

Mental Health Liaison Group

May 12, 2009

The Honorable Nancy Pelosi
The Honorable John Boehner
U.S. House of Representatives
Washington, DC 20515

The Honorable Harry Reid
The Honorable Mitch McConnell
U.S. Senate
Washington, DC 20510

Dear Madam Speaker, Leader Reid, Leader Boehner and Leader McConnell:

The undersigned organizations are writing to express support for comprehensive health care reform that continues the spirit of the recently enacted mental health and addiction parity legislation by integrating these services in every facet of reform.

An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year, according to the National Institute of Mental Health (NIMH). According to *Mental Health: A Report of the Surgeon General*, approximately 20% of the nation's children and youth are at risk for or have mental disorders. And, NIMH says that half of these (or 10% of all children) have significant functional impairment.

Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about three percent — who suffer from a serious and persistent mental illness. Shockingly, individuals with severe mental illness die of physical ailments an average of 25 years earlier than people without severe mental illness.

In addition, mental disorders are the leading cause of disability in the U.S. for ages 15 to 44 and suicide is the second leading cause of death for individuals 25 to 34. Many people suffer from more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet criteria for two or more disorders, with severity strongly related to comorbidity. Tragically, 60 percent of adolescents and 90 percent of adults who die by suicide have depression or another diagnosable mental or substance use disorder.

We commend Congress for considering health care reform legislation, which holds out the possibility of addressing the problems of underinsurance and uninsurance, cost control and economic recovery. **For reform, the Mental Health Liaison Group strongly endorses the following principles:**

Comprehensiveness: To best meet individuals' diverse needs, the system must support a broad array of prevention, assessment, treatment, rehabilitation and recovery supports and services, delivered within diverse settings in an interdisciplinary framework beginning in early childhood and extending through adulthood. Because mental health and substance use disorders often have a relationship to physical health they must be integrated into primary care, pediatrics and other health services.

National organizations representing consumers, family members, advocates, professionals and providers
c/o Peter Newbould, American Psychological Association Practice Organization, 750 First Street, NE, Washington, DC 20002

Coverage For All: Mental health and addiction services must be available to all persons without regard to age, race, gender, health or socioeconomic status, eliminating disparities in mental health status and care.

Inclusion of Behavioral Health in Healthcare Reform: Behavioral health is integral to overall health. Modifiable behavioral factors such as smoking, improper diet, lack of physical activity and excessive alcohol consumption are the leading causes of chronic health problems and mortality from heart disease, diabetes and many forms of cancer.

Parity/Nondiscrimination in Health Insurance Programs: Treatment and reimbursement for mental health and substance use disorders must be available in all private and public program benefit packages and at parity with medical and surgical coverage. Because patients requiring treatment for mental or substance use disorders are often seen initially by primary care practitioners or treated in a primary care setting, these disorders should be fully integrated into our reformed health delivery system.

Resource Management: The new system must be efficient and effective. It must balance concerns for cost equity, efficiency, quality, research, and regional service planning needs.

Workforce Development: The new system must promote the development and maintenance of a diverse workforce competent to develop and apply evidence-based behavioral and psychosocial assessments and interventions to address the current needs and changing demographics of our nation's population.

Health Information Technology: Development and financing of a mental health and addiction information technology infrastructure that will enhance quality is critical. Passage of the HITECH Act, with its strong privacy requirements, was a tremendous step in this direction.

Coordination of Private and Public Sectors: Because both public and private payers and treatment settings are involved in the delivery of behavioral health care in the United States, improved coordination between the private and public sectors will benefit individuals with behavioral disorders.

Consumer Choice/Participation: The system must maximize consumer choice of service providers and participation in service planning, delivery, monitoring, and evaluation of quality of care.

We urge you to consider these principles in health care reform to achieve a system of health care that integrates mental health care as part of overall health. The result will be a health care system that is more just, more cost-effective and more successful in meeting the health care needs of our nation.

May 12, 2009

Page 3

Thank you for your commitment and ongoing efforts to improve health care in our nation. We offer whatever assistance we can provide in this effort.

Sincerely,

Alliance for Children and Families
American Academy of Child and Adolescent Psychiatry
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association of Pastoral Counselors
American Association of Practicing Psychiatrists
American Counseling Association
American Group Psychotherapy Association
American Hospital Association
American Mental Health Counselors Association
American Nurses Association
American Occupational Therapy Association
American Psychological Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychotherapy Association
Anxiety Disorders Association of America
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Center for Clinical Social Work
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Child Welfare League of America
Clinical Social Work Association
Clinical Social Work Guild 49, OPEIU
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Emergency Nurses Association
Mental Health America
NAADAC, The Association for Addiction Professionals
National Alliance on Mental Illness
National Alliance to End Homelessness
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of Anorexia Nervosa and Associated Disorders – ANAD
National Association of Mental Health Planning & Advisory Councils
National Association of Psychiatric Health Systems
National Association of School Psychologists
National Association of Social Workers
National Association of State Alcohol & Drug Abuse Directors

National Association of State Mental Health Program Directors
National Coalition of Mental Health Consumer/Survivor Organizations
National Council for Community Behavioral Healthcare
National Disability Rights Network
National Federation of Families for Children's Mental Health
National Foundation for Mental Health
Schizophrenia and Related Disorders Alliance of America
Suicide Prevention Action Network USA
Therapeutic Communities of America
Tourette Syndrome Association
United Neighborhood Centers of America
U.S. Psychiatric Rehabilitation Association
Witness Justice
ZERO TO THREE