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Overview of Mental Health in California

Like in many states in the United States, mental health is considered a serious public health issue in California. The mental health crisis is of particular concern because unlike any other public health issue of the same magnitude or even more, it affects people of all ages and backgrounds, and the impact is severe. Statistically, according to a publication by Wendy Holt (2018), at least one in six Californian adults experiences some kind of mental illness. The report further points out that one in twenty-four adults has severe mental disorders that affect their everyday life activities. As Holt (2018) further elaborates, one in thirteen children report emotional disturbances that affects their engagement in major life activities. What these statistics show is the severity of mental health in the state is worrying both from health care and legislative point of view.

The population of Californians with mild or acute mental illness as segmented by the state's major regions is also alarming. In general, 15.4% of adults in California have some mental health issues; the condition of 4.2% is medically considered worse (Holt, 2018). When broken down into regions, Northern Sierra reported the highest rate of a mental health crisis – 5.4 percent – followed closely by San Joaquin Valley at 5.3 percent (Holt, 2018). The lowest region, according to the report, was the Bay Area, at 3.4 percent falling below the average of 4.2 percent. Research considers suicide as a reliable indicator of mental health issues in any given area. This is because suicidal behavior is believed to be one of the many adverse effects of certain unmanaged mental disorders. In her report, Wendy Holt further highlights the rates of suicide in the whole of California and its regions. In her report, California averages 10.4 suicides per 100,000 people with the highest rate recorded in Northern & Sierra at 21.1 suicides per 100,000 people. This means that millions of households are affected by mental health in one way or another.

The severity of Mental Health

A significant amount of scholarships following the prevalence of mental health crisis in California, describe the state's healthcare system as broken, fragmented, and struggling. Past trends and patterns of the public health issue show that mental illness cases have recently risen in California while at the same time, treatment and funding have significantly declined (Weiner, 2019). Multiple reports indicate that all of the southern California counties have shown a massive upward trend in the rate of children aged below 18 years hospitalized for severe mental health cases. For instance, Kurt Snibbe (2017) of The Orange County Register reports that psychiatric beds in California have dropped from 9,353 in 1995 to 6,587 in 2014 – representing a 29.6 percent reduction in less than two decades. Further, the ratio of beds to the population has dropped from 29.50 per 100,000 people to 16.98 per 100,000 people in 2014 (Snibbe, 2017). The ratio is way below the recommended rate of 50 beds per 100,000 people.

With no appropriate action, as many healthcare experts assert, the public health issue will soon be beyond control (Bion, 2019). Already, the consequences of a mental health crisis are found in prisons and jails, healthcare organizations, and learning institutions. There is also a growing trend where people with severe mental disorders are unable to access quality care end up either on the streets or in prison (Holt, 2018). In another report on mental health prevalence in

California, Xenia Shih Bion (2019) of California Health Care Foundation notes that incidences of mental illnesses in California's jails and the prison has risen. According to the researcher, 38 and 23 percent of female and male inmates received treatment for mental health while in incarceration. Bion (2019) further notes that 95 percent of these patients were subjected to long-term treatments as per the direction of the criminal courts. These figures evidence the fact that either people with mental problems are sent to prison, or the conditions of the prison force people to develop mental health issues.

Following the prevalence, some concerned scholars have suggested a way forward in an attempt to prevent the looming crisis. Among the interventions proposed, a robust community-level solution sounds tangible. The response involves setting aside a multidisciplinary mental health workforce to meet the needs of focus regions such as San Joaquin Valley and other prevalent areas. By doing so, the state will be in a better position to detect and address mental orders on time. Additionally, it will solve the problem of a majority of local patients being unable to access quality care.

Overview of the Bill

A proposed bill dubbed the *Mental Health Services Act: Centers of Excellence* is believed to be a perfect and most effective solution for the ongoing crisis. The bill was introduced by Senators Patricia Bates, Jim Nielsen, Jeff Stone, and Scott Wilk into the senate ("California SB604 | 2019-2020 | Regular Session | Mental Health Services Act: centers of excellence.", 2019). These sponsors of the bill are also devoted advocates of mental health committed to realizing a healthy and functioning society in California and its environs. The purpose of the bill is to make sure the Mental Health Services and Oversight and Accountability Commission (MHSOAC) establishes more centers of excellence that will enable the implementation of best practices related to the Mental Health Services Act. The bill will further require the state to provide adequate funding for the established centers of excellence, with the commission also needed to determine areas of focus in terms of service delivery.

The bill is made up of three sections, each addressing a specific element of mental health issues. Provisions in the first section will demand that by January of 2021, MHSOAC shall have established at least one center of excellence and use the data on unmet needs to suggest areas of focus regarding improvement and progress as stipulated in the Mental Health Services Act. Section two primarily deals with the implementation and allocation of funds necessary to achieve the objectives stated in section one and the goals of the Mental Health Services Act (MHSA). The section provides criteria for the allocation of funds. For instance, according to the publication on the Legiscan Website, part 5 of the section directs that 45 percent of funds shall be channeled to education and training, 45 percent to capital facilities, 5 percent for local planning, and the remaining 5 percent to state implementation.

The primary stakeholders that are and will be affected by the bill, if passed, include the MHSOAC and the state administration for funding board. As pointed out earlier, MHSOAC will be charged with the responsibility of establishing centers of excellence for mental health. These centers, under the influence of the commission, will be required to come up with prioritized courses of action on various mental health needs. The state's funding board will be mandated to provide adequate financial resources for the activities of the commission.

Promises and Expected Outcomes

An expected health outcome of the bill is the improved mental health status of the state and its environs. According to the promoters – Bates, Stone, Wilk, and Nielsen – of the bill, by introducing and funding more centers of excellence, the government will be better positioned to identify and resolve mental health crisis. The bill will ensure comprehensive coverage and performance of the following: public education and training, prevention and early intervention, construction of mental health clinical facilities, increased community services and support and more. Therefore, the bill is a good solution towards resolving the specific issues of lack of adequate funding, and limited coverage of quality mental health centers. The law will tackle some of the problems mentioned earlier in the analysis such as insufficient psychiatric beds, a bed to population ratio, poor distribution of treatment centers, and more.

In the long run, the bill will assist in the fulfillment of the objectives of California's MHSA legislation. Initially, the law was intended to take only six months at the time of its implementation. The purpose of the legislation has not been fully achieved due to underlying inefficiencies in the structure and processes of the application. For instance, the MHSA regulation requires every county to develop its own plans in order to receive funding. A majority of the counties do not come up with sound plans (Bion, 2019). Coupled with the idea of misappropriation of funds, the approach of implementation has slowed down the attainment of the legislation's objectives. However, with the proposed bill, the promoters and supporters of the bill firmly believe that all the necessary conditions as outlined in the Act, such as reduction of incarceration, curbing homelessness, and more, are accomplished for purposes of promoting better mental health outcomes.

Problems

Although the bill has not been opposed so far in the Senate, since it is active, there is a range of possible grounds for objection. One of the reasons for rejecting the bill is the costs involved in its implementation. Establishing various centers of excellence across the state and ensuring they are well funded for operation is a costly initiative. Once passed, the bill will see a steady increase in healthcare expenditure required to see the project running. The state government will be required to raise more revenues to cater to increased spending and the most sensible way to achieve this is through taxation. Therefore, a party likely to pay the price for the bill financially are the people of California. Although the bill is intended to benefit Californians, the idea that its cost will transfer to them will compel a majority to resist its enactment, either directly or their representatives.

Unintended Consequences

A potential unexpected outcome of the proposed bill includes escalated healthcare costs with minimal or no change. The problem is likely to originate from how the law is designed and the strategies to be employed for the accomplishment of its purpose. Ideally, the primary aim of the bill is to provide mechanisms for the smooth and effective implementation of the MHSA and the attainment of its objectives. The bill's promoters believe the most appropriate way to facilitate this is by establishing more centers of mental health and increasing their funding. In theory, this sounds like an idea worth pursuing. However, in practice, its success is not

guaranteed. The idea of creating centers of excellence will possibly serve as a silo of care in the sense that the state government will enroll patients in new funded government programs while ignoring the underserved patients in underfunded programs.

A possible indicator of the unintended outcome is the current performance of the MHSA legislation. Although it continues to receive steady funding through tax revenues, the Act is still stagnating (Feldman, 2009). Since the legislation was enacted, the population of mentally ill Californians has significantly increased. At the same time, the number of clinical facilities, mental healthcare resources, and healthcare practitioners has either remained the same or declined in some parts despite the steady government funding. Thus, the current inefficiencies of the implementation approach of the Act are the reason for the increased demand in passing the bill. However, there are more reasons to worry than there are to celebrate its enactment.

Recommendation

Due to the fact that the bill is not perfect and problems are inevitable following the limitations above, improvements are necessary. The bill only directs the MHSA to create more centers, identify focus areas, and address them with the funding obtained from the state. In essence, the bill only expands the commission's roles and responsibilities. There is the need to first define the oversight and regulatory role of the commission, given its obligations. Therefore, there should be a separate section in the bill addressing the issues of evaluation, monitoring, and advisory. This is because there are no mechanisms for ensuring the commission or institutions working under and with the commission achieves the set goals of the Act. Also, there is the need to directly link the legislation (both the MHSA and the proposed bill) to healthcare. Instead of establishing separate centers of excellence, the government can work with already existing and dependable institutions both in the public and private sectors.

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