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The Helping Families In Mental Health Crisis Act

Ensuring Psychiatric Care for Those in Need of Help the Most
Rep. Tim Murphy, PhD

Mental illness does not discriminate based on age, class or ethnicity. It affects all segments of society. More than 11 million Americans have severe schizophrenia, bipolar disorder, and major depression yet millions are going without treatment as families struggle to find care for loved ones.

To understand why so many go without treatment, the Energy and Commerce Subcommittee on Oversight and Investigations launched a top-to-bottom review of the country's mental health system beginning in January 2013. The investigation revealed that the approach by the federal government to mental health is a chaotic patchwork of antiquated programs and ineffective policies across numerous agencies.

Not only is this frustrating for families in need of medical care, but when left untreated, those with mental illness often end up in the criminal justice system or on the streets. The mentally ill are no more violent than anyone else, and in fact are more likely to be the victims of violence than the perpetrators, but individuals with untreated serious mental illness are at an increased risk of violent behavior. Tragically, undertreated mental illness has been linked to homicides, assaults, and suicides.

The **Helping Families In Mental Health Crisis Act** bill fixes the nation's broken mental health system by focusing programs and resources on psychiatric care for patients and families most in need of services. The legislation:

EMPOWERS PARENTS AND CAREGIVERS

What the investigation found:

Physicians are often unwilling to share or receive information with loved ones about an individual who has a serious mental illness and is experiencing a psychotic break because of complicated federal rules on communicating with immediate family members and caregivers. This scenario is especially problematic for parents of young adults with mental illness because psychosis begins to manifest between ages 14 and 25.

What the legislation does:

Clarifies Health Information Portability and Accountability Act (HIPAA) privacy rule and the Family Educational Rights and Privacy Act so physicians and mental health professionals can provide crucial information to parents and caregivers about a loved one who is in an acute mental health crisis to protect their health, safety, and well-being.

FIXES THE SHORTAGE OF INPATIENT PSYCHIATRIC BEDS

What the investigation found:

There is a severe lack of inpatient and outpatient treatment options. Seventy years ago, the country had 600,000 inpatient psychiatric beds for a country half the size. Today, there are only 40,000 beds.

What the legislation does:

Increases access to acute care psychiatric beds for the most critical patients by making two narrowly tailored exceptions to the Institutions for Mental Disease (IMD) exclusion under Medicaid. The IMD exclusion is what originally caused the shortage of psychiatric beds.

ALTERNATIVES TO INSTITUTIONALIZATION

What the investigation found:

Approximately forty percent of individuals with schizophrenia do not recognize they have a mental illness, making it exceedingly difficult for them to follow through on a treatment regimen.

What the legislation does:

Promotes alternatives to long-term inpatient care such as court-ordered ‘Assisted Outpatient Treatment,’ which has been proven to save money for state and local governments by reducing the rates of imprisonment, homelessness, substance abuse, and costly emergency room visits by the chronically mentally ill.

REACHING UNDESERVED AND RURAL POPULATIONS

What the investigation found:

The delay between a first episode of psychosis and the onset of treatment averages 110 weeks. Early diagnosis and medical intervention improves outcomes dramatically, but there is only one child psychiatrist for every 7,000 children with a mental illness or behavioral disorder.

What the legislation does:

Modeled on a successful state project in Massachusetts, the bill advances tele-psychiatry to link pediatricians and primary care physicians with psychiatrists and psychologists in areas where patients do not have access to mental health professionals.

DRIVING EVIDENCE-BASED CARE

What the investigation found:

The federal government spends \$125 billion annually on mental health, but there is little interagency coordination on programs, nor does the federal government collect data on how mental health dollars are spent or whether those dollars are resulting in positive health outcomes.

What the legislation does:

Creates Assistant Secretary for Mental Health and Substance Use Disorders within the Department of Health and Human Services to coordinate federal government programs and ensure that recipients of the community mental health services block grant apply evidence-based models of care developed by the National Institute of Mental Health. The Assistant Secretary will ensure federal programs are optimized for patient care rather than bureaucracy.

STABILIZING PATIENTS BEYOND THE ER

What the investigation found:

Access to physician-prescribed medication is vital for vulnerable individuals to avoid acute mental health crisis. Current policies that permit only “one drug” per therapeutic class policy ignore the clinical needs of individuals with mental illness who rely on vital, non-interchangeable prescription drug therapies.

What the legislation does:

Protects certain classes of drugs commonly used to treat mental illness so physicians have prescribe the right medication for those on Medicare and Medicaid similar to the protected classes for persons with epilepsy and cancer.

ADVANCES CRITICAL MEDICAL RESEARCH

What the investigation found:

The National Institute of Mental Health measures public health outcomes to develop medical models of care. For example, the Recovery After Initial Schizophrenia Episode (RAISE) project shows earlier intervention with treatment for a person at risk of developing full-blown schizophrenia allows patients to lead functional lives. The NIMH also excels at basic medical research, but lacks the financial resources.

What the legislation does:

Authorizes the BRAIN research initiative at the National Institute of Mental Health and encourages the agency to undertake additional research projects on serious mental illness and self- or other-directed violence.

HIGH QUALITY COMMUNITY BEHAVIORAL HEALTH SERVICES

What the investigation found:

Community Mental Health Centers receiving funds from the federal government receive lower reimbursements federal insurance programs than comparable care facilities.

What the legislation does:

Applies rigorous quality standards for a new class of Federally Qualified Community Behavioral Health Clinics (FQCBHC), requiring them to provide a range of mental health and primary care services.

DEPARTMENT OF JUSTICE REFORMS

What the investigation found:

Between twenty and fifty percent of the incarcerated system inmates have a mental illness. Mental health courts have provided a cost-effective and responsible alternative to incarcerating the mentally ill.

What the legislation does:

So patients are treated in healthcare system and not warehoused in the criminal justice system, the bill reauthorizes mental health courts and requires the Department of Justice to collect more data on interactions between the police and the mentally ill. The bill also authorizes Byrne Justice Assistance Grants (JAG) to be used for mental health training of law enforcement and corrections officers.

BEHAVIORAL HEALTH AWARENESS FOR CHILDREN AND TEENS

What the investigation found:

Despite increased medical and scientific research into the nature and source of serious mental illness, a mental illness stigma persists.

What the legislation does:

The Department of Education, working with mental health stakeholders, will undertake a national campaign aimed at reducing the stigma of severe mental illness in schools. The bill also reauthorizes the Garrett Lee Smith suicide prevention program.

INTEGRATES PRIMARY AND BEHAVIORAL CARE

What the investigation found:

Low-income individuals with serious mental illness and addiction disorders have high incidences of cancer, heart disease, diabetes and asthma. Untreated depression increases the risk of chronic diseases, and can double the cost of healthcare for health disease and diabetes. Integrating mental healthcare providers into electronic medical records systems will result in better coordinated care for patients as well as cost savings.

What the legislation does:

Extends the health information technology incentive program to mental health providers so they can communicate and work with primary care clinicians.

INCREASES PHYSICIAN VOLUNTEERISM

What the investigation found:

Health centers and mental health clinics are experiencing a staff shortage. Clinicians and healthcare professionals can volunteer at federal free clinics, but federal legal barriers and the high cost of medical malpractice insurance prevent them from doing so at community health centers and mental health clinics.

What the legislation does:

Eliminates federal legal barriers under the Federal Tort Claims Act preventing physician volunteerism at community mental health clinics and federally-qualified health centers.

REFORMS THE SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION

What the investigation found:

Unauthorized in the last decade, the Substance Abuse and Mental Health Services Administration has lacked mission focus. Grant programs are not evidence-based or guided by the best available medical science.

What the legislation does:

Emphasizes evidence-based treatments, sunsets unauthorized programs, and strengthens congressional oversight of all federal behavioral health grants.