Use Disorder



# Criminogenic Risk: Relationship to Mental Illness

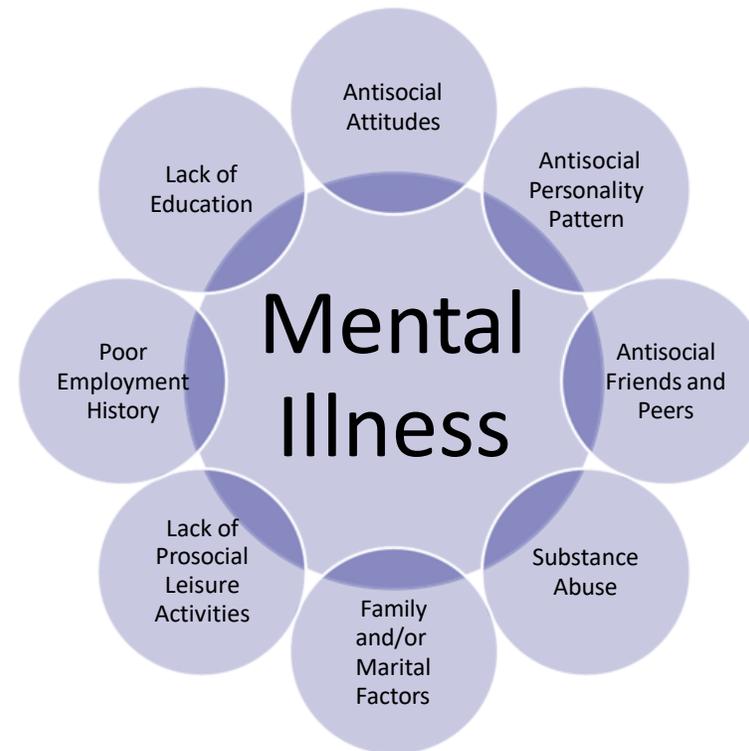
*Mental Illness doesn't cause crime*

*But...*

People with mental illness have more criminogenic risk factors.

*And...*

You can't effectively address dynamic risk factors without treating the mental illness.





## OUR CHALLENGE

# What We Have Learned

---

By Hon. Steve Leifman, Associate Administrative Judge, Miami-Dade County Court, 11<sup>th</sup> Judicial Circuit of Florida

- Those with SMI stay longer in jail.

---

  - Access to care is often scarce or non-existent.

---

  - SMI impacts all court dockets.

---

  - Thousands are languishing in jails due to findings of incompetency.

---

  - Pandemic has exacerbated challenges and deficiencies.
-



## OUR CHALLENGE

# What We Must Do

---

By Hon. Steve Leifman, Associate Administrative Judge, Miami-Dade County Court, 11<sup>th</sup> Judicial Circuit of Florida

- Promote robust community health systems
  - Support model crisis response systems and the new 988
  - Develop seamless systems of care
  - Develop continuum of diversion options
  - Promote person centered collaborative case management
  - Limit use of competency restoration to most serious offenses
-

# SEQUENTIAL INTERCEPT MODEL

