



## Election 2008

# ***Bringing Mental Healthcare to the Ballot***

## Policy Action Agenda

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots organization for people with mental illness and their families. Our goal is simple: To ensure that Americans with mental illness receive the treatment and supports they need to live full and satisfying lives as valued members of the community. NAMI's Policy Action Agenda outlines key recommendations to advance our country toward this just and overdue goal.

*“Mental illnesses are shockingly common; they affect almost every American family. It can happen to a child, a brother, a grandparent, or a co-worker. It can happen to someone from any background... It can occur at any stage of life, from childhood to old age. No community is unaffected by mental illnesses; no school or workplace is untouched.”*

Achieving the Promise: Transforming Mental Health Care in America  
New Freedom Commission on Mental Health

Mental illness affects one in every four Americans. It is common and highly treatable. With appropriate treatment and supports, people with mental illness can live full and satisfying lives in the community.

Tragically, mental illness is a leading cause of disability in our country.

Mental illness affects the workplace, costing employers an estimated \$63 billion in lost productive work time alone.

Mental illness affects our justice systems. Over 350,000 persons with serious mental illness are in jails and prisons, often the result of their untreated illness.

Mental illness affects our education systems. Half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24.

Mental illness affects the health of Americans of all ages and backgrounds, including our returning troops.

We know that mental health is essential for overall health. We know that treatment works, yet most go without. We can do better, but only if mental healthcare is a priority. ***It's time to bring mental healthcare to the ballot.***



## Policy Action Agenda

The following six policy objectives and accompanying recommendations are vital to ensuring that Americans with mental illness receive the treatment and supports they need to live full and satisfying lives as valued members of the community.

1. Increase America's Coverage and Improve Treatment for Mental Healthcare
2. Accelerate America's Investment in Research on Mental Illness
3. Eliminate Disparities in America's Mental Healthcare
4. Improve the Mental Health of America's Children and Youth
5. Provide Opportunities for Homes and Jobs for Americans Living with Mental Illness
6. End the Inappropriate Jailing of Americans with Mental Illness



### 1. Increase America's Coverage and Improve Treatment for Mental Healthcare

#### **Uninsured**

Over 46 million Americans have no coverage for health and mental health care,<sup>i</sup> and others are just a pink slip away from losing their coverage. One in four Americans will experience a mental health disorder, and one in seventeen will have a serious mental illness.<sup>ii</sup> Without coverage for mental health, a serious illness leaves many Americans financially devastated. And without coverage, too many live with worsening conditions and overwhelm our country's emergency departments and public health, mental health, welfare, education, and public safety systems.

- **Ensure mental health and substance abuse coverage in all plans to provide affordable health care.**

#### **Private Insurance**

Over half of Americans have employer or individual insurance coverage,<sup>iii</sup> and many benefit from state parity laws that require equivalent coverage of mental health conditions.<sup>iv</sup> Unfortunately, over 82 million Americans are covered by plans that are subject to federal, not state, laws.<sup>v</sup> Without parity—fair and equal coverage for mental health and substance abuse conditions—Americans are not getting the care they need to live healthy, productive lives.

- **Pass federal mental health and substance abuse parity legislation.**

#### **Active Duty Military, Veterans and Reservists**

One in four of America's service men and women returning from Iraq and Afghanistan have a mental illness.<sup>vi</sup> Alarming, many are not getting the care and support they need to manage their condition. About 1,000 veterans in Veterans Affairs' care die by suicide every year, with estimates of as many as 5,000 suicides a year among all veterans.<sup>vii</sup> And, nearly one in three homeless adults has served our country in the Armed Services.<sup>viii</sup>

- **Ensure that active duty military, veterans and reservists receive the mental health care and disability payments they need to live successfully with mental illness.**

## **Medicare**

Millions of older Americans and adults who live with disabilities depend on the federally-funded Medicare program for their health care.<sup>x</sup> Despite the growing number of older Americans who experience mental illness, Medicare has a restrictive lifetime limit on inpatient psychiatric care and provides unequal coverage of limited mental health services,<sup>x</sup> leaving older Americans with inadequate treatment for serious needs.

- **Provide parity of mental health coverage in the Medicare program.**

## **Medications for Mental Illness**

For many individuals with mental illness, medications can be an important element of successful treatment. Full access to medications is important because, according to the National Institute of Mental Health, individual patients have unique responses to medications and need more, not fewer, choices.<sup>xi</sup> In contrast, restrictive formularies, lack of coverage, and cost-sharing for vulnerable populations can result in poor health outcomes, increased emergency room visits, hospital care, and institutionalization.<sup>xii</sup>

- **Support policies that remove barriers and promote full access to mental health medications in Medicare, Medicaid and other programs.**

Recognizing the potential for serious adverse consequences for people with mental illness, the Centers for Medicare and Medicaid Services issued important guidance requiring Medicare Part D plans to cover all or substantially all drugs in three classes of mental health medications: antipsychotics, anti-convulsants, and antidepressants.

- **Renew Medicare Part D guidance supporting access to mental health medications.**

## **Medicaid**

Medicaid is a joint federal-state program that generally covers low-income children, seniors, and people with disabilities, though eligibility and services vary from state to state.<sup>xiii</sup> Medicaid is significant because it is the single largest payer of mental health services in the country and provides coverage for many persons who are severely affected by mental illness.<sup>xiv</sup>

Recent federal policies and proposals have limited the availability of rehabilitative and recovery-oriented services. Medicaid policies should promote access to effective, recovery-oriented and evidence-based services for Americans who live with mental illness.<sup>xv</sup> Established and emerging best treatment practices, including ACT (Assertive Community Treatment) and peer support services, must be widely available in our communities.

- **Ensure that Medicaid coverage and reimbursement policies provide an array of effective, recovery-oriented and evidence-based mental health services.**

Medicaid policy should also be revised to permit reimbursement for inpatient treatment in facilities that primarily serve individuals with mental illnesses. Current Medicaid law does

not allow reimbursement for needed care in many such facilities. This discriminatory policy, known as the institution for mental disease (IMD) exclusion, should be reversed.

- **Repeal Medicaid IMD policy that excludes coverage for inpatient care in facilities that primarily serve adults with mental illness.**

## **SCHIP**

SCHIP, the State Children's Health Insurance Program, is a vital source of health coverage for significant numbers of our nation's youth. With parity of mental health coverage in the SCHIP program, thousands of America's children could get the help they need. Half of all lifetime cases of mental illness begin by age 14, yet despite effective treatment, most go without. Early detection and treatment of mental illness can result in a much shorter and less disabling course of illness, as well as promote success in school and the community.<sup>xvi</sup>

- **Provide parity of mental health coverage in the SCHIP program.**

## **Community Mental Health Programs**

Community mental health programs, funded through federal block grants and combinations of state and local and other funds, provide services for persons who are not insured or who have exhausted coverage and are not eligible for Medicaid. Many programs also provide care for people with serious mental illness who are covered by Medicaid.

Community mental health programs are a key provider of mental health care in our country, yet most struggle with inadequate resources to meet community needs.

- **Invest new resources in the Mental Health Services Block Grant.**

## **Seclusion and Restraint**

The use of involuntary seclusion or involuntary mechanical or human restraints creates significant risks for people with serious mental illness. These extreme measures are never therapeutic and are justified only as emergency safety responses involving imminent danger to self or others. Some progress has been made in recent years in reducing inappropriate seclusion and restraints and in promoting alternative, non-invasive crisis intervention techniques. However, too many deaths, serious injuries, and traumas connected to the use of seclusion and restraints still occur.

- **Promote and enforce policies that eliminate the inappropriate use of seclusion and restraint and foster humane alternatives for crisis intervention.**

## **2. Accelerate America's Investment in Research on Mental Illness**

### **The National Institute of Mental Health**

The National Institute of Mental Health (NIMH) funds research that is vital to developing more effective strategies to promote recovery and reintegration and to manage, treat, and prevent mental health and co-occurring health and substance use disorders.

The national burden of mental illness is staggering and is a leading cause of disability in our nation,<sup>xvii</sup> yet the federal budget for NIMH is less than it was in 2005.<sup>xviii</sup> Without aggressive investment, the promise of our emerging understanding of mental illness, co-occurring disorders and recovery will remain unrealized, at great cost to all Americans.

- **Accelerate investment in National Institute of Mental Health research on mental illness, co-occurring disorders, recovery and reintegration into the life of the community.**

### 3. Eliminate Disparities in America's Mental Healthcare

#### Communities of Color

Mental illness affects Americans across all racial and ethnic groups, throughout the lifespan, and in all regions of the country. In our diverse country, cultural competence should be an expectation of the mental healthcare delivery system. Unfortunately, racial and ethnic communities are less likely to receive needed mental health care and, when they do receive treatment, more likely to receive poorer quality of care.<sup>xx</sup>

- **Incorporate cultural competence standards in requirements for federal mental health funding.**

National shortages of mental health professionals, particularly professionals who represent the diversity of our country's population or who serve in rural areas, contribute to disparities in care.<sup>xx</sup>

- **Create federal incentives to recruit and train mental health professionals, particularly to increase workforce diversity and serve rural areas.**

#### Older Adults

Older adults and others with chronic medical conditions, such as heart disease, stroke, cancer, and arthritis, are at increased risk of depression, which can shorten life expectancy and increase healthcare use and expenditures. Despite their prevalence, mental illness in people with chronic health conditions often goes undiagnosed and untreated in primary care.<sup>xxi</sup> Integrating mental health and primary care could help improve health outcomes for America's rapidly aging population.

In addition, collaborative care models that combine health and mental health services show great promise in improving access and engagement in needed care for many underserved populations,<sup>xxii</sup> including communities of color, young children and youth, and adults with mental illness who have co-occurring health conditions.

- **Promote integration of mental health and primary care to achieve better health outcomes, particularly for older adults and communities of color.**

### 4. Improve the Mental Health of America's Children and Youth

#### Suicide

Suicide is the third leading cause of death for America's youth ages 15-24.<sup>xxiii</sup> More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease *combined*. The vast majority of those who die by suicide have a mental illness—often undiagnosed or untreated.<sup>xxiv</sup> Timely help could save precious lives.

- **Increase funding for the Garrett Lee Smith Memorial Act to expand youth and young adult suicide prevention and early intervention strategies.**

## Education

Nearly 50 percent of students with a mental illness age 14 and older drop out of high school—the highest dropout rate of any disability group.<sup>xxv</sup> With full funding for the Individuals with Disabilities Education Act, schools could better help the four million children and adolescents in this country who have a serious mental illness. School-based mental health services, for example, show great promise in helping youth with mental health needs experience educational success.<sup>xxvi</sup>

- **Fully fund the Individuals with Disabilities Education Act (IDEA) and pass legislation to fund school-based mental health services.**

## Custody Relinquishment of Children

Thousands of families make the devastating decision to give up legal custody of their children to state agencies for the sole purpose of obtaining intensive mental health services.<sup>xxvii</sup> No family should have to do this. Federal legislation could end this practice by funding services for families in need.

- **Pass Keeping Families Together legislation to end unnecessary custody relinquishment by families seeking mental health services for their children.**

## 5. Provide Opportunities for Homes and Jobs for Americans Living with Mental Illness

### Housing

Lack of appropriate and affordable housing is one of the most significant barriers to living in the community for people with serious mental illness. A safe place to live is essential to recovery. Without this basic need, too many cycle in and out of homelessness, jails, shelters, and emergency departments—or stay unnecessarily in institutions. Nearly one million adults with mental illness have been homeless. With average disability incomes of just 18 percent of the median income, most cannot afford decent housing.<sup>xxviii</sup>

Supportive housing and “Housing First” models are cost-effective and result in housing stability and a marked reduction in shelter use, hospitalizations, and involvement with the criminal justice system.<sup>xxix</sup>

- **Increase investment in permanent and supportive housing for people living with serious mental illness.**

### Employment

Only 1 in 3 adults with serious mental illness are employed,<sup>xxx</sup> even though the majority want to work.<sup>xxxi</sup> Instead, an estimated \$25 billion is spent annually for disability payments to people with mental illness.<sup>xxxii</sup> The loss of productivity and human potential is costly and unnecessary.

Supported Employment models show that with effective supports, 60 percent of adults with serious mental illness can contribute to the workforce and their own independence,<sup>xxxiii</sup> yet too few have access to successful employment programs.<sup>xxxiv</sup>

- **Enhance funding and support for programs and policies that result in competitive employment for people living with serious mental illness.**

For people with serious mental illness, returning to work frequently means losing Medicaid coverage and not having adequate income for needed mental health care. Extending Medicaid coverage to disabled individuals who are working would provide continuity of care and create incentives to work.<sup>xxxv</sup>

- **Maintain health care coverage for people with disabilities who return to work.**

## 6. End the Inappropriate Jailing of Americans with Mental Illness

### Diversion

Disproportionate numbers of people with mental illness are ending up in our criminal justice system,<sup>xxxvi</sup> often as a result of their untreated or undertreated illness. There, they typically fare poorly. Our jails and prisons are now the largest psychiatric wards in the nation, housing well over 350,000 inmates with serious mental illness compared to approximately 70,000 patients with serious mental illness in hospitals.<sup>xxxvii</sup>

Jail diversion programs have shown that many offenders with mental illness can be diverted to more appropriate—and more cost-effective—comprehensive community care.<sup>xxxviii</sup>

- **Increase programs to divert people with mental illness from jail to appropriate community treatment.**

More than 106,000 teens are in custody in juvenile justice facilities. Research has found an astounding 66% of boys and 75% of girls in juvenile detention have at least one mental illness. With routine mental health screenings and opportunities for diversion to effective treatment, we could help many of our youth from falling deeply into the juvenile justice system.<sup>xxxix</sup>

- **Promote programs to identify youth with mental illness at first contact with juvenile justice systems and increase diversion to appropriate community treatment.**

### Loss of Benefits

The rate of serious mental illness within our jails and prisons is two to four times higher than the rate among the general population.<sup>xi</sup> At release, most find they have lost their benefits for the treatment and supports they need to live successfully in the community and, instead, end up cycling in and out of jail.

Ensuring that people with mental illness are connected to benefits upon release would help promote successful re-entry and result in both safer communities and the improved use of tax dollars.<sup>xii</sup>

- **Ensure access to federal SSI/SSDI, Medicaid and other benefits upon release from jail or prison for people with mental illness.**

**For more information, please contact NAMI**

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**NAMI Helpline**

1-800-950-NAMI

## Resources

### **NAMI, the National Alliance on Mental Illness**

NAMI is the nation's largest grassroots organization dedicated to improving the lives of persons living with serious mental illness and their families.

[www.nami.org](http://www.nami.org)

### **NAMI's Grading The States**

A Report on America's Health Care System for Serious Mental Illness

This report is the first comprehensive survey and grading of state adult public mental healthcare systems conducted in more than 15 years.

[www.nami.org/grades](http://www.nami.org/grades)

### **The Campaign for Mental Health Reform**

The Campaign for Mental Health Reform is a collaboration of 16 national health organizations, representing millions of Americans, to make mental health a national priority and early access, recovery and quality in mental health services the hallmarks of our nation's mental health system.

[www.mhreform.org](http://www.mhreform.org)

### **The National Institute of Mental Health**

NIMH's mission is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior.

[www.nimh.nih.gov](http://www.nimh.nih.gov)

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

SAMHSA, an agency of the U.S. Department of Health and Human Services (HHS), focuses on improving the lives of people with or at risk for mental and substance abuse disorders.

[www.samhsa.gov](http://www.samhsa.gov)

### **The President's New Freedom Commission on Mental Health**

Achieving the Promise: Transforming Mental Health Care in America

This report offers a vision of system transformation.

[www.mentalhealthcommission.gov/reports/reports.htm](http://www.mentalhealthcommission.gov/reports/reports.htm)

### **United States Department of Veterans Affairs**

Mental Health Services

The Mental Health Services Division of the VA provides mental health services, social services, education and research for veterans of the United States armed forces.

[www.mentalhealth.va.gov](http://www.mentalhealth.va.gov)

### **Suicide Prevention Resource Center (SPRC)**

The SPRC provides resources to assist organizations and individuals on suicide prevention and to advance the National Strategy for Suicide Prevention.

[www.sprc.org](http://www.sprc.org)

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