

# Position Statement 14: The Federal Government's Responsibilities for Mental Health Services

## Policy Position

Mental Health America (MHA) urges that the federal government continue to take a leading role, in partnership with the states, in the development of evidence-based, recovery-oriented mental health and substance abuse services throughout the United States that are comprehensive, community- and strengths-based and consumer- and family-driven. In spite of the serious budget deficit that the federal government must address, and to some extent because of it, it is essential that Congress and the executive branch embrace a robust federal role that supports the vision expressed in recent landmark federal reports, particularly *Mental Health: A Report of the Surgeon General* (1999) and *Achieving the Promise: Transforming Mental Health Care in America* (2003), the final report of former President George W. Bush's New Freedom Commission on Mental Health.<sup>(1)</sup>

The New Freedom Commission's report detailed the virtual collapse of the community mental health system throughout America and called for an expansion of the federal role in "transforming" the mental health system to better serve mental health consumers and affected families. The Commission's overarching recommendation -- that services and treatments for persons with behavioral disabilities must be recovery-oriented and consumer-driven -- would require a new infusion of resources to make that promise a reality. Even as the federal budget deficit threatens discretionary funding for the Substance Abuse and Mental Health Services Administration and grants to the states, implementation of mental health parity<sup>(2)</sup> and the Patient Protection and Affordable Care Act<sup>(3)</sup> nonetheless require a vigorous federal response to assure effective prevention, screening, and treatment of mental health and substance use conditions.<sup>(4)</sup>

## Background

Mental Health America embraces the view articulated in 2002 by the New Freedom Commission on Mental Health that the federal government's failure to make mental health a priority is a national tragedy. That tragedy manifests itself in many ways, of which the following data are illustrative:

- Mental disorders are implicated in 90 percent of the 30 thousand suicides and 650 thousand suicide attempts in this country each year,<sup>(5)</sup>
- 80 percent of the youth entering the juvenile justice system have a mental disorder,<sup>(6)</sup>
- Untreated and mistreated mental illness costs American business, government and taxpayers an estimated \$113 billion annually.<sup>(7)</sup>

Americans have a stake, individually and collectively, in making effective prevention, screening and treatment of mental health and substance use conditions more of a priority. Communities across the country have taken steps to advance that goal, working to improve individual and family well-being, mental health and substance use in schools and health systems. Too often, however, communities have embraced that goal only partially, after experiencing a wrenching tragedy such as a youth's suicide. Too often, the system failures and inadequacies that leave people without access to needed care are not perceived as critical public health issues. And too often, well-intentioned efforts fail to employ effective, state-of-the-art services and fail to provide culturally and linguistically competent services.

The impact of mental illness and addiction on individuals, families, communities, businesses, and taxpayers across the country is enormous, and poses public-health challenges beyond the capacities of individual communities. As the New Freedom Commission's report makes clear, governmental mental health and substance abuse systems and other "systems" that serve people affected by mental health and substance use conditions are badly fragmented. Focusing primarily on the needs of those with the most severe disabilities and more generally on illness, rather than on wellness, these systems have failed to keep pace with expanding needs and capacities for treatment. They have failed to serve the great majority of individuals who suffer significant but not catastrophic disorders. These failures have many causes and explanations. Among them are a lack of understanding that mental health is integral to all health;<sup>(8)</sup> the widespread ignorance, fear, and stigma surrounding mental illness and addiction; and a legacy of laws and policies that discriminate against coverage of mental health and substance use conditions.

## **The Rationale for a Robust Federal Role**

Many considerations -ranging from social justice to economic self-interest -- make it imperative that the federal government assume a major, focused, and coordinated role in mental health and substance use disorder policy, a role both different and larger than it currently plays. Among the many factors dictating a robust federal role is the extraordinary toll -in disability, productivity, and premature death -that mental illness and substance use disorders take in this country. Time after time, the federal government, armed with scientific tools, has responded aggressively to looming risks of disease endangering its citizens. In the 1960s, the federal government founded community mental health centers to begin to make community-based mental health treatment a reality. Community-based addiction recovery centers have performed much the same role for substance abuse. Expansion of Medicare and Medicaid coverage in the last 30 years increased coverage of some community services. But those initiatives are spent, and with the advent of the Affordable Care Act, a new federal role is needed.

For nearly 200 years, states have played the major role in the provision of mental health and substance abuse services. As the New Freedom Commission's reports document so clearly, we now have a complex patchwork of services that provides vastly different types and levels of care for people in the various states. And the increasing budget pressures on states make it difficult for any state to re-tool current service structures, much less undertake leadership initiatives. Just as federal leadership was needed in the 1960's to show the way toward community-based service

systems rather than the longstanding reliance on asylums and mental hospitals, federal leadership is needed today.

Advances in evidence-based treatment now make it possible to offer people with mental health and substance use conditions a vision of recovery and to offer children a pathway to thrive in school and in their communities. These visions are the origin of federal advocacy of what has come to be called "transformation." But true transformation requires more than rhetoric. We must find ways to provide support and treatment that enhance people's own strengths and resiliency, rather than encouraging disability by making health care dependant on it. We must improve people's access to a choice of treatments responsive to their needs. Ensuring a path to recovery and increased resiliency will also require provision of a broad, comprehensive range of services and supports for individuals with more severe illnesses or disabilities, ranging from supportive housing to psychosocial rehabilitation to supportive employment.

Our federal government has a rich history of ensuring its citizens equality of opportunity to achieve their potential, particularly in the face of discrimination or other societal barriers. We should not shrink from pressing the federal government to play that same critical role in fostering the recovery of those with serious mental illnesses and serious substance use disorders, as well as in promoting wellness, fostering resiliency, and minimizing and containing the risk factors associated with the development of mental health and substance use disorders.

#### **Effective Period:**

The Mental Health America Board of Directors adopted this policy on June 12, 2011. It is reviewed as required by the Mental Health America Public Policy Committee.

#### **Expiration:** December 31, 2016

1. <http://www.surgeongeneral.gov/library/mentalhealth/home.html> and <http://mentalhealth.about.com/library/free/blFullReport-07.htm> (Commission website not operating). Other important reports support a strong federal role in mental health. These include (1) SAMHSA's consensus recovery statement (2006), see MHA Position Statement 11, "Recovery-based Systems Transformation," <http://www.nmha.org/go/position-statements/11> , (2) *Reducing Suicide: A National Imperative*, Institute of Medicine (2002), <http://www.iom.edu/Reports/2002/Reducing-Suicide-A-National-Imperative.aspx> , and (3) *Improving the Quality of Health Care for Mental and Substance-use Conditions*, Institute of Medicine (2005), <http://www.iom.edu/Reports/2005/Improving-the-Quality-of-Health-Care-for-Mental-and-Substance-Use-Conditions-Quality-Chasm-Series.aspx>
2. See MHA Position Statement 15, Mental Health Parity in Health Insurance, <http://www.nmha.org/go/position-statements/15>
3. See MHA Position Statement 71, Health Care Reform, <http://www.nmha.org/go/about-us/what-we-believe/position-statements/position-statement-71-health-care-reform/position-statement-71-health-care-reform>
4. See MHA Position Statements 48, 41, and 12, concerning prevention, early identification, and evidence-based health care, <http://www.nmha.org/go/about-us/what-we-believe/position-statements/p-48-prevention-in-young-people/position-statement-48-prevention-of-mental-health-and-substance-use-disorders-in-young-people> , <http://www.nmha.org/go/position-statements/41> , and <http://www.nmha.org/go/position-statements/12>
5. *Reducing Suicide: A National Imperative*, footnote 1, above.

6. Cocozza, J.J., and Skowyra, K.R. "Youth with Mental Disorders: Issues and Emerging Responses." *Juvenile Justice Journal*, 7(1):3-13 (2000). Reprinted by the National Center for Mental Health and Juvenile Justice at [http://www.ncmhjj.com/pdfs/publications/Youth\\_with\\_Mental\\_Health\\_Disorders.pdf](http://www.ncmhjj.com/pdfs/publications/Youth_with_Mental_Health_Disorders.pdf)
7. Rice, P.D. and Miller, L.S., "Health Economics and Cost Implications of Anxiety and Other Mental Disorders in the United States," *British Journal of Psychiatry*, 172(34):4-9 (1998).
8. "There is no health without mental health."