



In 2006, Alabama's mental health care system received an overall grade of D. In three years, its grade has not changed.

The single defining element in the evolution of Alabama's mental health care system has been *Wyatt v. Stickney*, a class action lawsuit focused on the state's psychiatric hospitals that spanned nearly 30 years before finally being settled in 2000. The case sparked hope that Alabama finally was positioned to develop an excellent mental health care system to address both inpatient and community treatment needs. Sadly, this has not happened.

Some progress has occurred. The Alabama Department of Mental Health and Mental Retardation provided a three-year grant to the University of Alabama, Birmingham (UAB) to establish a Center of Excellence to help develop evidence-based and promising practices at selected sites throughout the state. The state funds six psychiatric residencies in both state medical universities in return for recipients working in the public mental health system. It has worked to reduce the use of restraints and seclusion in state hospitals, and the practice is now significantly below national levels. Five mental health courts have been established in Tuscaloosa, Birmingham, Bessemer, Montgomery, and Huntsville. The state has provided funding for police Crisis Intervention Team (CIT) training sessions in Birmingham, Dothan, Florence, Mobile, Montgomery, and Shelby County but, unfortunately, no Alabama counties or communities have implemented actual CIT programs to date.

Alabama seems stuck in perpetual debate over whether to invest in hospital care or community-based services. Shortages in acute and crisis care beds contribute significantly to large numbers of people with serious mental illnesses incarcerated in Alabama's jails and prisons. In many parts of the state, particularly impoverished rural counties, community-based services are virtually nonexistent. Severe shortages of mental health professionals compound these problems. Alabama has one of the lowest per capita ratios of psychiatrists in the country. Yet, inexplicably, the state appears to have no plan to address these shortages.

## Innovations

- Reduction in use of restraints and seclusion in state hospitals
- Center of Excellence to develop statewide evidence-based practices
- Psychiatric residencies at state medical schools

## Urgent Needs

- Address acute and crisis care shortages
- Integrated dual diagnosis treatment and supported employment
- Reduce workforce shortage of mental health professionals

## Consumer and Family Comments

- *"I take it one day at a time and generally rely on family and friends instead of the doctors that are supposed to be there to help."*
- *"One of the most important things I receive is preventative care . . . that my support team catches a potential problem before it turns into a crisis."*
- *"There is a lack of coordinated care and follow up for those who live on their own . . . individuals fall through the cracks and often end up in a crisis and off of their medications. The providers do not work from a recovery standpoint."*
- *"We were able to get a case worker for our loved one. However, the case worker was so overworked and undertrained that it added to the confusion and frustration."*

Alabama is lagging in its implementation of programs using evidence-based practices. Although the state has a number of Assertive Community Treatment (ACT) teams, consumers and families report that many of these programs do not meet federal fidelity standards. Finally, the state has put few, if any, resources into jail diversion programs other than mental health courts, despite large numbers of citizens with serious mental illnesses who are incarcerated.

Poverty and historic bureaucratic inertia are major reasons for the D grade. Investment in the mental health system is inadequate, and implementation of programs that work remains scarce. Hospitals are filled beyond capacity, and shortages in acute care hospital and crisis beds have reached critical levels. Despite the landmark Wyatt case and positive rhetoric, the issue remains whether leadership and political commitment exist to build a truly first-rate mental health care system.