# Treatment of the mentally ill at home: a call to action

The latest statistics on mental health in the United States are sobering.

[The National Institutes of Mental Health reports](https://www.nimh.nih.gov/health/statistics/mental-illness.shtml) that almost one in five American adults suffers from some form of mental illness. In real terms, this means that in every other house on your street, or every second apartment in your building, there is a person with a mental illness. You or someone very close to you may be suffering.

Unfortunately, the stigma surrounding mental health prevents many from seeking help. Friends and families are often the last to know. [According to the Centers for Disease Control](https://www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html), the rate of suicides in the US is increasing. Suicide is now the 10th leading cause of death and one of only three whose rates are rising.

It doesn’t have to be this way.

Changes in the health care delivery systems promise to make mental health care more accessible to the people who need it, and more private for those who worry about the stigma. The two major changes bidding to bring more widespread access to mental health services are the community-based and home-based health care movements.

Virtually every other branch of medicine has benefited from the community-based health care movement. Patients can receive cardiac bypass surgery, joint replacements, and cancer therapies in their own communities, whereas in the past they would have had to travel to a major city to obtain care. And a substantial portion of that care is delivered in the patient’s home, from [physical therapy](https://www.carecentrix.com/blog/getting-home-ready-joint-replacement-surgery) to [infusion](https://www.carecentrix.com/blog/infusion-therapy-making-way-home) of medications. Why not do the same with mental health care?

There is a growing body of evidence to suggest that mental health care at home can be as effective as inpatient care, while enhancing the patient’s quality of life. The US Department of Veterans Affairs (VA) launched a mental health component to its home-based primary care model, [publishing their preliminary results in 2014](https://www.ncbi.nlm.nih.gov/pubmed/24300165). They found that there was a substantial need among vulnerable veterans that could be met with a home-based program. Mount Sinai Hospital in New York City introduced a psychiatric consult service into their home-based primary care program. [Their 2015 report](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4587535/) showed that the program works.

Home-based health care is enhanced by technology that brings patients closer to caregivers. The VA has seen success with a [cell phone-based application](https://itunes.apple.com/us/app/cbt-i-coach/id655918660?mt=8) that helps treat sleep disorders in vets with PTSD. Other remote monitoring applications can be adapted to mental health disorders, from daily checks from psychiatric nurses to adherence to medication regimens.

What will we accomplish by bringing mental health care home?

**We will save a lot of money**. [According to the Federal Register](https://www.federalregister.gov/documents/2016/07/19/2016-17040/annual-determination-of-average-cost-of-incarceration), the average annual cost of housing an inmate in 2015 was $31,978. [According to the Kaiser Family Foundation](https://www.kff.org/other/state-indicator/smha-expenditures-per-capita/?activeTab=graph&currentTimeframe=0&startTimeframe=9&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D), the per-capita cost of mental health care in the US has been stable at around $120 per year. The advantage of home-based treatment is that acute episodes of mental illness can be quickly identified and managed before they escalate into full-blown crises requiring expensive hospitalizations.

**We will improve quality**. Patients feel better in familiar environments. This goes double for patients with mental health disorders. There is no substitute for the familiarity of the home environment. If patients overwhelmingly [prefer to die at home](https://www.carecentrix.com/blog/people-talking-doctors-death), how much more so would they prefer to *live* at home, with whatever challenges they face in life? Perceived quality of care can only improve.

**We will demonstrate that we respect their dignity**. Mental health care has a long and disreputable past. For too long we have locked our troubled neighbors away, first in mad-houses, then in mental hospitals, and now in prisons. Treating mental health issues at home will show our families, friends and neighbors that we respect their human dignity and their right of self-ownership.

It’s time for mental health care to come home.