



The Nation's Voice on Mental Illness

**STATEMENT OF MIKE FITZPATRICK,
EXECUTIVE DIRECTOR, NATIONAL ALLIANCE ON MENTAL ILLNESS
TO THE LABOR-HHS-EDUCATION SUBCOMMITTEE
COMMITTEE ON APPROPRIATIONS
U.S. HOUSE OF REPRESENTATIVES
REGARDING FY 2008 FUNDING FOR THE NATIONAL INSTITUTE OF MENTAL
HEALTH (NIMH) AND THE SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION (SAMHSA)**

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Chairman Obey and members of the Subcommittee, I am Mike Fitzpatrick, Executive Director of the National Alliance on Mental Illness (NAMI). I am pleased today to offer NAMI's views on the Subcommittee's upcoming FY 2008 bill. With 220,000 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. President Bush's White House Mental Health Commission found that the direct treatment cost exceeds \$71 billion annually. This does not include the \$79 billion in estimated indirect costs of benefits and social services. 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

NATIONAL ALLIANCE ON MENTAL ILLNESS
2107 Wilson Blvd., #300 * Arlington, VA 22201 * 703-524-7600 * www.nami.org

same time, to hasten the translation of this basic knowledge into clinical research that will lead to better treatments and ultimately be effective in our complex world with its diverse populations and evolving health care systems.

For FY 2008, the President is proposing \$1.402 billion for scientific and clinical research at the National Institute of Mental Health (NIMH). This is a \$3 million increase above the FY 2006 level, and a DECREASE over the amount Congress appropriated for NIMH in the FY 2007 "Continuing Resolution." While this decrease is relatively small in comparison to the overall NIMH budget, it is important to note that this is the 2nd year in a row that the President's budget is proposing reductions for NIMH research.

Since 2003, the end of the 5-year effort by this Subcommittee to double biomedical research funding, the NIH has lost 13% 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. The doubling allowed NIMH to invest in important real-world trials that impact treatment for all persons with schizophrenia, bipolar disorder and depression. 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 2008, NAMI supports the recommendations of the Ad Hoc Group on Medical Research and the Mental Health Liaison Group for a 6.7% increase for the overall NIH budget and a similar increase for the NIMH. This allocation would restore biomedical research funding to the FY 2005 level, adjusted for the Biomedical Research and Development Price Index.

Supporting the NIMH Strategic Plan

NAMI endorses setting strategic priorities for NIMH. Identifying priorities and reorganizing internal structures will help exploit the enormous scientific gains that have already been made and bring greater focus to cross-disciplinary collaboration to accomplish these goals. The most important reason for change is that basic science now provides us with unprecedented opportunities to define the pathophysiology of mental disorders and to develop new interventions. As defined by NIMH Director Thomas Insel, NIMH's highest priorities must be:

- supporting basic scientific discoveries;
- translating these discoveries into new interventions that will relieve the suffering of people with mental disorders; and
- ensuring that new approaches are used for diverse populations and in diverse settings.

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.

The NIMH Strategic Plan is critical for moving beyond the current universe of palliative treatments. Even with optimal care, children and adults with 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.

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 practices.

Overall, the President is proposing a \$159 million cut for SAMHSA – dropping funding down to \$3.046 billion in FY 2008. Within CMHS, funding would be reduced by \$77 million, largely through reductions and terminations of a number of demonstration and technical assistance programs.

Most major activities at CMHS are proposed to be frozen at their current FY 2007 level, including:

- The Mental Health Block Grant - \$428 million,
- The PATH Homeless Formula Grant - \$54 million,
- Children's Mental Health - \$104 million, and

- PAIMI Protection & Advocacy - \$34 million.

Beyond seeking to impose level funding for these SAMHSA programs, the President's budget seeks to impose \$77 million in overall reductions to Programs of Regional and National Significance (PRNS) at CMHS. PRNS are largely demonstration, targeted capacity expansion and other discretionary activities at the agency. Among the proposed cuts that are of concern to NAMI are:

- Mental Health Transformation Grants – The President's budget assumes a \$20.08 million reduction to planning grants for the states, below the expected FY 2007 level of \$39.9 million. Expiring grants would not be renewed and the 9 states with continuation grants for FY 2008 would see their amounts reduced by 24%,
- Jail Diversion Grants – A \$3 million reduction, down to \$3.86 million (based on the assumption that grants set to end in FY 2008 will not be renewed). At a time in which the numbers of non-violent youth and adults with serious mental illnesses in our nation's jails continue to increase, maintaining and even increasing funding for this program is vitally important.
- Co-Occurring Disorders State Incentive Grants – Proposed reduction of \$9.8 million, below the current level of \$11.9 million (largely through termination of existing grants),
- Homeless Demonstrations – A proposed reduction of \$6.68 million, down to \$4.42 million for FY 2008, and
- Youth Suicide Prevention - \$26.7 million is requested for grants under the Garrett Lee Smith Act for FY 2008, however other CMHS planning grants on suicide prevention would be cut by \$2.64 million

NAMI urges the Subcommittee to restore these cuts to the CMHS PRNS program for FY 2008. 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

Mr. Chairman, 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.

As noted above, the President's budget proposes to freeze suicide prevention grants under the Garrett Lee Smith Act at their current level of \$26.7 million. **Given the grim statistics listed above, NAMI calls for full funding for suicide prevention activities under the Garrett Lee Smith Act for FY 2008 -- \$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.

Permanent supportive housing successfully and cost effectively ends homelessness for this group. These programs couple a home with supportive services such as access to health care, mental health services, addiction treatment and case management. These models work for families and individuals in both rural and urban settings. The largest obstacle for those assisting individuals who are chronically homeless is obtaining services funding for the supportive services this group needs to achieve stability. Providers have a high demand for additional services funding opportunities because mainstream health, welfare, addiction, and mental illness treatment programs often do not adequately serve homeless people. A 2003 HHS study revealed that few mainstream programs are comprehensive enough to adequately serve chronically homeless people. Thus, HHS included in the recommendations that future program budgets should focus on funding programs directed for individuals who are chronically homeless.

As an important step toward meeting the goal of ending chronic homelessness by 2012, NAMI recommends that Congress include an additional \$80 million in services funding for FY 2008 for the Grants for the Benefit of Homeless Individuals Program (GBHI) administered by SAMHSA and CMHS.

Conclusion

Chairman Obey, thank you for the opportunity to share NAMI's views on the Subcommittee's FY 2007 bill. NAMI's consumer and family membership thanks you for your leadership on these important national priorities.