

Care for the Mentally Ill



AN ALMOST INVISIBLE CORNER: CARE FOR THE MENTALLY ILL IN HAMPTON ROADS

"Don't do this topic," we were advised. "Regardless of what people say, they really don't want to talk about mental illness."

Perhaps. Mental illness often has tended to be viewed by many as a taboo, or at least not "polite" subject. Nevertheless, many now recognize it as a legitimate and important societal issue. The President's New Freedom Commission on Mental Health Final Report in 2008 noted that "mental illnesses rank first among illnesses that cause disability in the United States, Canada and Western Europe."

Nationally recognized studies estimate that about 5.4 percent of the adult population is likely to suffer a serious mental illness (U.S. Center for Mental Health Services). The range of prevalence among adults is 3.7 percent to 7.1 percent. That means that approximately 44,000 to 85,000 adults in Hampton Roads may suffer a serious mental illness in their lifetime (see Table 1).

**TABLE 1
PREVALENCE OF SERIOUS MENTAL ILLNESS IN HAMPTON ROADS
ADULT POPULATION - ESTIMATED**

	Total Population	Adult Population	Population with SMI (5.4%)	Lower Limit SMI (3.7%)	Upper Limit SMI (7.1%)
Chesapeake	216,568	162,426	8,771	6,010	11,532
James City County	61,739	46,304	2,500	1,713	3,288
York County	63,184	47,388	2,559	1,753	3,365
Poquoson	11,948	8,961	484	332	636
Williamsburg	13,245	9,934	536	368	705
Hampton	145,862	109,397	5,907	4,048	7,767
Newport News	182,478	136,859	7,390	5,064	9,717
Norfolk	235,987	176,990	9,557	6,549	12,566
Portsmouth	98,543	73,907	3,991	2,735	5,247
Virginia Beach	433,033	324,775	17,538	12,017	23,059
Isle of Wight County	33,612	25,209	1,361	933	1,790
Southampton County	18,335	13,751	743	509	976
Franklin	8,501	6,376	344	236	453
Suffolk	81,209	60,907	3,289	2,254	4,324
Hampton Roads	1,604,244	1,203,183	64,972	44,518	85,426
Virginia	7,712,091	5,784,068	312,340	214,011	410,669

Population is provisional estimate for 2007 by the Weldon Cooper Center at the University of Virginia.
 Adult population age 18 years and over is 75 percent of total population.
 Prevalence estimates use percentages developed by the U.S. Center for Mental Health Services.

In addition, the same prevalence studies estimate that 6 percent to 12 percent of children and adolescents from ages 9 to 17 may suffer from some sort of significant emotional disturbance. For Hampton Roads, that translates to 12,000 to 24,000 young people who may have serious emotional needs (see Table 2).

Just as there has come to be recognition of the reality of mental illness in our society, there too has been a significant evolution in thinking about how to treat it. This chapter briefly traces the background of mental illness treatment in Virginia; reviews the delivery of mental health services in Hampton Roads; and shares some judgments as to the adequacy, accessibility and quality of these services.

**TABLE 2
PREVALENCE OF SERIOUS EMOTIONAL DISTURBANCE AMONG CHILDREN AND ADOLESCENTS
CHILD/ADOLESCENT POPULATION - ESTIMATED**

	Total Population	Population Age 9-17	Est. SED, Lower	Est. SED, Upper
Chesapeake	216,568	27,158	1,629	3,259
James City County	61,739	7,742	465	929
York County	63,184	7,923	475	951
Poquoson	11,948	1,498	90	180
Williamsburg	13,245	1,661	100	199
Hampton	145,862	18,291	1,097	2,195
Newport News	182,478	22,883	1,373	2,746
Norfolk	235,987	29,593	1,776	3,551
Portsmouth	98,543	12,357	741	1,483
Virginia Beach	433,033	54,302	3,258	6,516
Isle of Wight County	33,612	4,215	253	506
Southampton County	18,335	2,299	138	276
Franklin	8,501	1,066	64	128
Suffolk	81,209	10,184	611	1,222
Hampton Roads	1,604,244	201,172	12,070	24,141
Virginia	7,712,091	967,096	58,026	116,052

Population is provisional estimate for 2007 by the Weldon Cooper Center at the University of Virginia.
 Population cohort age 9 to 17 is 12.54 percent of the total population.
 Prevalence estimates use percentages developed by the U.S. Center for Mental Health Services.
 Estimated Serious Emotional Disturbance: lower is 6 percent; upper is 12 percent.

Background

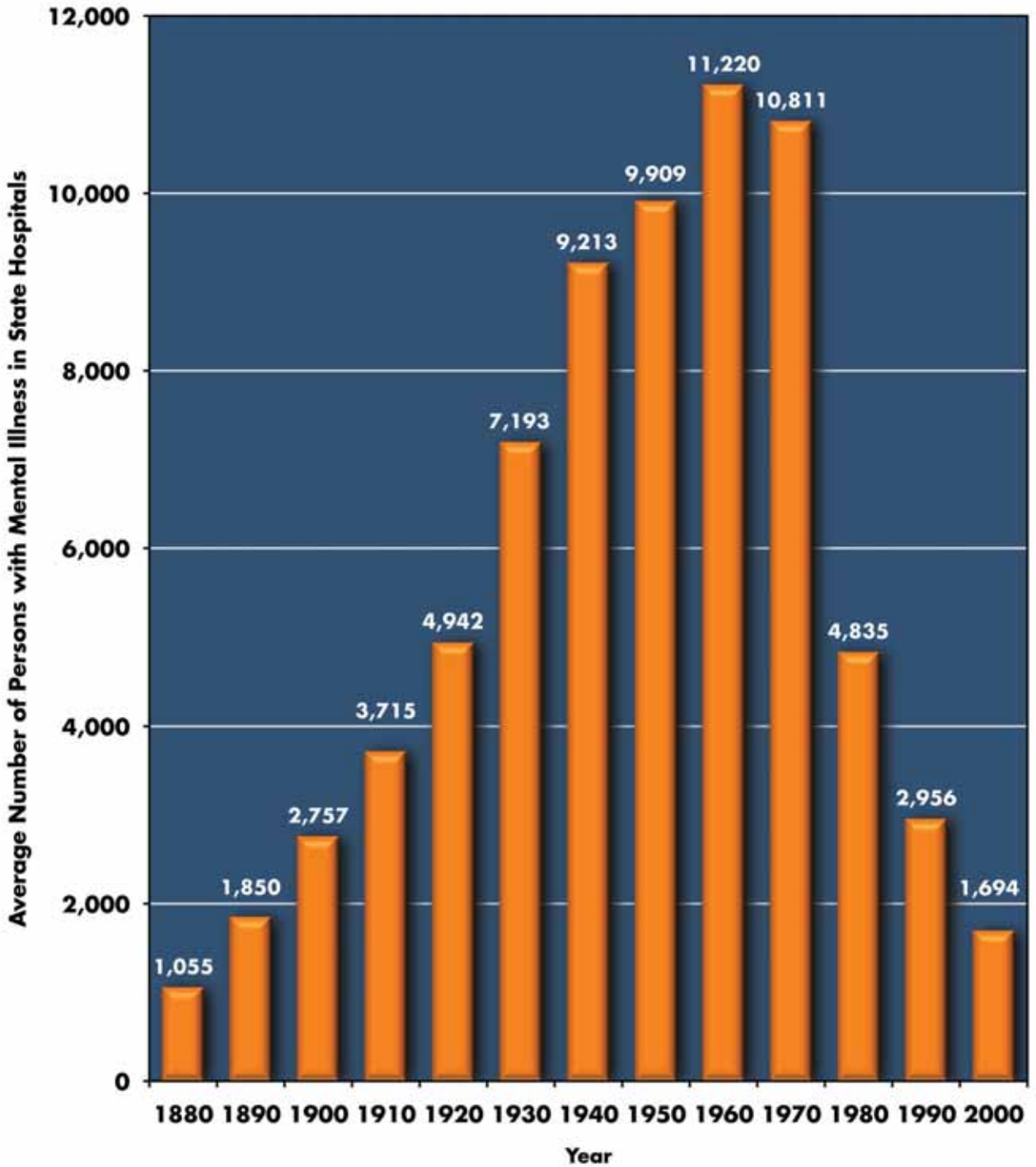
Virginia has the distinction of establishing the first mental health hospital in the country in 1773 with its Public Hospital for Persons of Insane and Disordered Minds in Williamsburg. For most of its history, the Commonwealth assumed responsibility for providing mental health treatment services directly. These services were provided in state hospitals that became huge warehouses of people with many maladies. The hospital in Williamsburg evolved into Eastern State Hospital, and along with other public hospitals in the state, reached a combined peak population of 11,532 in 1962.

In the 1970s, Virginia became part of a national movement to deinstitutionalize mental health treatment and move patients into local communities to be served. The desired effect of reducing the size of the large institutions that had limited success in treating patients was achieved. The average population of the eight state hospitals combined is now 1,452, a reduction of 87 percent.

Community services boards were established in localities and charged with the responsibility of providing community-based care. Although services were to be provided locally, dollars have never flowed in adequate amounts from the federal or state governments to establish services to the extent necessary to meet needs. In its Interim Report to the President, the New Freedom Commission on Mental Health found "... the mental health delivery system is fragmented and in disarray."

Virginia has adopted the plan "Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation and Substance Abuse Services System" (2005) to provide a framework for transforming Virginia's publicly funded services for mental health, along with mental retardation and substance abuse. The idea was to move from a "crisis-response" system to one that "provides incentives and rewards for implementing the vision of a recovery and resilience-oriented and person-centered system of services and support driven by individuals receiving services and support." The programs and services offered in the Hampton Roads region have been affected by this transformation.

GRAPH 1
INSTITUTIONALIZATION BEGAN IN ABOUT 1920 AND
DEINSTITUTIONALIZATION BEGAN IN 1970



Sources: Analysis of data from the Department of Mental Health, Mental Retardation and Substance Abuse Services, and archival data from the State Department of Public welfare.

The Virginia Mental Health System

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) is the state agency responsible for providing leadership, accountability, oversight and support for mental health services in Virginia, along with similar responsibilities in the areas of mental retardation and substance abuse. The State Mental Health, Mental Retardation and Substance Abuse Services Board, appointed by the governor, is by statute responsible for creating programmatic and fiscal policies, conducting long-range planning, adopting regulations and monitoring performance of the department.

According to DMHMRSAS's Comprehensive State Plan for 2006-2012, the mission of the central office is "to provide leadership and service to improve Virginia's system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders (alcohol and other drug dependence or abuse). The central office seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals."

The state continues to maintain hospitals where mental health services are provided directly. There are eight state mental health hospitals, with the pioneering Eastern State Hospital being located in Hampton Roads.

Most mental health services are provided through community services boards. CSBs are agencies of local government that operate under contract with DMHMRSAS to provide services in the local community. There are 39 CSBs in the state and all local governments belong to some CSB. DMHMRSAS uses Virginia's five health planning regions as a basis for coordinating with CSBs. Health Planning Region V encompasses nine CSBs: Chesapeake, Colonial, Eastern Shore, Hampton-Newport News, Middle Peninsula-Northern Neck, Norfolk, Portsmouth, Virginia Beach and Western Tidewater.

In addition to the administrative structure for providing mental health services, there is the legal framework that defines how services are to be provided. Both the structure and legal framework can be found in Title 37.2 of the Code of Virginia. **Laws relating to mental illness have come under sharp criticism in recent years, and especially after the Virginia Tech shootings, which were committed by a person known to be mentally ill. The 2008 session of the General Assembly addressed the legal issues as well as funding concerns.** The standard for admission to a mental health facility changed as a result of legislation passed by the General Assembly and signed by the governor in 2008. Figure 1 illustrates these changes.

FIGURE 1

CHANGES TO COMMITMENT STANDARDS

General Assembly Session, 2008

Senate Bill 246

§ 19.2-169.6. Emergency treatment prior to trial.

A. Any defendant who is not subject to the provisions of § 19.2-169.2 may be hospitalized for psychiatric treatment prior to trial if:

1. The court with jurisdiction over the defendant's case, *only after a face-to-face evaluation by an employee or designee of the local community services board or behavioral health authority who is skilled in the assessment and treatment of mental illness and who has completed a certification program approved by the Department as provided in § 37.2-809*, finds clear and convincing evidence that the defendant (i) is being properly detained in jail prior to trial; (ii) has mental illness and ~~is imminently dangerous to himself or others that there exists a substantial likelihood that, as a result of mental illness, the defendant will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, in the opinion of a qualified mental health professional; and (iii) requires treatment in a hospital rather than the jail~~

2. The person having custody over a defendant who is awaiting trial has reasonable cause to believe that ~~(i) the defendant (i) has mental illness and is imminently dangerous to himself or others that there exists a substantial likelihood that, as a result of mental illness, the defendant will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, and (ii) requires treatment in a hospital rather than jail and the person having such custody for an evaluation of~~

B. A defendant subject to this section shall be treated at a hospital designated by the Commissioner as appropriate for treatment and evaluation of persons under criminal charge. The director of the hospital shall, within 30 days of the defendant's admission, send a report to the court with jurisdiction over the defendant addressing the defendant's continued need for treatment for a mental illness and ~~being imminently dangerous the continued substantial likelihood that, as a result of mental illness, the defendant will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening such harm and other relevant information, if any, and, if so ordered by the court, the defendant's competency to stand trial pursuant to subsection D of § 19.2-~~

C. A defendant may not be hospitalized longer than 30 days under this section unless the court which has criminal jurisdiction over him or a district court judge or a special justice, as defined in § 37.2-100, holds a hearing at which the defendant shall be represented by an attorney and finds clear and convincing evidence that the defendant continues to (i) have a mental illness; (ii) ~~be imminently dangerous to himself or others; and that there continues to exist a substantial likelihood that, as a result of mental illness, the defendant will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, and (iii) be in need of psychiatric treatment in a hospital. Hospitalization may be extended in this manner for per~~

Italics is new language added to the law. Strike-through words are removed from the law. For full text of the legislation, see SB246 at <http://leg1.state.va.us>, or Code of Virginia §19.2-169.6.

Graphics by Rick Clark at rickclarkdesign.com.

Mental Health Services in Hampton Roads

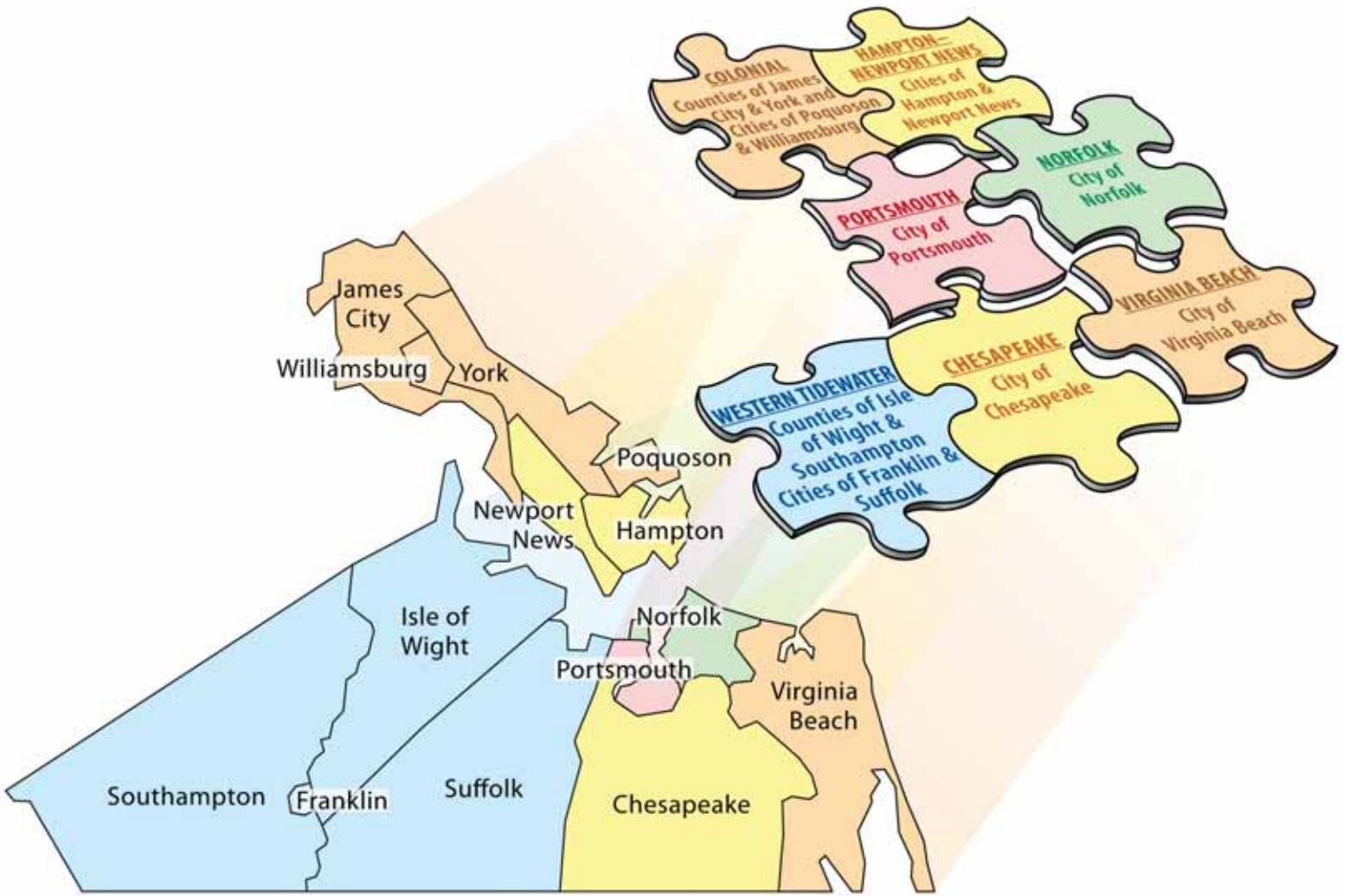
Listed below in Table 3 are the community services boards in Health Planning Region V that are in Hampton Roads, along with their member jurisdictions and contact information. Figure 2 depicts Hampton Roads CSBs and the local governments included in each community services board.

**TABLE 3
COMMUNITY SERVICES BOARDS IN HAMPTON ROADS**

Community Services Board	Member Jurisdictions	Contact Information
Chesapeake	City of Chesapeake	Chesapeake CSB 224 Great Bridge Blvd. Chesapeake, VA 23320 757.547.9334 www.chesapeakecsb.net
Colonial	James City County York County City of Poquoson City of Williamsburg	Colonial Services Board 1657 Merrimac Trail Williamsburg, VA 23185 757.220.3200 www.colonialcsb.org
Hampton-Newport News	City of Hampton City of Newport News	Hampton-Newport News CSB 300 Medical Drive Hampton, VA 23666 757.788.0300 www.hnncsb.org
Norfolk	City of Norfolk	Norfolk CSB 225 W. Olney Road Norfolk, VA 23510 757.823.1600 www.norfolkcsb.org
Portsmouth	City of Portsmouth	City of Portsmouth Dept. of Behavioral Healthcare Services 600 Dinwiddie St., Suite 200 Portsmouth, VA 23704 757.393.8618 www.portsmouthva.gov
Virginia Beach	City of Virginia Beach	City of Virginia Beach Department of Human Services 3432 Virginia Beach Blvd., Suite 342 Virginia Beach, VA 23462 757.437.3200 www.vbgov.com
Western Tidewater	Isle of Wight County Southampton County City of Franklin City of Suffolk	Western Tidewater CSB 5268 Godwin Blvd. Suffolk, VA 23434 757.255.7100 www.wtcsb.org

FIGURE 2

Community Services Boards in Hampton Roads



Graphics by Rick Clark at rickclarkdesign.com.

The CSBs in Hampton Roads provide a single point of entry into publicly funded mental health services, including readmission screening to access needed state facility services, case management and coordination of services, and discharge planning to individuals leaving state facilities. Among the core services offered within the local community directly or through contract with a private provider are: emergency services around the clock, inpatient services, day treatment, rehabilitation services, sheltered employment, supported/transitional employment, and residential services – from “highly intensive” to “supportive.”

While this chapter focuses on publicly funded programs for the mentally ill, there are many private programs and facilities that serve people in the region directly, or through contracts with the CSBs. Among the facilities on the private side that respond to the needs of the mentally ill are: Maryview Behavioral Medicine Center, Portsmouth Psychiatric Center, Tidewater Psychiatric Institute, Virginia Beach Psychiatric Center, Riverside Behavioral Health Center and Chesapeake Regional Geropsychiatric Unit.

SIGNIFICANT DIFFERENCES EXIST IN MENTAL HEALTH CARE BUDGETS

A review of the budgets of the CSBs serving Hampton Roads residents shows significant differences among the boards with respect to the per capita revenues raised for mental health services. Revenues raised and expended for mental health services average \$57 per capita in Virginia, but only \$48 in Hampton Roads. Further, within our region, the amounts vary from a high of \$85 in the Hampton-Newport News CSB to a low of \$24 in Virginia Beach.

**TABLE 4
BUDGETARY DIFFERENCES IN SUPPORT FOR MENTAL HEALTH CARE IN HAMPTON ROADS, FY 2007**

Community Services Board	Population	MH Revenues	Per Capita	State	%	Local	%	Fees	%	Federal	%	Other	%
Chesapeake	216,568	\$7,344,309	\$34	4,869,670	66%	701,831	10%	1,447,112	20%	153,709	2%	171,987	2%
Colonial	150,116	\$5,449,978	\$36	2,749,385	50%	834,874	15%	1,329,267	24%	42,869	1%	493,583	9%
Hampton-Newport News	328,340	\$27,949,058	\$85	12,757,650	46%	1,181,088	4%	11,734,947	42%	282,048	1%	1,993,325	7%
Norfolk	235,987	\$12,811,311	\$54	5,865,436	46%	2,093,824	16%	3,970,557	31%	200,510	2%	680,984	5%
Portsmouth	98,543	\$4,476,663	\$45	2,976,240	66%	434,095	10%	771,782	17%	207,606	5%	86,940	2%
Virginia Beach	433,033	\$10,279,233	\$24	5,361,444	52%	653,809	6%	3,902,092	38%	279,392	3%	82,496	1%
Western Tidewater	141,657	\$8,011,938	\$57	2,063,729	26%	450,004	6%	5,266,389	66%	60,599	1%	171,217	2%
Hampton Roads Region	1,604,244	\$76,322,490	\$48	36,643,554	48%	6,349,525	8%	28,422,146	37%	1,226,733	2%	3,680,532	5%
Virginia	7,712,091	\$441,913,153	\$57	149,741,729	34%	90,476,711	20%	177,354,552	40%	9,076,142	2%	15,264,019	3%

Source: Virginia Community Services Boards Annual Financial Report, April 2008

Likewise, the sources of revenue for mental health vary widely. The region derives 48 percent of its mental health revenues from the Commonwealth, whereas the statewide average is only 34 percent. All CSBs, with the exception of Western Tidewater, exceed the statewide average. **Our region may have legitimate complaints about the levels of funding it receives from the Commonwealth for services such as education and transportation, but it does not appear to have a strong basis for complaint about the share of state funding it receives for mental health services.**

Fees are an important source of revenue for the region, with 37 percent of revenue being generated by charges paid by users. The Hampton-Newport News CSB collects 42 percent of its revenue from fees, while Portsmouth collects 17 percent.

SIGNIFICANT DIFFERENCES EXIST IN HOW MENTAL HEALTH FUNDS ARE SPENT

An analysis of data in the Virginia Community Services Board Annual Financial Report (April 2008) shows a wide range of unit costs for various mental health services for the region. DMHMRSAS calculated median unit costs and the highest and lowest unit costs for 18 different units of mental health services provided by CSBs in Virginia.

Table 5 reports Hampton Roads cost data for the five most common units of service among the CSBs: emergency services, outpatient services, case management services, rehabilitation and supportive residential services. With respect to median unit costs, there are four CSBs above and three below for emergency services; four above and three below for outpatient services; five above and two below for case management services; one above and six below for rehabilitation services; and four above and three below for supportive residential services. No CSB is consistently above or below the median average, though Hampton-Newport News has the highest unit cost of any CSB in Virginia for the emergency mental health care services it provides.

**TABLE 5
UNIT COSTS FOR MENTAL HEALTH SERVICES IN HAMPTON ROADS, FY 2007**

Services	Emergency	Outpatient	Case Management	Rehabilitation	Supportive Residential
Statewide					
Highest Unit Cost	252.36	174.74	155.52	40.91	363.61
Lowest Unit Cost	36.65	53.11	32.45	7.97	30.14
Median Unit Cost	85.57	89.01	70.68	12.41	60.91
Community Services Boards					
Chesapeake	99.15	75.84	128.38	13.51	54.63
Colonial	106.09	174.74	148.16	8.94	85.31
Hampton-Newport News	252.36	112.06	142.02	9.03	282.18
Norfolk	62.06	83.81	57.47	10.63	56.27
Portsmouth	77.08	89.69	71.97	11.85	167.07
Virginia Beach	165.76	105.28	61.94	8.98	50.75
Western Tidewater	71.18	88.31	92.58	10.92	80.41

Source: Virginia Community Services Boards Annual Financial Report, April 2008

Program Performance

The National Alliance on Mental Illness (NAMI) publishes a “report card” on adult mental health care systems in the public sector. Grading the States: A Report on America’s Health Care System for Serious Mental Illness 2006 is the most recent. NAMI looks at evidence in four categories measured against 39 different criteria. The categories are infrastructure, information access, services and recovery support. **Table 6 reveals that Virginia receives grades at or below the national average in every category of its provision of mental health services. However, as we will see below, those individuals served by mental health services in Hampton Roads appear to be rather satisfied with their treatment.**

In 2006, Virginia was the 12th-wealthiest of the states in per capita income, though only 20th in per capita funding of mental health programs. It is likely that these numbers will have improved with the additional appropriations provided to the mental health system in 2006 and 2008. Unfortunately, NAMI grading does not extend to subunits of state government, such as community services boards, but a look at Virginia as a whole creates a context within which mental health services in Hampton Roads can be considered.

	United States	Virginia
Overall Grade	D	D
Category Grades		
Infrastructure	D	D
Information Access	D	F
Services	D+	D+
Recovery Support	C-	D+

Consumer Satisfaction

Each year DMHMRSAS polls its consumers about their perceptions of CSB services utilizing both a survey developed for the Mental Health Statistics Improvement Program’s (MHSIP) Consumer-Oriented Mental Health Report Card and the assistance of the Social Science Research Center at Old Dominion University. The most recent results were published in Consumer Satisfaction Survey 2006 Annual Report: Outpatient Mental Health and Substance Use Disorder Services, issued in November 2007. The report reflects the experiences of consumers who came to the CSBs for nonemergency outpatient services during one week of the year. For purposes of this chapter, only persons who sought mental health services are referenced; those who sought substance abuse services or a combination of services are not mentioned here.

Consumer perceptions of CSB services were based on five outcome indicators that were calculated based on responses to the MHSIP Consumer Survey. The indicators are:

- **Consumer Perception of Access**, the percentage of consumers who reported good access to services.
- **Consumer Perception of Appropriateness**, the percentage of consumers who reported that they received services appropriate to their needs.
- **Consumer Perception of Outcome**, the percentage of consumers who reported positive change as a result of services they received from the CSB.
- **Consumer Satisfaction with Services**, the percentage of consumers who reported general satisfaction with CSB services.
- **Consumer Perception of Functioning**, the percentage of consumers who reported improved functioning as a result of services they received.

Table 7 gives the ratings for the CSBs in Hampton Roads for each of the indicators.

CSBs in Hampton Roads are rated highly by consumers who utilize the services. All CSBs meet or exceed the statewide average positively in all measures except for Hampton-Newport News, where the largest number of

consumers responding is slightly below the state averages. These results stand in stark contrast to the low grades NAMI assigned to Virginia's provision of mental health services.

**TABLE 7
CONSUMER SATISFACTION SURVEY, HAMPTON ROADS COMMUNITY SERVICES BOARDS, 2006**

Community Services Board	Access	Appropriateness	Outcome	Satisfaction	Functioning
Chesapeake (n = 63)	87%	88%	80%	92%	74.20%
Colonial (n = 48)	98%	96%	88%	98%	83.30%
Hampton-Newport News (n = 162)	80%	84%	73%	86%	64.90%
Norfolk (n = 85)	94%	93%	85%	95%	78.60%
Portsmouth (n = 43)	86%	83%	79%	95%	78.00%
Virginia Beach (n = 35)	94%	91%	86%	92%	83.30%
Western Tidewater (n = 50)	78%	90%	71%	90%	67.30%
Virginia (n = 3804)	87%	88%	71%	90%	67.20%

Source: Virginia DMHMRSAS, Consumer Satisfaction Survey 2006 Annual Report, November 2007

Individuals and Clients Not Served

Some former patients of mental hospitals and some people with serious mental illness find they cannot access mental health services because they: (1) can't be accommodated and are on waiting lists; (2) are in jail because of their behavior; or (3) are homeless. Table 8 records the number of people who were on waiting lists at some of the region's CSBs between January and April 2007. **In fact, 2.5 times as many Virginians with mental health problems reside in the state's jails than in its public mental health facilities.**

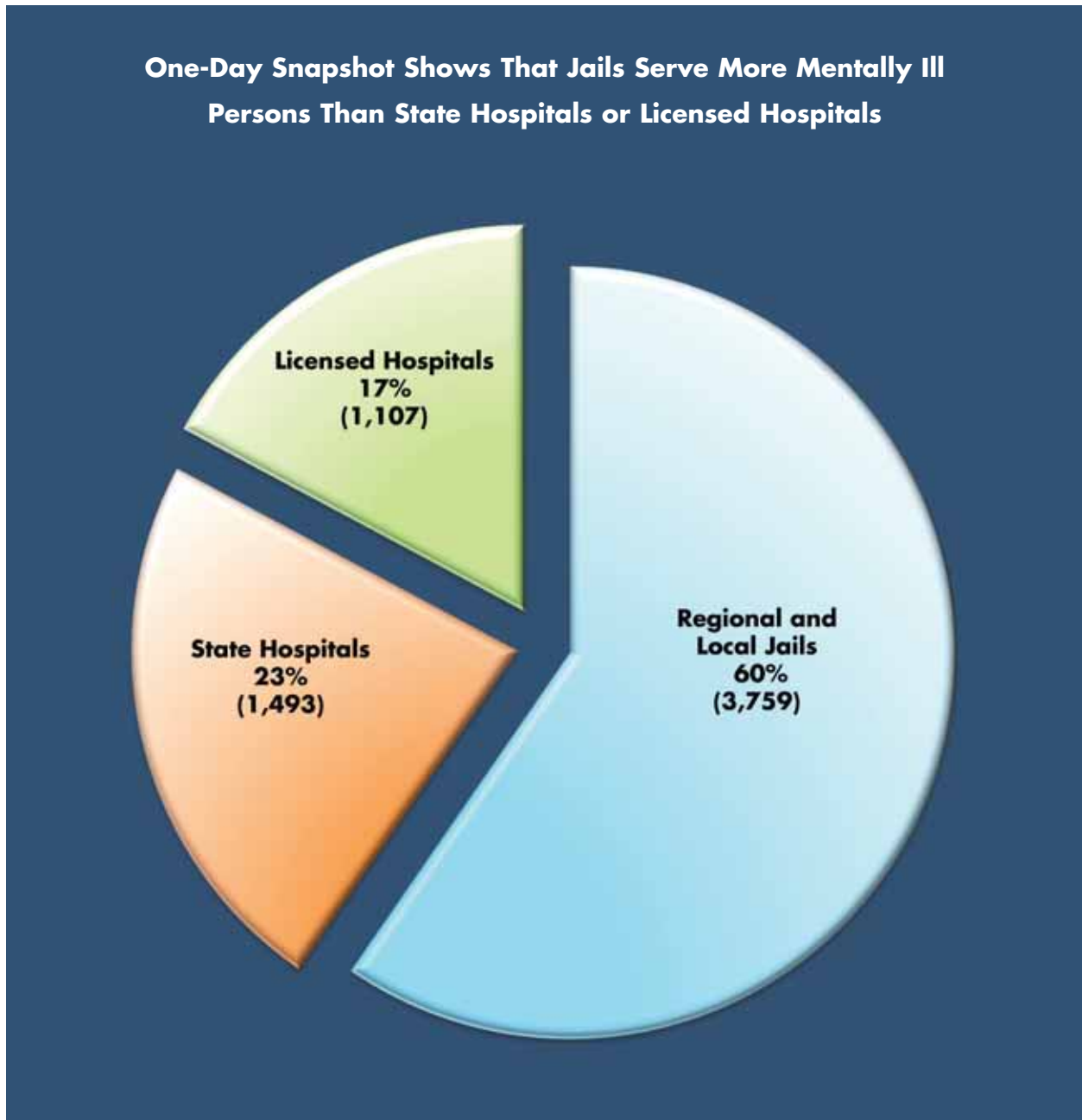
On Dec. 26, 2007, The Virginian-Pilot editorialized about the mentally ill in the criminal justice system: "... in many communities, few services are available until a mentally ill person is in crisis, and even then police and sheriffs often must step in to fill the void. The result is a criminalization of mental illness. Fifteen percent of the inmates in Virginia's jails and prisons have a serious mental illness. ... Forty-three percent of youngsters in detention centers are diagnosed with mental and emotional disorders, making the Department of Juvenile Justice the state's largest provider of residential mental health services for children."

**TABLE 8
NUMBER OF PEOPLE ON MENTAL HEALTH SERVICES
WAITING LISTS, JANUARY-APRIL 2007**

Community Services Boards	Adults	Children
Chesapeake	104	3
Colonial	62	51
Hampton-Newport News	0	0
Norfolk	0	0
Portsmouth	6	0
Virginia Beach	171	35
Western Tidewater	81	41

Source: DMHMRSAS Block Grant Application FY 2008, Appendix E-1, E-2

GRAPH 2
ONE-DAY SNAPSHOT OF WHERE MENTALLY ILL
VIRGINIANS ARE SERVED



Sources: Analysis of data from Virginia Health Information, Department of Mental Health, Mental Retardation and Substance Abuse Services, and the Compensation Board for September 13, 2005.

Conclusions

Services to the mentally ill are a vitally important part of the health care system of a region. Virginia has been moving away from large hospitals and institutions in its provision of mental health care, but continues to lag in the support it provides local jurisdictions for community-based services. In Hampton Roads, about half the money spent on these services comes from the state (well above the state average), with most of the remainder emanating from local appropriations and fees.

The positive aspect of moving services from large institutions to local communities has resulted in more patient-centered, consumer-friendly care. Responses to consumer surveys point out the high level of satisfaction felt by people who are receiving care in the system. Priority must be given to ensuring that people who need care are brought into the system expeditiously and that waiting list times are shortened. And, nearly all agree that we must reduce the extent to which we use our jails and prisons to hold the mentally ill.

Because mental health services usually do not have strong support constituencies such as those for K-12 education and transportation, citizens and legislators often must be prodded (and even embarrassed) to provide appropriate mental health resources. However, at the end of the day, the success of our region must at least partially depend upon how well we treat those among us who are most in need, including those who suffer from mental illness.

