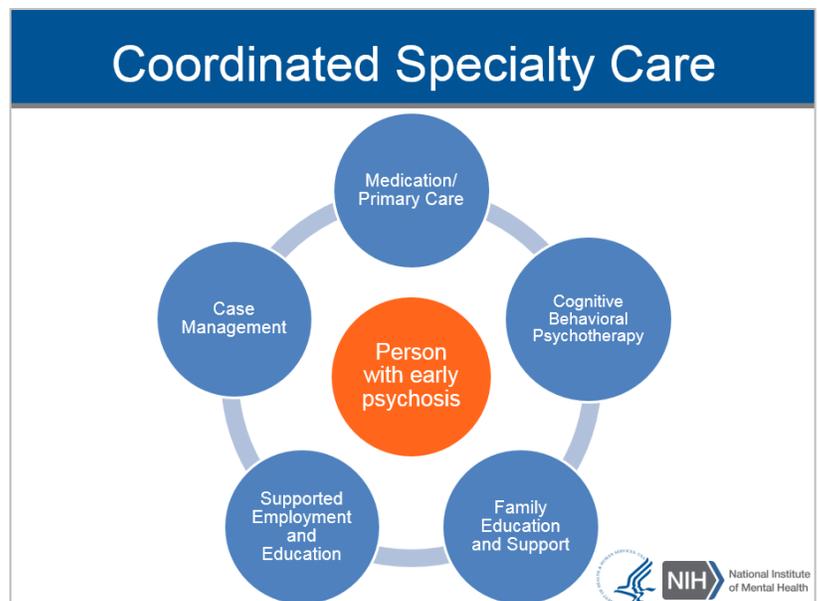


Overview

Schizophrenia is a serious mental illness that typically develops early in life and costs our economy an estimated \$155.7 billion a year.ⁱ Recent research shows that youth with psychosis die at a rate 24 times higher than their peers in the 12 months after their initial diagnosis,ⁱⁱ making early and effective treatment essential.

Fortunately, the major, multi-site Recovery After Initial Schizophrenia Episode (RAISE) study by the National Institute of Mental Health (NIMH) showed that by intervening early and providing Coordinated Specialty Care (CSC), young people with psychosis get significantly better.ⁱⁱⁱ They remain in school, continue working and stay on track with their lives. This is a game-changer because schizophrenia has typically resulted in high rates of disability and costly struggles for individuals, families and communities.

Early psychosis programs delivering CSC are setting a new standard of care and positively changing the trajectory of mental illness. Importantly, the RAISE study shows that the earlier youth get effective treatment, the better the outcomes—and the lower the cost.



Historically, there have been long delays in accessing treatment. But important progress is being made through the Community Mental Health Block Grant (MHBG) program. Congress recently required states to set aside 10% of MHBG funds to expand early psychosis programs. As states use MHBG funding to develop and expand early psychosis programs, they are making a positive difference in the lives of many youth and young adults—allowing them to reach recovery and a full life. Continued federal funding of early psychosis programming will be essential to continue to tackle the high cost of schizophrenia seen in high mortality rates, unemployment, lost productivity and direct health care costs.

NAMI's ask

- Continue the \$50 million investment in expanding early psychosis programs through the 10% set-aside of the Community Mental Health Block Grant program, which provides important funding to states to develop and expand these programs.

Facts about early intervention

Mental illness starts early in life. Research shows that the earlier youth get effective treatment, the better the outcomes—and the lower the cost. Yet, there are often long delays before youth get the mental health care they need.

- 50% of all serious mental illness begins by age 14 and 75% by age 24.^{iv}
- 1 in 5 children experience a serious mental health condition.^v
- Close to 50% of youth with mental health conditions received no treatment in the past year.^{vi}
- Mental illness leads to high rates of school dropout, unemployment, substance abuse, arrest, incarceration and early death.^{vii}
- Suicide is at a 30-year high and is the 2nd leading cause of death for youth ages 15 to 24.^{viii}

ⁱ Cloutier, et. al, The Economic Burden of Schizophrenia in the United States in 2013. *J. Clin. Psychiatry*, 2016 June: 77(6): 764-71. Doi: 10.4088/JCP.15m10278.

ⁱⁱ Schoenbaum, M., Sutherland, J., Chappel, A., Azrin, S., Goldstein, A., Rupp, A., Heinsen, R. Twelve-Month Health Care Use and Mortality in Commercially Insured Young People with Incident Psychosis in the United States. *Schizophrenia Bulletin*, April 6, 2017.

ⁱⁱⁱ NIMH Study: Recovery After an Initial Schizophrenia Episode (RAISE):

https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml?utm_source=rss_readers&utm_medium=rss&utm_campaign=rss_full

^{iv} Kessler, R.C., et al. (2005). Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602.

^v National Institute of Mental Health. Retrieved from <http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml#sthash.TkpDl14T.dpuf>.

^{vi} Use of Mental Health Services and Treatment Among Children. (n.d.). Retrieved January 16, 2015, from

<http://www.nimh.nih.gov/health/statistics/prevalence/use-of-mental-health-services-and-treatment-among-children.shtml>.

^{vii} U.S. Department of Education. (2014). 35th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2013. Washington, DC: U.S. Department of Education.

Glaze, L.E. & James, D.J. (2006). *Mental Health Problems of Prison and Jail Inmates*. Bureau of Justice Statistics Special Report. U.S. Department of Justice, Office of Justice Programs Washington, D.C.

National Association of State Mental Health Program Directors Council. (2006). *Morbidity and Mortality in People with Serious Mental Illness*. Alexandria, VA: Parks, J., et al.

Substance Abuse and Mental Health Services Administration, *Results from the 2014 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-50, HHS Publication No. (SMA) 15-4927. Rockville, MD: Substance Abuse and Mental Health Services Administration. (2015).

Alison Luciano, MPH and Ellen Meara, PhD. The employment status of people with mental illness: National survey data from 2009 and 2010. *Psychiatr Serv.* 2014 Oct 1; 65(10): 1201–1209. doi: 10.1176/appi.ps.201300335.

^{viii} Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db241.htm> and https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_age_group_2015_1050w740h.gif.