



Quality Improvement  
Services

An Office of the  
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

# Integrating Mental Health and Physical Health in Maine

## *Using The Data*

James Yoe, Ph.D and Elsie Freeman, MD, MPH  
Maine Department of Health and Human Services  
SAMHSA National Grantee Conference  
Washington, DC  
June 25, 2010

**Persons with SMI and Chronic  
Health Conditions Are an**

---

**Expectation**

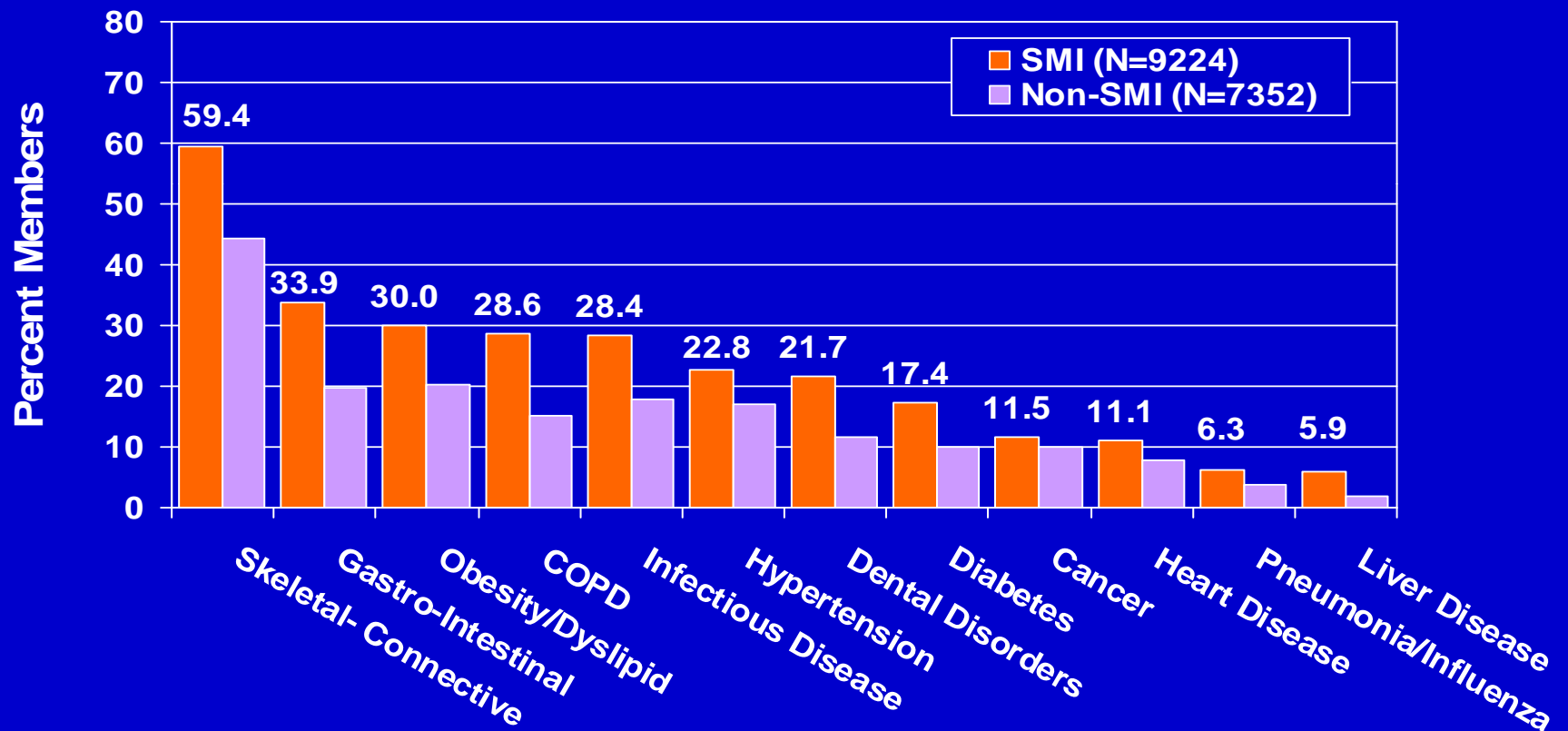
**Not an Exception**

# Negative Impact of Chronic Medical Conditions on Recovery

---

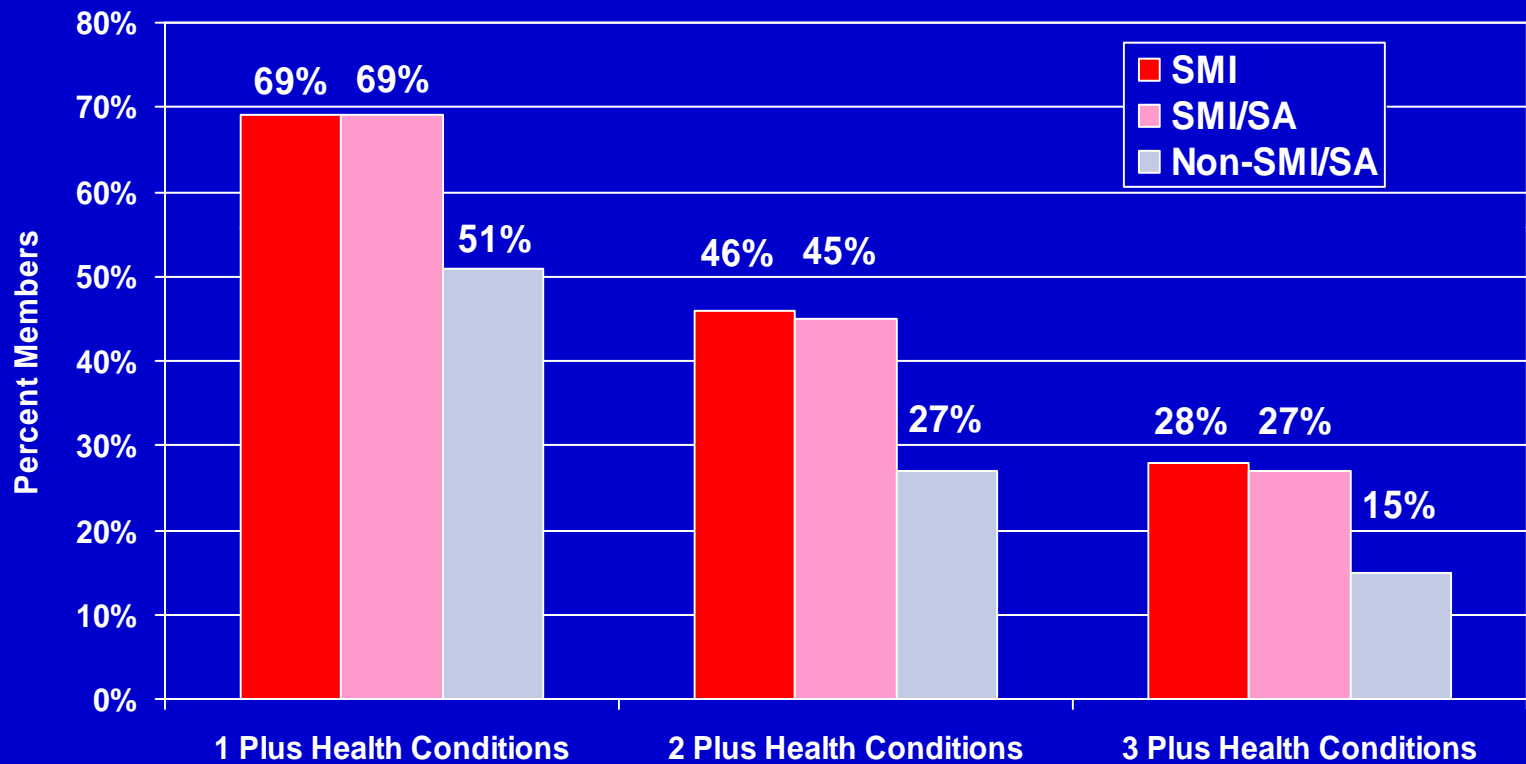
- On average persons with Serious Mental Illness die 25 years earlier than their age mates in the general population
- Persons with SMI are not dying from their mental illness but from heart disease, diabetes and other medical conditions
- Death is the ultimate impediment to recovery

# High Rate of Health Disorders in Adult MaineCare Members with SMI



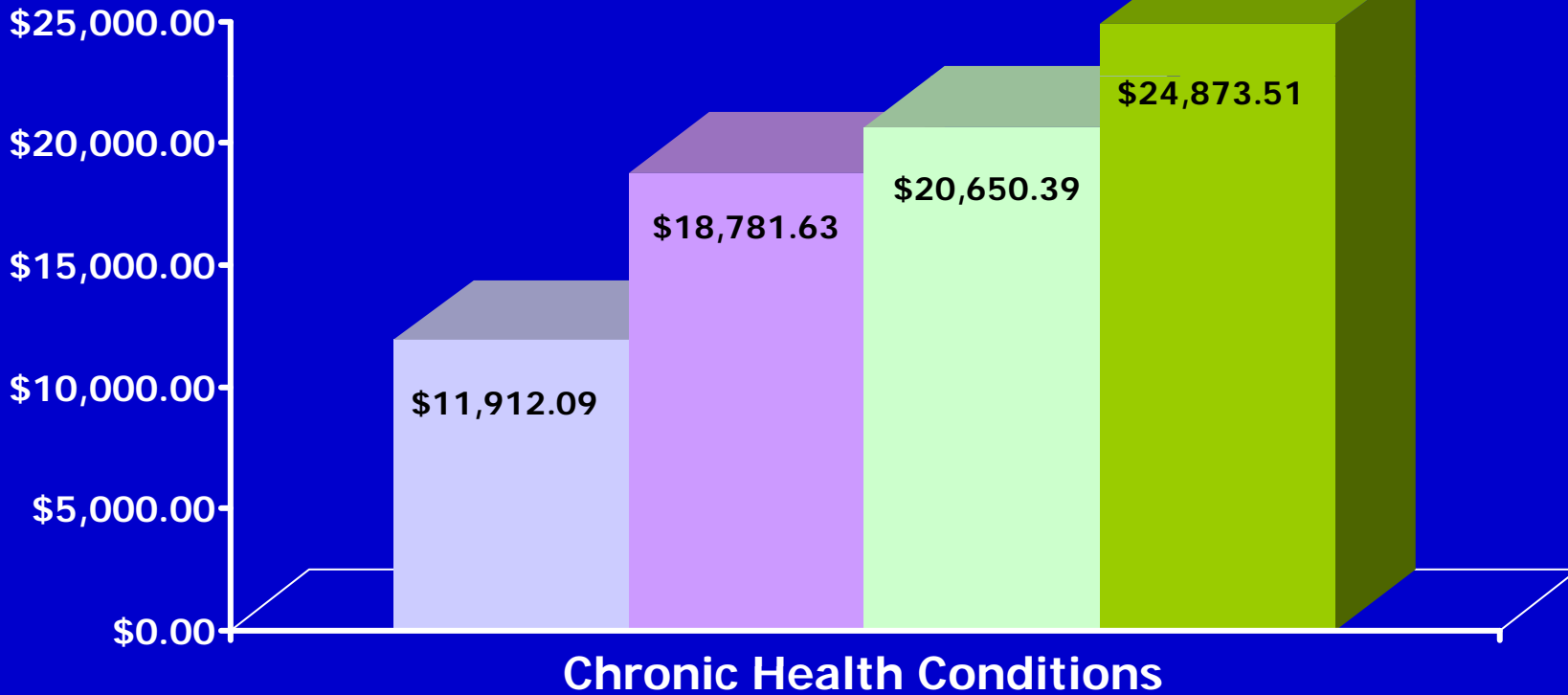
Based on SFY 2004 MaineCare (Medicaid) Claims Data

# Burden of Medical Illness: Maine Medicaid 2004



# Impact of Medical Co-morbidities on MaineCare Mental Health Expenditures for Adults with SMI

Average Annual Per Person MH  
Expenditures



■ 0 ■ 1 ■ 2 ■ 3 or More

# Maine Examples of Integrated Data Analysis

---

- Integrated analysis of Mental Health Modules in BRFSS
- Analysis of MHSIP survey data with addition of standard health status questions
- Integrated analysis of Medicaid data – the Maine/South Carolina Emergency Room Usage study

# Maine BRFSS Mental Illness Modules

**Frequent Mental Distress (FMD):  $\geq 14$  days mental ill health**  
**10.7%**

## Depression and Anxiety Module

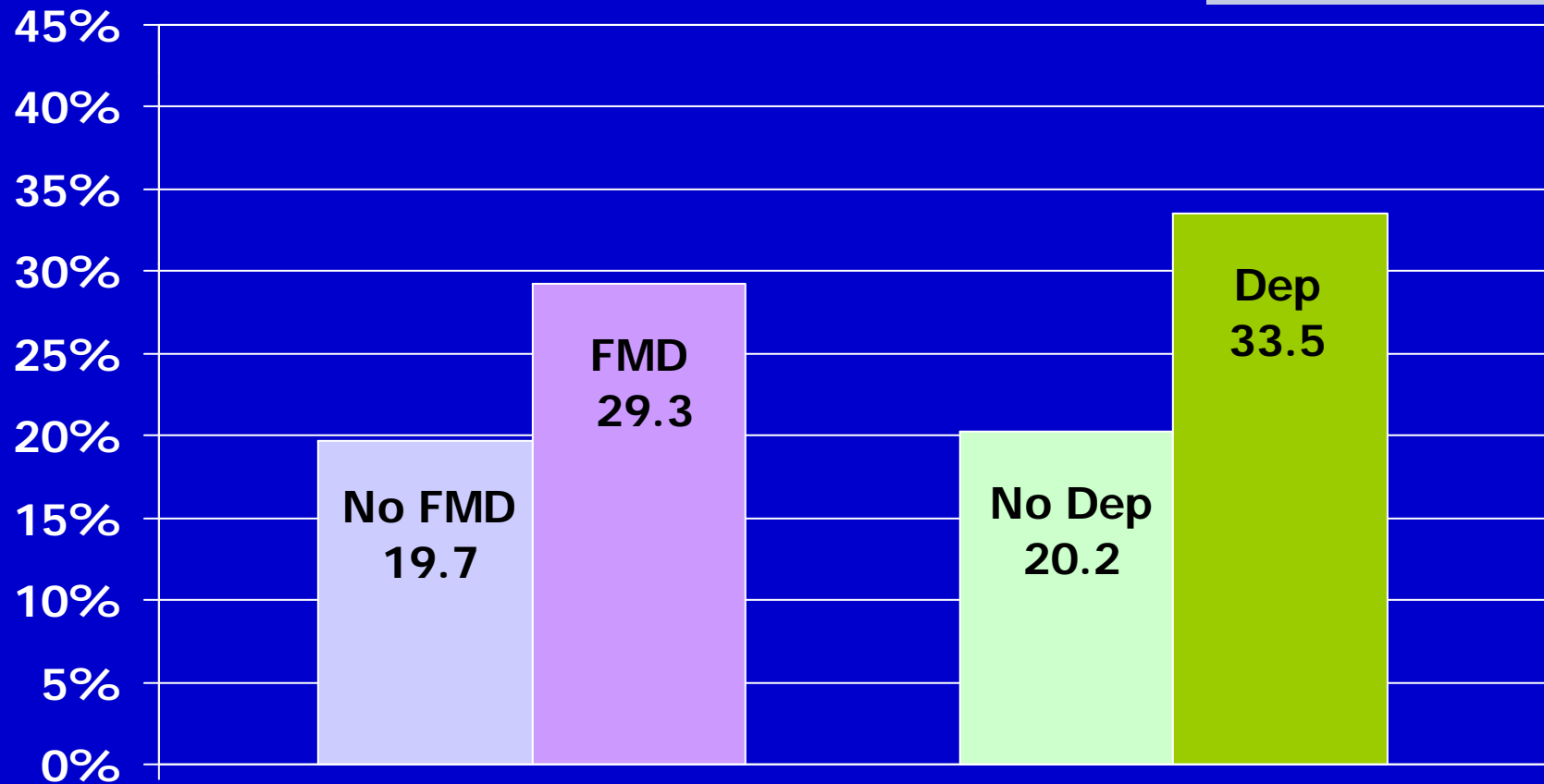
- Moderate/Severe Current Depression – 7.4%
- Past history of depression – 20%
- Past history anxiety disorder – 16%

## K-6 Module

- Serious Psychological Distress (K6  $\geq 13$ ) – 3.8%
- Moderate Psychological Distress (K6 – 8-12) – 7.8%
- History of Mental Health Treatment – 15.0%
- Miss Most Days Activities – 3.1%
- Miss Some Days – 6.8%

**Not one definition includes all persons – overlapping,  
but non-identical populations**

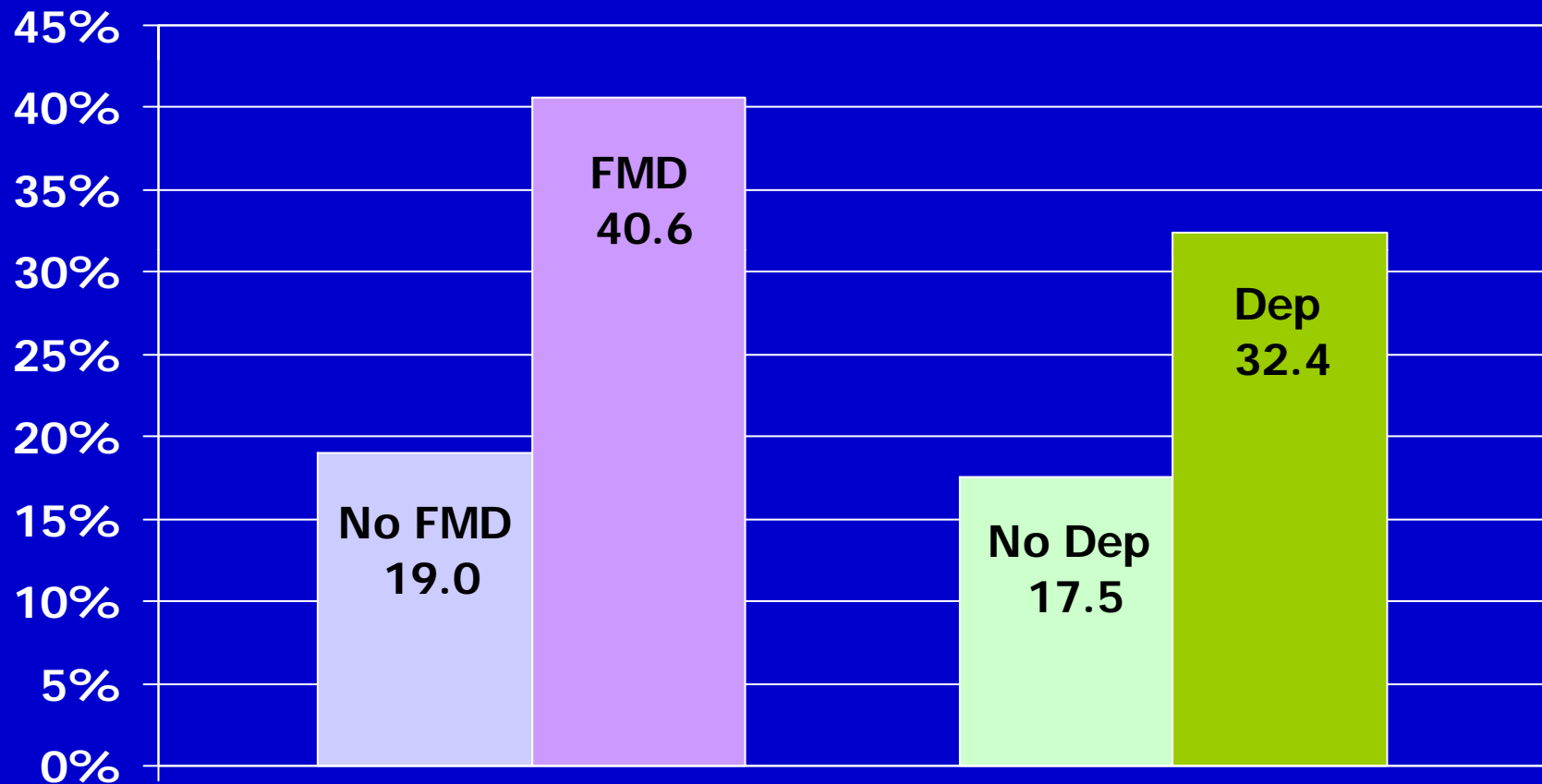
# Mental Illness and Health Risk: Obesity



FMD: Frequent Mental Distress

Depression: Past History or Current Symptoms

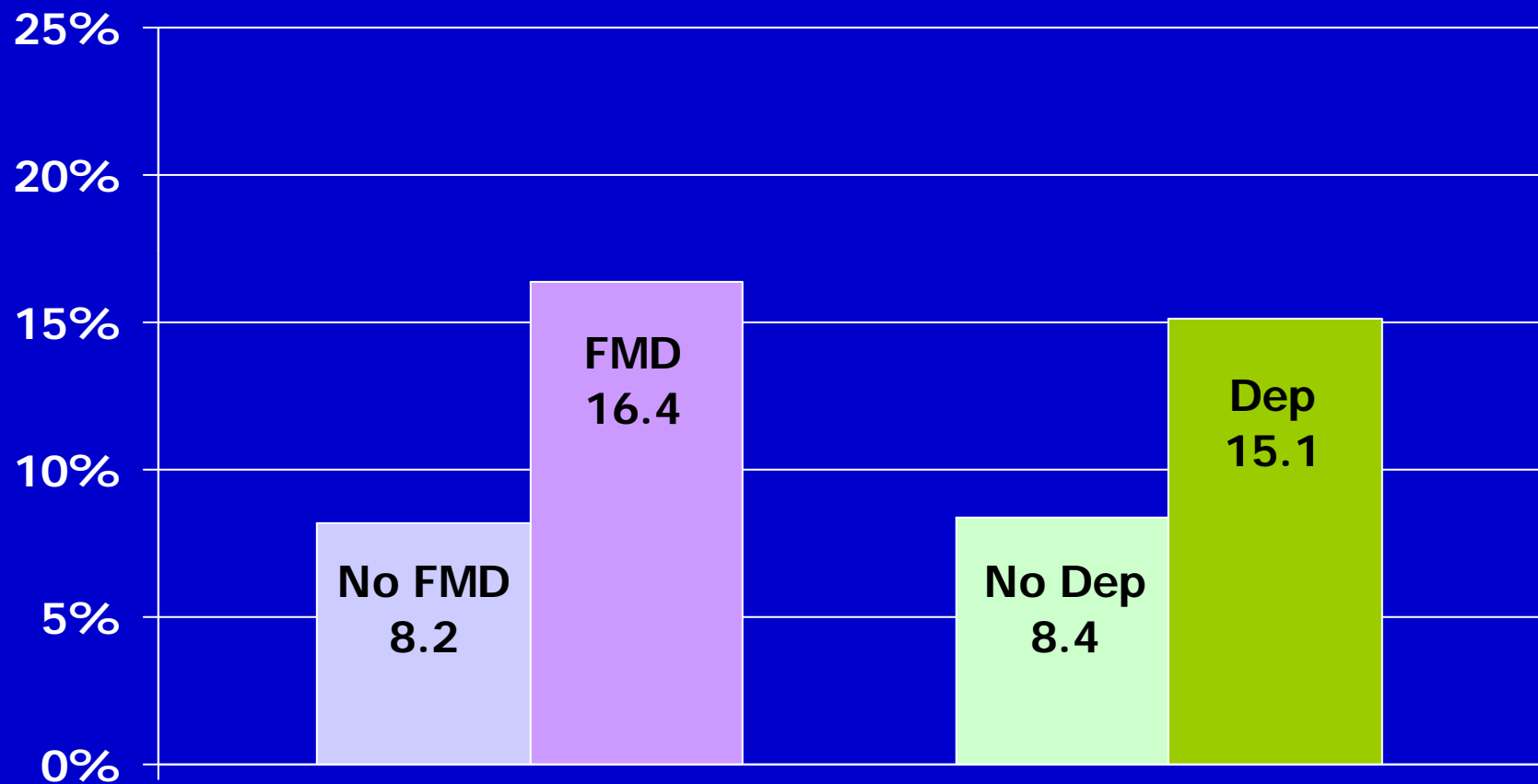
# Mental Illness and Health Risk: Smoking



FMD: Frequent Mental Distress

Depression: Past History or Current Symptoms

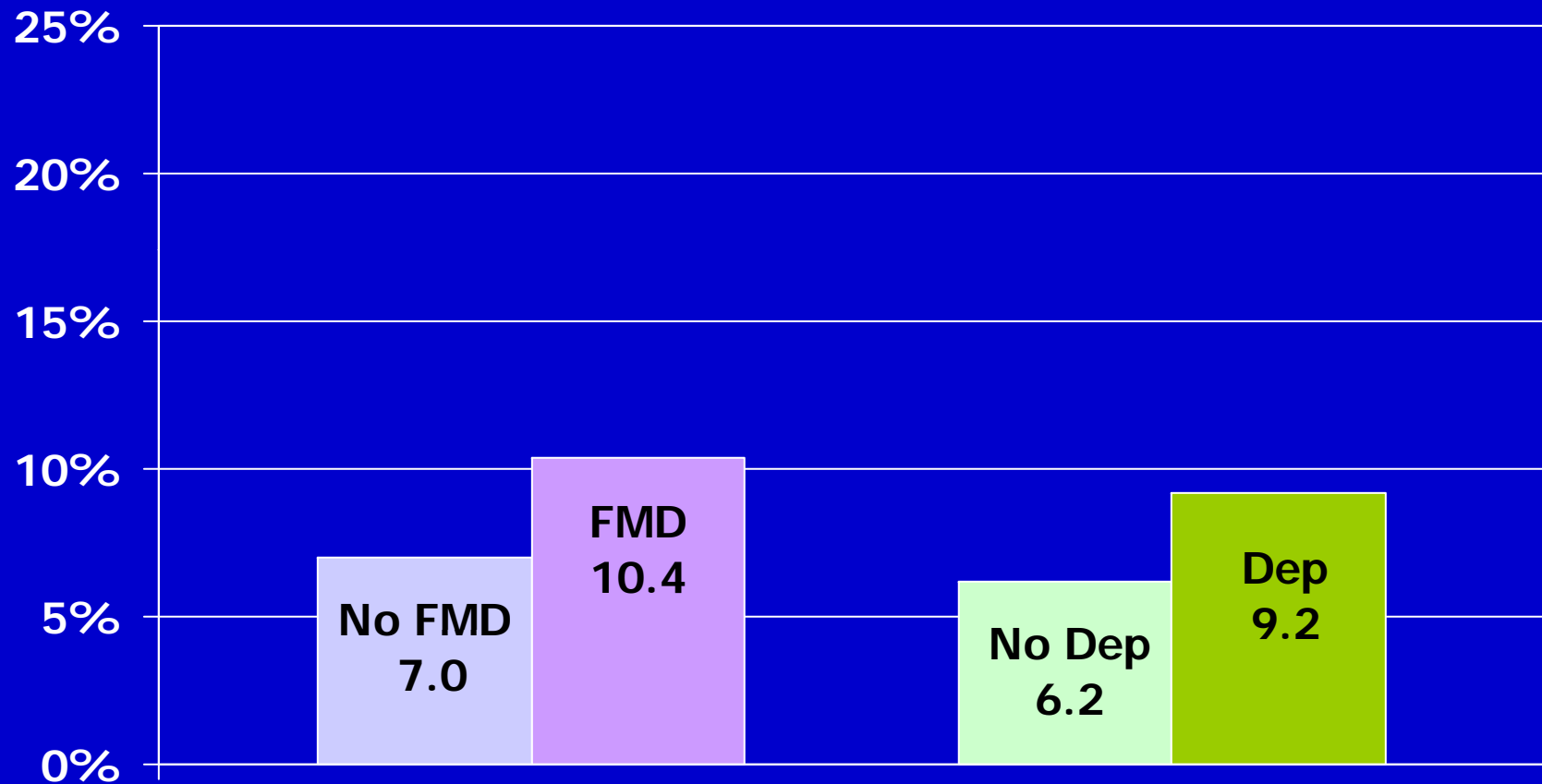
# Mental Illness and Chronic Health Conditions: Asthma



FMD: Frequent Mental Distress

Depression: Past History or Current Symptoms

# Mental Illness and Chronic Health Conditions: Diabetes



FMD: Frequent Mental Distress

Depression: Past History or Current Symptoms

# Conclusion from Integrated Analysis of Maine BRFSS Data

---

- Mental ill health affects one in five Mainers, touching every social network
- Mental ill health is associated with higher rates of health risk, chronic disease and poor self care in the general population
- Points to critical need for integrated treatment approaches that address mental health and primary medical care

# Another Approach: BRFSS Questions Added to Consumer Satisfaction Survey

- Height and Weight (translated into Body Mass Index)
- Have you ever been told by a doctor or health professional that you have (angina or coronary heart disease, heart attack or myocardial infarction, blood cholesterol is high, high blood pressure, diabetes)?
- Do you smoke cigarettes (everyday, some days, does not smoke)?
- Would you say that your general health is (excellent, very good, fair, poor)?
- Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?
- Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?
- During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?

# Health Risk

*Maine DIG Surveys  
(Age 18-64 Years)*

Health Risk	Age Group	2008 DIG Survey Percent (n=1182)	2008 Maine BRFSS Percent	2009 DIG Survey Percent (n=1257)
Smoking	18-44	50.5	23.7	49.6
	45-64	45.7	17.1	43.7
Obesity	18-44	45.9	23.7	53.4
	45-64	47.1	31.0	50.8
High Cholesterol	18-44	29.2	23.2 *	26.0
	45-64	48.0	46.0	50.5
High Blood Pressure	18-44	24.3	16.3	24.2
	45-64	45.6	38.2	44.4

\* 2008 BRFSS data unavailable – 2007 data substituted

# Chronic Health Conditions

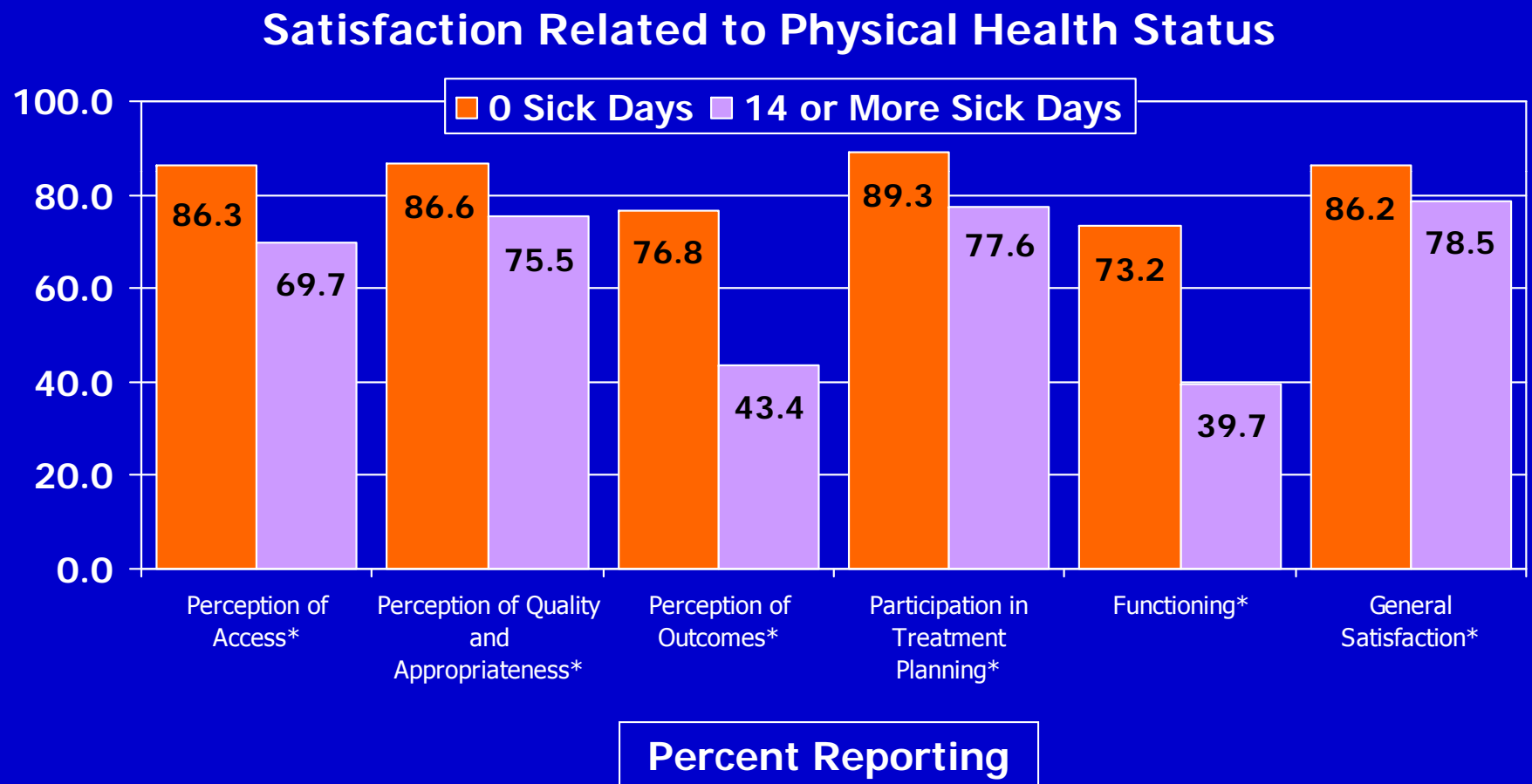
*Maine DIG Surveys  
(Age 18-64 Years)*

Chronic Health Condition	Age Group	2008 DIG Survey Percent (n=1182)	2008 Maine BRFSS Percent	2009 DIG Survey Percent (n=1257)
Chronic Disease*	18-44	19.2	3.7	14.3
	45-64	36.8	13.7	35.3
Cardiovascular Disease**	18-44	5.3	1.1	2.4
	45-64	14.3	6.7	11.7
Diabetes	18-44	15.1	2.6	12.7
	45-64	29.2	9.4	29.0

\* Chronic Disease = reported CVD or diabetes

\*\* Cardiovascular Disease (CVD) = reported angina or heart attack

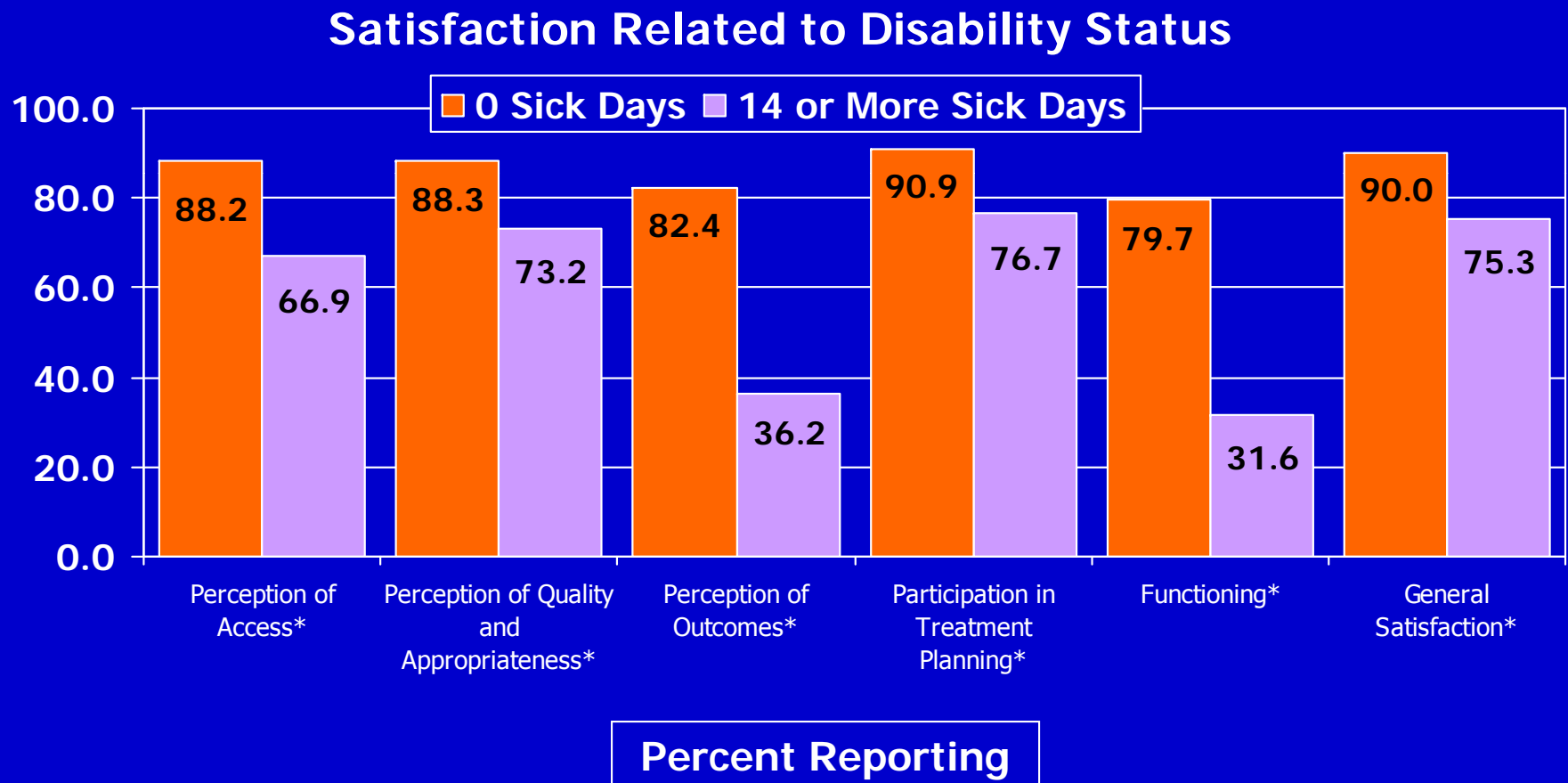
# Satisfaction Related to Physical Health Status



Based on 2009 Adult Mental Health and Well-Being Survey Data

n=758

# Satisfaction Related to Disability Status



Based on 2009 Adult Mental Health and Well-Being Survey Data

n=825

# Integration: Making the Case in Maine

---

- Surveillance and data gathering are key first steps
- Maine specific data is necessary to drive policy, programming and quality improvement
- Ongoing integrated analyses of physical and behavioral health issues

# Putting Maine's Data on Mental Health and Health into Action

---

- Partnership between state mental health and public health agencies
- Maine participation in CDC Expert Panels on Mental Illness
- Depression included in District Health Profiles and Maine BRFSS interactive website
- Depression screen/education in Keep ME Well, Maine's web based universal health screen
- Local public health entities (Healthy Maine Partnerships) list mental health as key topic for district planning
- Mental health partners included in district public health planning
- Depression/Anxiety question added to Maine tobacco survey and mental health objectives in tobacco strategic plan
- Physical Health questions included in statewide mental health outcome initiative
- Obtained Systems Transformation Grant from Maine Health Access Foundation to promote integration of mental health and public health

# Maine's Integration of Mental Health/Public Health Project

---

- The project will expand partnerships at community level between mental health, public health and primary care
- The primary goal is to educate public health workforce, primary care partners and the public on depression, as well as to promote early identification and treatment of depression
- The strategic plan includes:
  - Expansion of Stanford Disease Self Management as a self care strategy for addressing depression
  - Support public health and primary care approaches to depression screening and treatment
  - Link mental health agencies with local resources to address health risk and chronic disease in persons with Serious Mental Illness



Department of Health  
and Human Services

*Maine People Living  
Safe, Healthy and Productive Lives*

*John E. Baldacci, Governor*

*Brenda M. Harvey, Commissioner*

**James T. Yoe, PhD, Director**

Department of Health and Human Services

Office of Quality Improvement Services

E-mail: [jay.yoe@maine.gov](mailto:jay.yoe@maine.gov)

---

*Caring..Responsive..Well-Managed..We are DHHS.*