

My name is Laura Sidlinger. I am a doctorally prepared nurse practitioner and I hold dual national certifications as an Adult Nurse Practitioner and as a Psychiatric Mental Health Nurse Practitioner. I am the immediate past-President of the Kansas State Nurses Association and I volunteer at the Topeka Correctional Facility for Women. As a nurse practitioner, I have served Kansas consumers in a safety-net clinic, a primary care clinic embedded within a community mental health center and as a medication prescriber in a community mental health center over the last six years. I sincerely appreciate the opportunity to present the challenge of access to mental health care in Kansas and provide some insight as to how nurse practitioners are addressing this need.

It may surprise you to know that one in ten adults in Kansas suffers from a serious mental illness. Mental illness does not discriminate based on age, sex, race, religion or socioeconomic background. Some of the most common disorders include major depression, schizophrenia, bipolar disorder and anxiety. These illnesses can be significantly debilitating and up to 40% of persons with these diagnoses are untreated. Persons with mental illness are more likely to lack basic education, become incarcerated, be unemployed or under-employed, over utilize emergency department services, have insecure housing or be homeless, require hospitalization and attempt suicide than their non-mentally ill counterparts. The annual cost burden of untreated serious mental illness in Kansas is estimated at \$1.17 billion.

There is much media attention regarding persons who commit crimes and who have mental health diagnoses. The reality is that persons with mental illness are two and half times more likely to be victims of violent crime than perpetrators. But to be fair, 5-10% of violent crimes are committed by individuals with mental illness. If schizophrenia is the diagnosis and not well managed, the odds of becoming violent increases nine-fold. It is vitally important that persons with mental illness are able to receive appropriate care as part of an active crime prevention strategy.

Several factors have influenced the need to manage mental illness in our Kansas communities including the closure of state hospitals and private psychiatric facilities, reduction in the number of in-patient hospital beds due to lack of funding and changing reimbursement models, and the relocation of the Menninger Clinic out of state. According to the Department of Health and Environment, 100 of the 105 Kansas counties have a mental health care provider shortage. Much of the mental health care services in Kansas are being provided by Advanced Practice Registered Nurses with expertise and certification in mental health care. For example, in southwest Kansas one psychiatrist covers 13 counties; consumers in this area are more likely to see a nurse practitioner. As the current law stands, should the psychiatrist in this area leave, retire, or die, the clients would not be able to receive any services until a new collaborator could be recruited and retained. There has been an open position for a psychiatrist in southwest Kansas to manage the inpatient mental health unit and assist in community mental health care for the past two years. Unfortunately, there is a decrease in the number of physicians entering psychiatry and fewer which can be recruited to rural and frontier areas. The outcomes for consumers of mental health services provided by nurse practitioners are equal to the care provided by our physician colleagues.

Additionally, the number of persons with dual diagnoses has dramatically increased. Up to 50% of persons with mental illness also meet the criteria for substance abuse. Repeatedly clients have stated

they use recreational drugs and alcohol to self-medicate and manage mental health symptoms. Unfortunately this choice often leads to criminal behavior rather than appropriate medical interventions.

I have not meet a consumer who wanted to have a mental illness—no one chooses this. Mental illness is a neurochemical imbalance which can be managed. With adequate personnel and appropriate therapies, quality of life can be improved and consumers can return to optimal functioning.

As we de-stigmatize mental illness, we must be able to provide Kansans with adequate care. Many mental disorders can be medically managed, to the point of full remission of symptoms. I appeal to you to reduce the barriers to care for these consumers and all persons needing access to affordable and clinically competent care. Please support Advanced Practice Registered Nurses as they care for consumers in Kansas by voting in support of SB 69. Support the Psychiatric APRNs as they provide the much needed medication management for mental illness in Kansas.

Thank you. I will now yield for questions.