

# Mental Health Liaison Group

February 10, 2003

Honorable Don Nickles  
Chairman  
Senate Budget Committee  
Washington, DC 20510

Honorable Kent Conrad  
Ranking Member  
Senate Budget Committee  
Washington, DC 20510

Dear Senators:

The Mental Health Liaison Group, a coalition of organizations representing consumers, families, advocates, professionals and providers dedicated to mental health care in our nation, sees the upcoming congressional budget resolution as a critical turning point for Americans with or at risk of mental illness and substance use disorders. Deliberations on a budget resolution must recognize that mental illnesses constitute the second leading cause of disability and premature death in this country, and that the failure to treat people with mental illness has a huge cost. It is a devastating cost in human life and a profound cost to our economy, projected to be at least \$79 billion annually.

As the Senate moves toward deliberation on a budget resolution, we urge members to heed the recent interim report of the President's New Freedom Commission on Mental Health and its finding that this country's failure to make mental health a priority is a national tragedy.

This national mental health tragedy has many faces. But its most stark manifestation is the shocking loss of life among Americans to suicide. Suicide is the third leading cause of death among 15 to 24-year olds. The Institute of Medicine (IOM) only last year reported that we lose thirty-thousand people in this country each year to suicide. IOM's report, [Reducing Suicide: A National Imperative](#), found that another 650,000 people who have attempted suicide are brought to emergency rooms each year. The human tragedy of suicide is immeasurable, but we know it has economic costs. The Institute estimates that the toll of suicide in lost income alone costs this nation \$11.8 billion each year. The IOM and the President's commission do give us hope in emphasizing that as a public health problem suicide is preventable, and mental illnesses -- that play a role in 90 percent of suicides -- are readily treatable.

Many factors conspire to deny people access to needed mental health treatment. Federal funding for mental health is deplorably low in relation to the prevalence of mental illness and the horrific loss of life attributable to lack of treatment. Lack of parity between mental health and other medical coverage in both employer-provided health insurance and in the Medicare program often closes the door to needed treatment for millions of Americans and their family members. And in the words of the President's mental health commission -- our public mental health system "does not adequately serve millions of people who need care." We attribute this failure, in significant part, to chronic underfunding. The level of funding to support community-based mental health

treatment and needed support services is simply not on par with federal funding provided for other major illnesses, and bears no reasonable relation to the needs.

The public mental health system should be a reliable, effective safety net for those in need, whether for adolescents at risk of suicide, adults in the grip of severe mental illness, children haunted by the trauma of domestic terrorism, or homeless individuals with co-occurring mental and substance-use disorders. Our public mental health system should offer the very real hope for recovery that successful new treatments and evidenced-based models of care have made possible. But this system is underfunded and overburdened. And the strains on this system, and the dedicated mental health professionals working within it, are worsening. These already fragile systems are being buffeted by budget crises facing the States, many of which are weighing painful choices that threaten to close still more doors to people with mental disorders.

These considerations must find their way into the Senate's work on a budget resolution this year. Despite a pressing need to make mental health a national priority, proposals before the Congress would inevitably lead to diminished federal support for mental health needs or to pitting mental health needs against other pressing human needs.

As the Congress develops a blueprint for the fiscal year 2004 budget, and considers revenue proposals that have been advanced, it must reject choices that would have the effect -- in the next fiscal year and for the outyears -- of diminishing revenues needed both to meet Americans' health and mental health needs and to continue to advance our understanding of mental health through research. Tens of millions of Americans suffer from mental illness. All Americans are at risk of mental illness.

We urge you to make mental health a priority in the budget resolution for fiscal year 2004.

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 Counseling Association  
American Group Psychotherapy Association  
American Mental Health Counselors Association  
American Nurses Association  
American Occupational Therapy Association  
American Psychiatric Association  
American Psychiatric Nurses Association  
American Psychoanalytic Association  
American Psychological Association

American Psychotherapy Association  
American Society of Clinical Psychopharmacology, Inc  
Anxiety Disorders Association of America  
Association for the Advancement of Psychology  
Association for Ambulatory Behavioral Healthcare  
Bazelon Center for Mental Health Law  
Children & Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)  
Clinical Social Work Federation  
Depression and Bipolar Support Alliance  
International Association of Psychosocial Rehabilitation Services  
NAADAC, The Association for Addiction Professionals  
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 Protection and Advocacy Systems  
National Association of School Psychologists  
National Association of Social Workers  
National Association of State Mental Health Program Directors  
National Council for Community Behavioral Healthcare  
National Foundation for Depressive Illness  
National Mental Health Association  
Tourette Syndrome Association  
Union of American Hebrew Congregations