

**Opening Statement of the Honorable Tim Murphy  
Subcommittee on Oversight and Investigations  
Hearing on “Examining SAMHSA’s Role in Delivering  
Services to the Severely Mentally Ill”  
May 22, 2013**

*(As Prepared for Delivery)*

Since I became the Chairman of the Subcommittee on Oversight and Investigations, shortly after the December 14, 2012, elementary school shootings in Newtown, we began looking into the federal programs and resources devoted to mental health and mental illness. We did so to ensure federal dollars devoted to mental health are reaching those individuals with serious mental illness and helping them obtain the most effective care.

One lesson we must immediately draw from the Newtown tragedy is that we need to make it our priority to get those with serious mental illnesses, who are not presently being treated, into sound, evidence-based treatments.

In 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that about 11 million U.S. adults had serious mental illness, and 40 percent of these individuals did not receive treatment. While the vast majority of individuals with a mental health condition are nonviolent, Director of the National Institute for Mental Health, Dr. Thomas Insel, told this subcommittee at our March 5 public forum that effective treatments, which include medication adherence and evidence-based psychosocial therapy, can reduce the risk of violent behavior fifteen-fold in persons with serious mental illness.

Getting these individuals into treatment is a crucial first task and SAMHSA, as the federal agency whose mission includes reducing the impact of mental illness on America’s communities, should be playing a central role in this effort. But based on our work to date, SAMHSA has not made the treatment of the seriously mentally ill a priority. In fact, I’m afraid serious mental illness such as schizophrenia and bipolar disorder may not be a concern at all to SAMHSA.

Consider the 2011-2014 SAMHSA strategic plan entitled “Leading Change.” SAMHSA continues to think in broad terms of “behavioral” and “emotional” health, promoting such concepts as “wellness” and “recovery.” Not once in this entire 117 page document will you find the words schizophrenia or bipolar disorder. Nowhere in the testimony that was provided to this committee yesterday by the SAMHSA administrator do those words appear. And nowhere on SAMHSA’s web site or in their publications can you learn about the increased risk of violent behavior by persons with untreated serious mental illness.

It’s as if SAMHSA doesn’t believe serious mental illness exists.

If we’ve learned one thing from the horrible acts committed by Seung-Hui Cho at Virginia Tech in 2007, Jared Loughner in Tuscon, James Holmes at the Aurora, Colorado, theater in July 2012, or Adam Lanza, it is that the individuals with untreated severe mental illness are a significant target for self-directed violence, including suicide, or violence against others. In at least 38 of the last 62 mass killings, the perpetrator displayed signs of possible mental health problems. In so many of these instances, parents desperately tried to get their mentally ill loved one help before the act. Sadly, they failed because the current system of care for those with serious mental illness is broken.

Examining what SAMHSA is doing to grapple with this heartbreaking truth is the main reason we are gathered here this morning.

The Center for Mental Health Services, housed at SAMHSA, has a budget of approximately \$1 billion per year. It awards most of these funds through a combination of competitive and formula grants. I’m concerned, because the committee has seen substantial evidence that too many of these grants are directed to advancing services rooted in unproven social theory and feel-good fads, rather than science.

If SAMHSA were to use an evidence-based approach to identifying how to prioritize its resources – like other federal agencies do – would their record, not to mention their strategic initiatives going forward, look the same as they do now?

For example, in 2012, an annual conference that has been funded by SAMHSA for many years – and at which the SAMHSA administrator regularly delivers a keynote – Alternatives, an hour and a half workshop was held, described as follows:

Unleash the Beast is a mind/body fitness program that looks to the animals of the jungle for wisdom and skills that can benefit our lives in a myriad of ways. Through animal-inspired movements, behaviors, and expressions, participants are encouraged to shed layers of formal conditioning in order to return to their primal nature.

While mental and physical health is important, I question the value of this exercise in advancing the treatment for mental illness in humans. And, I question if there is any scientific merit.

I would also ask why SAMHSA provides grant funding, year after year – in the millions of dollars in aggregate – to organizations that are outwardly hostile to the sciences of psychiatry and psychology. These groups deny that mental illness exists, claiming there is nothing out-of-the-ordinary when an individual hears voices or experiences extreme mental states – and that these should be celebrated as nature's gifts to mankind, contributing to artistic creativity and human diversity.

Leaders of these organizations – including at least one of which SAMHSA has elevated to the status of a “National Technical Assistance Center” and received at least \$300,000 in taxpayer dollars the past year – have actively encouraged supporters to “Occupy” the 2012 annual convention of the American Psychiatric Association – decrying the professional association's role in developing the Diagnostic and Statistical Manual of Mental Disorders, or DSM. “Psychiatric labeling,” they say, is “a pseudoscientific practice of limited value in helping people recover.”

When SAMHSA-funded organizations are not busy encouraging those with mental illness to go off their prescribed medications or destroying trust between individuals with serious mental illness, their family caregivers, and their physicians, these taxpayer-backed groups are actively lobbying against effective evidence-based treatment like Assisted Outpatient Treatment (AOT) laws – a less restrictive alternative to involuntary commitment. Numerous academic studies have shown AOT to be incredibly effective in reducing re-hospitalizations and re-arrests among, until-then, untreated individuals with serious mental illness.

As an agency of the U.S. Public Health Service, we expect SAMHSA's work to be firmly rooted in evidence-based practices, enduring high-level scientific peer review at the hands of licensed mental health professionals. Perhaps some of it is but much of it appears to fall far short of such standards.

To get answers to our questions, this morning we will hear from Pamela Hyde, the Administrator of SAMHSA since 2009, on our first panel. On our second panel, we will hear from E. Fuller Torrey, a psychiatrist and long-time observer of SAMHSA; Dr. Sally Satel, a member of the National Advisory Council to SAMHSA's Center for Mental Health Services for four years; and Joe Bruce, a family man from Caratunk, Maine, whose life was irrevocably changed by one SAMHSA program in particular.

Joe's wife, Amy, was murdered by their son, Will, only months after being released from a psychiatric center where he had been treated for schizophrenia. Reflecting on this horrific act several years ago, Will noted that, un-medicated at the time, he believed he was a clandestine operative under orders to kill his mother, an Al Qaeda operative.

Joe believes the efforts of a SAMHSA-funded organization obtained his son's premature release from the hospital without putting in place a mechanism for ensuring that Will would remain on his medications. Joe

– we extend our condolences to you and your family, and thank you for sharing your moving story with us today.

We will also hear from Dr. Joseph Parks III, Chief Clinical Officer of the Missouri Department of Mental Health, who has substantial experience working with SAMHSA grant funded-projects. Thank you to all our witnesses today.

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