Sub. On Substance Abuse Hearing: the New Freedom Comm. Report
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Witness:
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Testimony:
Mr. Chairman and Members of the Subcommittee,
I am Michael Faenza, President and CEO of the National Mental Health Association and I am pleased to offer this testimony on behalf of the Campaign for Mental Health Reform.
The Campaign for Mental Health Reform has been organized to advance federal policies to make access, recovery, coherence, and quality in mental health services the hallmarks of our nation's mental health system. The organizations making up the Campaign represent mental health consumers, families, advocates, professionals, providers, states, counties, and communities and are dedicated to improving the lives of people with mental illnesses and children with mental, emotional or behavioral disorders. We welcome the opportunity to provide testimony regarding the recommendations of the New Freedom Commission on Mental Health. Sharing a common commitment to advancing the Commission's vision and goals, we are eager to work with this committee to advance needed reforms.
The Commission report and its recommendations represent an important milestone to guide policymakers. Building on the 1999 Report of the Surgeon General on Mental Health, the Commission's work offers a compelling vision and recommendations on how our nation must address mental health that finds broad support in the mental health community. We view the Commission's report as a call to action, and applaud the commissioners' efforts to beam a national spotlight – albeit for a brief year – on a subject that is too often neglected: the needs of adults and children with or at risk of mental illness.
We share a belief that there is a desperate need to transform mental health care in the United States. Mental illness takes a devastating toll on millions of individuals and their families. It is the second leading cause of disability and premature death in our country. However, as a country, we have yet to make mental health a real priority commensurate with its prevalence, morbidity and mortality. Mental health and the state of our public mental health delivery system should be matters of real societal concern. Consider, for example, that untreated mental illness imposes a cost of some $79 billion on our economy. As the Commission reported, one of every two people who need mental health treatment in our country do not receive it. Mr. Chairman, as you know from your years of work on this issue, some 16 percent of those in our nation's prisons and jails have a mental illness. And as many as 80 percent of the young people in our juvenile justice system have a mental or substance use disorder. Thirty-thousand Americans die by suicide each year, with mental disorders a factor in 90 percent of those instances. The suicide rate exceeded the homicide rate this past year as it has for the last 100 years. Like mental health problems generally, suicide strikes across the age span. Suicide is the third

leading cause of death among those between 10 and 24. Older Americans have the highest rate of suicide of any population in the United States, and the suicide rate of that population increases with age, with those 65 and older accounting for 20 percent of all suicide deaths, while comprising only 13 percent of the population. The rate of suicide among Native Americans is about 1.7 times the rate of the nation as a whole. Shocking as they are, these statistics alone mask the crushing pain that mental health problems cause individuals, their families, and communities. They also represent a stark reflection of our failure to make mental health a real priority. The Commission "got it right," in our view, when it said last year that our nation's failure to prioritize mental health is a national tragedy."

In fact, government has both underfunded mental health programs and failed to address mental health as a cross-cutting issue. As the Commission ably documents in highlighting the paralyzing fragmentation in mental health service-delivery, mental health is an issue of public health, health financing, child welfare, education, housing, criminal justice, rehabilitation, and employment, to name only the most obvious.

In its report, the President's Commission called for a transformation of mental health care in America. The goal of transformation might seem a novel concept or overblown rhetoric. But there is a compelling logic to this vision. Science has transformed both our understanding of mental illness, and the tools to diagnose and treat most mental illnesses. The Commission's recognition that we can build resilience and that recovery from mental illness is a realizable goal reflects another transformation in thinking about mental illness. But public understanding and attitudes about mental illness are still shaped by old stereotypes and stigma. And, with rare exception, state and local governments have not been able to bring together the needed tools to enable people with mental illnesses to live and participate fully in their communities. Although the Commission has provided a compelling vision of the elements of a transformed mental health system, it has not laid out a roadmap for how the transformation it prescribes might be realized.

The Commission left it to policymakers to answer the question, how do we proceed down a road toward real transformation? Administration officials have described a process aimed at developing administrative measures that would advance the Commission's goals. Mental health advocates have been invited to offer recommendations. We welcome that invitation and have initiated efforts to meet with pertinent agency officials.

We appreciate that there are opportunities for mental health reform at all levels of government and we recognize the importance of leadership from the Federal government in advancing change. But it is difficult to conceive that administrative action alone can transform a system described as "in shambles." Administrative measures cannot align the inconsistent eligibility requirements of the disparate federal programs so critical to meeting the array of benefits, services and supports needed by many people with mental illness. Administrative measures will not address the anomaly that by law, Medicaid, the largest payer of mental health services in the country, treats mental health care as an optional service. And administrative measures will not alter the fact that Medicare mental health benefits fail to provide basic parity between mental health care and care for any other illness and fail to cover important, effective services needed to treat chronic illness.

Congress must be a leader in changing a "system" that, in the Commission's words, "does not adequately serve millions of people who need care." The problems pinpointed by the Commission span a range of challenges – including scattered and sometimes

ineffective programs, uncoordinated funding streams, and unmet need – but this committee can play a vital role in crafting needed solutions. Importantly, this committee's leadership in reauthorizing and giving new policy direction to the Substance Abuse and Mental Health Services Administration can establish a framework for powerful change.

We hope to work with this committee and provide concrete recommendations for legislation that will advance the Commission's goals and strengthen SAMHSA's hand in helping achieve them.

Among the important issues we urge this committee to take up, and on which we are developing legislative proposals, are the following:

Fostering new financing and planning mechanisms to provide effective, family-driven community-based care to children and youth with mental health needs;

Fostering mental health promotion and early intervention services through school-based mental health care;

Advancing early detection and treatment across the age span for mental health problems, including co-occurring mental illnesses and substance use disorders;

Reducing fragmentation in mental health service delivery, including support and systems of care for children and their families;

Developing mechanisms to expand, implement, and monitor the progress of the national strategy for suicide prevention;

Fostering greater integration of health and mental health care;

Fully involving mental health consumers and families in orienting the mental health care system toward a recovery orientation;

Developing targeted programs to expand and improve the effectiveness of the mental health workforce, including the training of racial and ethnic minority mental health professionals to meet the needs of increasingly diverse populations; and

Fostering diversion of juveniles and adults from justice systems to improved community-based mental health care systems.

As this committee moves toward reauthorization efforts, we also look forward to working with you, and with the agency, on a significant revision in the role of the Substance Abuse and Mental Health Services Administration (SAMHSA) within the federal government. With appropriate revision of its statutory "charter", SAMHSA can become an even more effective focal point for leadership on many of these and other important mental health issues, as well as provide leadership to states and communities.

As the President stated in announcing the establishment of a mental health commission, "our country must make a commitment." That commitment will necessarily require dramatic reforms across a range of government programs – among them, Medicaid, Medicare, housing, Social Security income support, vocational rehabilitation, education, child welfare, and justice. In some instances, we believe federal programs give insufficient attention to the needs of people with or at risk of mental illness; most, however, provide important assistance, but with their differing objectives, eligibility requirements, and financing structures, contribute to the widespread fragmentation in mental health service-delivery that is too often both inefficient and ineffective. We applaud this subcommittee for giving the Commission's recommendations early consideration. But we also hope, Mr. Chairman, that as you review the challenges facing children and adults with or at risk of mental illness that you will consider urging other

committee chairmen to make mental health reform a priority that moves us toward cross-system coordination and integration, and ultimately the kind of transformation the Commission envisioned.

Finally, Mr. Chairman, it is critical that we embark on this path with an appreciation that mental health has long been dramatically underfunded relative to the impact mental disorders have on the individual, his or her family, the community, and the economy. In short, we urge Congress to make mental health and the transformation to a recovery-based system both a legislative and a funding priority.