

Myths about the Helping Families in Mental Health Crisis Act (HR 3717)

Groups representing high functioning individuals with a 'lived-experience' and other recipients of SAMHSA funds have made numerous claims about The Helping Families in Mental Health Crisis Act (HR 3717) that are inconsistent with the facts. The following compares the claims with the facts. (Prepared by Mental Illness Policy Org.

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Claim	Fact
HR3717 greatly promotes stigma and discrimination by its unfounded and damaging connection between mental illness and violence."	HR 3717 does not make any claim that persons with mental illness are more violent. However, provisions of the bill have been proven to reduce violence by those with untreated serious mental illness. It is violence by this minority that stigmatizes the majority, so it can be expected HR 3717 will reduce stigma.
HR3717 virtually eliminates the main system of legal representation for Americans with psychiatric disabilities	The Protection and Advocacy for Individuals with Mental Illness (PAIMI) program was founded to improve the quality of care received by the most seriously ill. It now focuses on 'freeing' them from treatment and lobbying states to oppose policies that can help the most seriously ill (ex preservation of hospitals for those who need them. HR 3717 returns PAIMI to its original mission and reigns in their ability to use funds to lobby against treatment needed by some of the seriously ill.
The bill would amend HIPAA and erode privacy rights for people who have a mental health diagnosis and strip away privacy rights for Americans with psychiatric disabilities	HIPAA and FERPA require doctors to keep parents in the dark absent a specific waiver by the mentally ill individual. Mentally ill individuals who "know" the FBI planted a transmitter in their head are unlikely to sign the waiver. Parents who are caregivers need the information about the diagnosis, treatment plan, medications and pending appointments of mentally ill loved ones so they can ensure they have prescriptions filled and transportation to appointments. HR 3717 writes very limited exclusions into HIPAA that allow parents who provide care out of love to get the same information paid caretakers already receive.
Incentivize needless hospitalization and civil rights violations	The Institutes for Mental Disease (IMD) provision of Medicaid prevents states from receiving reimbursement for persons with mental illness who need care in a state psychiatric hospital. So states kick the seriously mentally ill out of hospitals. Many wind up incarcerated. Patrick Kennedy called the IMD Exclusion federally funded discrimination against the mentally ill since Medicaid reimburses for hospital care when the illness is any organ other than the brain. HR3717 makes small revisions in Medicaid so those who need hospital care are more likely to receive it. It does not require anyone to be hospitalized or gives states an incentive to hospitalize.
Redirect federal funds from effective, voluntary community services to high-cost, involuntary treatment, including outpatient commitment	HR3717 does not redirect funds away from voluntary community services. It does give states an incentive to help people who were offered voluntary services and refused to accept them. For example, Assisted Outpatient Treatment (AOT) is for people who fail on voluntary treatment. It is often the last off ramp before hospitalization or incarceration. By replacing hospitalization and incarceration with community treatment, it cuts costs in half.
Destroys SAMHSA	HR3717 creates an Assistant Secretary of Mental Health to distribute funds previously distributed by SAMHSA and directs the Assistant Secretary to fund evidence-based programs that help the most seriously ill. SAMHSA has refused to do either.
The AOT interventions proposed in the bill are not proven to work, are costly and drive people away from seeking support.	Six months of mandated and monitored treatment has been shown to reduce homelessness 74%; hospitalization 77%; arrest 83%; incarceration 87%, physical harm to others 47%; property destruction 46%; suicide attempts 55%; and substance abuse (48%). 80% of those in AOT--as opposed to those who purport to speak for them--said it helped them get well and stay well. Those in AOT had lower perceived stigma than others. AOT does allow judges to order the mental health system to provide care which likely accounts for some objections. It limits a programs ability to cherry pick the highest functioning for admission.
The bill's provisions run counter to <i>Olmstead v. LC</i> (1999), which calls for persons to receive services in the "most integrated setting."	By funding AOT, HR3717 reduces the use of both hospitalization and incarceration thereby furthering the mandate in <i>Olmstead</i> to help persons with mental illness live in the most integrated setting.
The bill would slash innovative and promising programs developed by persons in mental health recovery	HR 3717 takes steps to ensure that programs that get funded are evidence-based. Other programs could apply to NIMH for research to determine if they work. Many "innovative" programs are being funded absent research showing they work. Numerous recent studies show that some programs that use peers to replace professionals in service delivery have not been proven effective in improving meaningful outcomes (reduced suicide, homelessness, arrest, incarceration) in people with serious mental illness.

