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Commissioner
The President's New Freedom Commission on Mental Health
Sacramento, California
Testimony:
Good morning Mr. Chairman and members of the Subcommittee. I am Dr. Stephen W. Mayberg, Director of the California Department of Mental Health. I was privileged and honored to have been named by President Bush to serve as a member of his 15-member New Freedom Commission on Mental Health, under the chairmanship of Ohio Mental Health Commissioner Mike Hogan.

My position as the Director of the California Department of Mental Health, the largest state mental health system with a public sector budget at almost $3.4 billion and 8,5000 employees, gives me a broad perspective of the issues and problems facing our public mental health system. Even more important, I suspect that a factor in my selection to the Commission was my long time advocacy for an accountable, state of science and user-friendly mental health system that is responsive to the people we serve. I have frequently spoken of a system that produces outcomes and is about services, not bureaucracies.

The public members of the Commission included not only representatives of state government such as I, but also representatives from the judicial branch, from mental health services providers, and from the ranks of mental health advocates. We were joined by 7 ex-officio Federal members representing not only agencies and offices of HHS, but also the Departments of Education, Labor, HUD, and Veterans Affairs.

One of those ex-officio members, SAMSHA Administrator Charles Curie, is testifying here with me today. He and his agency have been charged by the Administration to assess the work of the Commission and to lead the transformation of mental health care that its recommendations help guide. With his expertise that spans Federal, state and local mental health – and his highly effective leadership style – evidenced in his remarkable work in Pennsylvania state government to change how mental health services are done there -- I feel confident that we can accomplish the transformation of today's mental health care system And, with your help, we can do it in ways that benefit the people the system was intended to serve first and foremost – men and women, teens and children and their families living today with mental illnesses.

Quoting the Executive Order that created the Commission, the charge to the Commission was "to recommend improvements [in the U.S. mental health system] to enable adults with serious mental illnesses and children with severe emotional disturbances to live, work, learn, and participate fully in their communities." To do so we were asked to conduct a comprehensive examination of the U.S. mental health system today.

The challenge was to accomplish that mission within a year. And so we have. In July, the result of our work was submitted to the President, and to the Nation.

Why The Commission Was Created

In any given year, about 5-7% of adults have a serious mental illness. In 2002, for example, SAMHSA's National Survey on Drug Use and Health reports that an estimated 17.5 million adults age 18 or older, 8.3% of all adults, had serious mental illnesses (SMI). A similar percentage of children and youth, from 5-9%, have a serious emotional disturbance in any one year. I'm referring to illnesses that not only meet the diagnostic criteria for mental illnesses found in the Diagnostic and Statistical Manual of Psychiatry, Fourth Edition (the DSM-IV), but illnesses that also substantially hinder one or more life's activities like holding a job, getting dressed, learning at school, or participating in community activities. These are illnesses that rank first among the leading causes of disability in the United States, Canada and Western Europe. They also are the leading cause of suicide, causing more deaths each year worldwide than homicide and war together.

Mental illnesses cost the Nation an estimated $79 billion annually. And the vast majority of that total ($63 billion) reflects loss of productivity as a result of these illnesses and another $12 billion in mortality costs resulting from premature death. In human terms, the losses are nearly incalculable, spanning lost families and homes, lost education, lost livelihood, and most of all-- lost opportunities.

Yet, despite the prevalence, the costs, and the clear public health imperative, people with these disorders often are untreated or under-treated. Mental illnesses often have been under reported. Compounding the problem, countless individuals in need of services cannot or do not receive them. Again, according to the SAMHSA Household Survey, in 2002, among adults with serious mental illnesses, 30.5% perceived they had an unmet need for treatment in the past 12 months.

Too many Americans including policymakers and administrators, program officials and health care providers, for too long did not recognize the full public health implications of these devastating disorders. And for too long, any efforts to address mental illnesses in America have been piecemeal, patchwork affairs.

President Bush created the Commission because, first and foremost, as he stated, "Americans with mental illness deserve our respect...and they deserve excellent care." He recognized that millions of Americans of all ages, both male and female, and of all races and ethnicities experience mental illnesses.

President Bush created the Commission because he recognized that mental illnesses, like other chronic illnesses, can be treated successfully and that people with mental illnesses can and do recover.

Perhaps most critically, he recognized, as do an ever-growing number of those of us working in the field, that three key obstacles keep people with mental illnesses from getting the services they want and need:

The stigma that still surrounds these illnesses;

The fragmented mental health care service system; and

Existing treatment and dollar limits for mental health care in private health insurance.

The Commission the President established was asked to address the second issue – the fragmented mental health care service delivery system, to identify ways to respond and models that work to respond, and to make solid recommendations for all levels of government and public and private sectors to take action.

The Report's Findings

To do so, the Commission developed a format to receive public comment, hear expert testimony, and to conduct field visits. We assessed existing reports and documentation addressing a wide range of issues and reached out to experts in science, policy, program development, and those experiencing mental illnesses themselves. Our open meetings generated voluminous content as well as input from the 1,000,000 hits on our website. The scope of information and issues was, at times, staggering and to provide focus we identified 16 areas of concern. Subcommittees of the Commission looked at, for example, diverse issues such as interfaces between physical health and mental health, criminal justice issues, children's and older adult issues, issues of culture, and co-occurring disorders, as well as numerous other topics.

The work was prodigious; the information gathered extensive. An interim Report issued at the 6-month point in our work helped inform the field about where our deliberations were headed and generated still further comment and discussion. That interim report clearly stated the "system is in a shambles", care is fragmented for adults and children, older adults do not receive adequate care, and we have unacceptably high levels of unemployment and disability for persons with serious mental illness.

With tremendous diligence, dedication and work, the Commission crafted the Final Report of the President's New Freedom Commission on Mental Health. Titled Achieving the Promise: Transforming Mental Health Care in America, the report presents the Commission's vision for a transformed mental health system for America and provides a roadmap for that transformation. The destination is recovery – the essentials for living, working, learning, and participating fully in the community – what SAMHSA Administrator Curie likes to call "a life in the community for everyone."

It's a vision that we must realize. During our work, we disclosed that today's mental health system unintentionally is focused on managing the disabilities associated with mental illnesses rather than fostering recovery. That limited approach is a product of fragmentation, gaps in care and uneven quality of care when it occurs. These system problems frustrate the work of dedicated staff and make it much harder for people with mental illnesses and their families to access needed care.

We would reweave today's patchwork system into whole cloth – strengthened by a focus on resilience and recovery. The approach we have recommended will move children, youth, adults and older Americans with mental illnesses toward full community participation, instead of school failure, institutionalization, long-term disability and homelessness.

The roadmap we have charted focuses on six goals and a series of specific recommendations for Federal agencies, states, communities, and providers nationwide. Together, working through both the public and private sectors, the recommendations leverage resources to their utmost to achieve the needed transformation of mental health care.

The data I have already shared with you underscore the importance and urgency of meeting the goals and implementing the recommendations the Commission has proposed. As I've already observed, these goals and recommendations are drawn not from the Commission members alone, but from the experiences of clinicians and administrators, consumers and families, policymakers and community-based services programs.

The Goals and Recommendations

Let me discuss some of the key goals and the recommendations we have made to reach them.

First, we found that if we are to transform mental health care, our programs – from the Federal level to the community level – must shift toward consumer and family-driven services. Consumers' needs and preferences, not bureaucratic requirements, must drive the services they receive. To achieve that goal, the commission recommended specific changes in Federal programs and upgraded State responsibility for planning effective services. Most critically, we stressed the importance of placing consumers and their families at the center of service decisions.

Second, we observed that members of minority groups and people in rural areas today have worse access to care. Further, they often receive services that are not responsive to their needs. As a result, the burden of mental illness is heavier for these individuals. The Commission urged a commitment, again, from community up to the Federal level, to services that are "culturally competent"—acceptable to and effective for people of varied backgrounds.

The Commission's review further found that, too often, mental illness is detected late, not early. As a result, services frequently focus on helping people live with considerable disability, rather than on intervening early, which nearly always yields better outcomes – less disability, and a better opportunity for a meaningful life in the community. Thus, we recommended a dynamic shift in care, toward a model that emphasizes early intervention and disability prevention. As our report stated, "early detection, assessment, and linkage with treatment and supports can prevent mental health problems from compounding and poor life outcomes from accumulating..."

Achieving this goal requires better and more extensive engagement and education of first-line health care providers – primary care practitioners. It also demands a greater focus on mental health care in institutions such as schools, child welfare programs, and the criminal and juvenile justice systems. The goal is a system of integrated, community-based care that can screen, identify, and respond to problems early. The Commission also noted that a majority of adults—even those with the most serious mental illness—want to work, but are held back by poor access to effective job supports, incentives to remain on disability status, and employment discrimination. That, too, can be changed with thoughtfully designed community-based programs, incentives to employers. Most critically, it can be changed by instilling in community leaders, employers and educators the knowledge that people with mental illnesses can and do recover and that they can be good students, workers, and members of their families and communities.

Acknowledging significant progress in research on mental illnesses, the panel urged the elimination of the 15-20 year lag between the discovery of effective treatments and their wide use in routine patient care. We underscored the need for accelerated and relevant research to promote recovery and, ultimately, to cure and prevent mental illnesses We also found that while we have gleaned considerable new insights into what services and supports are most effective in helping people achieve recovery and resilience, these practices find their way into community-based care far too slowly. Thus, we called for a more effective process to make "evidence-based practices" the bedrock of service delivery. This will require that payers of mental health care reimburse such practices, that

universities and professional groups support training and continuing education in research-validated interventions.

Finally, we recommended that the mental health system needs to move more effectively to harness the power of communications and computer technology to improve access to information and to care, and to improve quality and accountability. With strong protections for privacy, these technologies can improve care in rural areas, help prevent medical errors, improve quality and reduce paperwork.

Throughout the report, the Commission identified private and public-sector model programs as exemplars of how aspects of mental health care have been transformed in selected communities.

These examples of innovation—across America, across the age span, and addressing many needs—illuminate how dramatic change is possible, and serve as beacons for the broader improvements recommended by the Commission.

In Closing

With the transmission of our Report, the work of the Commission ended. Your work, the work of lawmakers, policymakers, program developers, administrators and citizens is just beginning. The challenge before you is to move today from the principles we have espoused to policy that will guide the transformation of mental health care today. It's a challenge to move from paper to practice in the community. Change is not easy; but the Commission has provided models and pointed the way. It's a challenge that will take thought, resources and resolve. But most critically, it's a challenge that must be accepted not only here at the Federal level, but also in States and communities as well as families and individuals.

I hope your role as Federal legislators, is to lead by example – to lead in breaking through the stigma of mental illnesses, to lead in breaking down the silos that keep policy and programs for working toward shared solutions, and to lead in the knowledge that, with a system that works for them, people with mental illnesses can and will recover to lead healthy, contributing lives in their communities as parents and partners, workers and students, taxpayers and concerned citizens of their Nation.

I am convinced that, together, we can undertake and realize the wholesale transformation of mental health care in America that will be measured not in the bureaucratic terms of dollars and cents, but rather in outcomes that improve the quality of the lives of people with mental illnesses, lives that can and should be lived with dignity, productivity and the pursuit of happiness that the founding Fathers envisioned for us all.

Thank you, Mr. Chairman and members of the Subcommittee, for the opportunity to be here and to explore with you what the Commission has found and recommended.