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**STATEMENT OF ANAND PANDYA, MD,
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TO THE LABOR-HHS-EDUCATION SUBCOMMITTEE
COMMITTEE ON APPROPRIATIONS
U.S. HOUSE OF REPRESENTATIVES
REGARDING FY 2009 FUNDING FOR THE NATIONAL INSTITUTE OF
MENTAL HEALTH (NIMH) AND THE SUBSTANCE ABUSE AND MENTAL
HEALTH SERVICES ADMINISTRATION (SAMHSA)**

MARCH 28, 2008

Chairman Obey and members of the Subcommittee, I am Anand Pandya, MD, President of the National Alliance on Mental Illness (NAMI). I am pleased today to offer NAMI's views on the Subcommittee's upcoming FY 2009 bill. With 210,000 members, NAMI is the nation's largest grassroots advocacy organization representing persons with serious brain disorders and their families. Through our 1,200 affiliates in all 50 states, we support education, outreach, advocacy and research on behalf of persons with serious brain disorders such as schizophrenia, manic depressive illness, major depression, severe anxiety disorders and major mental illnesses affecting children.

The cost of mental illness to our nation is enormous. It is estimated that the direct and indirect cost of untreated mental illness to our nation exceeds \$82 billion annually. However, these direct and indirect costs do not measure the substantial and growing burden that is imposed on "default" systems that are too often responsible for serving children and adults with mental illness who lack access to treatment. These costs fall most heavily on the criminal justice and corrections systems, emergency rooms, schools, families and homeless shelters. Moreover, these costs are not only financial, but also human in terms of lost productivity, lives lost to suicide, and broken families. Investment in mental illness research and services are – in NAMI's view – the highest priority for our nation and this Subcommittee.

National Institute of Mental Health (NIMH) Research Funding

The National Institute of Mental Health (NIMH) is the only federal agency whose main objective is to fund biomedical research on serious mental illnesses. Through research, NIMH and the scientists it supports seek to gain an understanding of the fundamental mechanisms underlying illnesses that obstruct thought, emotion, and behavior and an understanding of what goes wrong in the brain in mental illness. NIMH strives, at the same time, to hasten the translation of this basic knowledge into clinical research that will

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lead to better treatments and ultimately be effective in our complex world with its diverse populations and evolving health care systems.

For FY 2009, the President is proposing \$1.407 billion for scientific and clinical research at the National Institute of Mental Health (NIMH). This is only a \$2 million increase above the FY 2008 level, far below the level needed to keep pace with medical research inflation. Since 2003, the end of the 5-year effort by this Subcommittee to double biomedical research funding, the NIH has lost nearly 15% of its purchasing power as a result of flat budgets. If this trend is not reversed, the consequences for advancing mental illness research will be devastating. If NIMH funding continues to lag, we will lose the chance to define the individualized strategies and future medication options that this vital research heralds. A third generation of antipsychotic medication for schizophrenia, stronger antidepressant medication for depression and treatment strategies for bipolar disorder that improve long-term outcomes, are crucially important to those who suffer and will not be realized without further support from the federal government.

Further, we will be unable to fund in the United States whole genome studies for serious mental illness which could transform the understanding of the causes and risk factors for these devastating illnesses and open new avenues for effective treatment. Likewise, we will be unable to advance schizophrenia and bipolar research progress, for example, understanding if early intervention with medication, therapy and rehabilitation will prevent disability or morbidity in persons with new onset schizophrenia. Finally, continued flat funding for NIMH will prevent us from addressing the epidemic of suicide in this country, including a substantial number of our young people who die or are disabled before their lives have truly started and the elderly who are cheated from their retirement years.

For FY 2009, NAMI supports the recommendations of the Ad Hoc Group on Medical Research and the Mental Health Liaison Group for a 6.5% increase for the overall NIH budget and a similar increase for the NIMH. This would boost NIMH funding to \$1.499 billion and allow the agency to regain lost purchasing power and keep pace with the Biomedical Research and Development Price Index.

Redefining NIMH to Its Mission

NAMI applauds NIMH's efforts to re-align the Institute along 3 core principles: relevance, traction, and innovation.

- **Relevance** refers to relevance to the mission. NIMH should continue its strong support of basic science, but as the NAMHC workgroup recommends in its report (<http://www.nimh.nih.gov/council/brainBehavioralScience.cfm>) some research areas are more relevant than others.
- **Traction** refers to the capacity for rapid progress in research areas where new tools, such as 2-photon imaging, yield definitive answers to long-standing questions.
- **Innovation** is often endangered during periods of limited budget growth. This work is highly relevant and NIMH is gaining traction, but unless a priority is placed on such "discovery" science, this unprecedented opportunity for innovation may not

receive the support it deserves.

It is critical for us to move beyond the current universe of palliative treatments for serious mental illness. Even with optimal care, some children and adults living with serious mental illness will not be able to achieve recovery (as defined as permanent remission). As NIMH Director Dr. Tom Insel has noted, consumers and families need rapid, effective treatments that target the core pathophysiology of serious mental illnesses and the tools for early detection. Mental illness research can develop new diagnostic markers and treatments, but this will require defining the pathophysiology of these illnesses. NIMH now has the research tools necessary. Now is the time to set an ambitious goal of finding cures to these extremely disabling illnesses. However, NIMH must have the resources it needs to support this critical research agenda.

Funding for Programs at SAMHSA's Center for Mental Health Services (CMHS)

The Center for Mental Health Services (CMHS) – part of the Substance Abuse and Mental Health Services Administration (SAMHSA) – is the principal federal agency engaged in support for state and local public mental health systems. Through its programs CMHS provides flexible funding for the states and conducts service demonstrations to help states move toward adoption of evidence-based practice.

Overall, the President is proposing a \$209 reduction for the SAMHSA – dropping funding down to \$3.025 billion for FY 2009. Within CMHS, funding would be reduced by \$144 million, largely through reductions and terminations of a number of demonstration and technical assistance programs.

The President's request for major activities at CMHS for FY 2009 is as follows:

- The Mental Health Block Grant – Proposed for a current freeze at \$421 million,
- The PATH Homeless Formula Grant - \$60 million, a \$7 million increase above current levels,
- Children's Mental Health - \$114 million, a \$12 million increase above current levels, and
- PAIMI Protection & Advocacy - \$34 million, a \$1 million reduction.

Beyond seeking to impose level funding for these SAMHSA programs, the President's budget seeks \$144 million in overall reductions to Programs of Regional and National Significance (PRNS) at CMHS, dropping the FY 2008 appropriation from \$299.3 million, down to \$155.3 million. PRNS are largely demonstration, targeted capacity expansion and other discretionary activities at the agency. Most of these reductions would come through terminating research demonstration programs and technical assistance programs.

Among the activities within the PRNS account that are targeted for reductions are:

- Mental Health Transformation State Incentive Grants (SIGs) – The budget proposes no future SIG grants, a \$26 million reduction,
- Mental Health System Transformation – A \$20.8 million program proposed for elimination,
- Garrett Lee Smith Suicide Prevention State Grants – The budget proposes an \$11.7 million reduction, from \$29.5 million, down to \$17.8 million,
- Homelessness Prevention and Service Demonstrations – Proposed for a an \$10.6 million cut, from \$13.6 million down to \$2.8 million,
- Seclusion and Restrain Technical Assistance -- \$2.4 million proposed for elimination,
- Criminal Justice and Juvenile Justice Grants – A \$6.68 million activity for FY 2008, proposed for a \$2.8 million reduction, and
- Older Adults – A \$4.8 million program proposed for elimination.

NAMI urges the Subcommittee to restore these cuts to the CMHS PRNS program for FY 2009. These targeted capacity expansion and service demonstration initiatives are critical for the agency to continue its role as a leader in promoting replication of effective services that reach children and adults with serious mental illness.

Suicide Prevention Activities at SAMHSA

NAMI is especially troubled by the President's proposal to cut funding for suicide prevention activities under the Garrett Lee Smith Act. Each year, over 31,000 Americans die by suicide and over 1.4 million make a suicide attempt. Suicide deaths consistently outnumber homicide deaths by a margin of three to two. The statistics are troubling for our nation:

- In 2003, twice as many Americans died from suicide than from HIV/AIDS,
- Suicide is the third leading cause of death for those between the ages of 10 and 24 and the second leading cause of death for American college students,
- While the elderly comprise only 12% of the population, they account for about 18% of our nation's suicides,
- Research has shown that more than 90 percent of people who die by suicide have a mental illness and/or substance abuse disorder.

Congress must continue to invest in effective suicide prevention strategies. NAMI urges this Subcommittee to provide full funding for suicide prevention activities under the Garrett Lee Smith Act for FY 2009 -- \$40 million.

Chronic Homelessness and Mental Illness

Together, Congress and the President have set a goal of ending chronic homelessness by 2012. Ninety states and local governments have responded to this challenge by creating plans to end homelessness, and 130 more states and local governments are in the process of developing similar plans. To address chronic homelessness, completed plans call for developing 80,000 new permanent supportive housing units. This will require creating 16,000 units of new permanent supportive housing for chronically homeless people in each of the next 5 years. Federal funding at the level of \$5,000 per unit will leverage other resources to provide the comprehensive services needed to help chronically

homeless people achieve housing stability and pursue recovery from mental illness and substance abuse problems.

Over the course of a year, between 200,000 and 250,000 people experience long term or chronic homelessness. They are homeless for long periods of time or repeatedly, have one or more disabilities, and often cycle between homeless shelters, the streets, mental health facilities, emergency rooms, hospitals, and jails. The public cost for their care is extremely high, and their outcomes are very poor.

The current funding level of SAMHSA homeless programs is \$56 million. The President's FY 2009 proposed budget recommended a \$20 million funding cut to this total. NAMI urges an increase of \$44 million for the Grants for the Benefit of Homeless Individuals (GBHI) and Treatment Systems for Homeless programs at SAMHSA, boosting funding to \$100 million for FY 2009.

The Social Security Disability Claims and Appeals Backlog Crisis Must Be Addressed

Mr. Chairman, people with mental illness and other severe disabilities have been bearing the brunt of the backlog crisis for disability claims and appeals at Social Security. Behind the numbers are individuals with disabilities whose lives have unraveled while waiting for decisions – families are torn apart; homes are lost; medical conditions deteriorate; once stable financial security crumbles; and many individuals die. NAMI congratulates this Subcommittee on the progress made for FY 2008 with the appropriation for SSA's Limitation on Administrative Expenses (LAE), boosting it to \$9.747 billion. This amount was \$148 million above the President's request and was the first time in years that the agency has received at least the President's request. While the FY 2008 appropriation will allow the agency to hire some new staff and to reduce processing times, it will not be adequate to fully restore the agency's ability to carry out its mandated services.

The President's request for the SSA FY 2009 LAE is encouraging, but does not go far enough to put the agency on a clear path to provide its mandated services at a level expected by the American public. In order for SSA to meet its responsibilities, it is projected that the agency needs a minimum of \$11.0 billion for its FY 2009 administrative budget. This amount will allow the agency to not only significantly reduce the backlog, but also keep local offices open, provide adequate telephone services to the public, and maintain the integrity of its programs by performing more continuing disability reviews and SSI redeterminations.

Conclusion

Chairman Obey, thank you for the opportunity to share NAMI's views on the Labor-HHS-Education Subcommittee's FY 2009 bill. NAMI's consumer and family membership thanks you for your leadership on these important national priorities.