

NEWS

Massive mental health bill faces vote in U.S. Congress

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Efforts to strengthen the United States' tattered mental health system, and help millions of Americans suffering from mental illness, are getting a big boost this week, thanks to a mammoth **healthcare package** moving through Congress.

Key provisions from a mental health bill approved last summer by the House of Representatives have been folded into the \$6.3 billion 21st Century Cures Act, which aims to speed up drug development and increase medical research. The act also would provide \$1 billion in the next two years for prevention and treatment of opioid addiction.

The legislation aims to make mental health a national priority and coordinate how mental health care is delivered, says **Rep. Tim Murphy**, R-Pa., a psychologist who treats individuals with post-traumatic stress disorder and traumatic brain injuries at the Walter Reed National Military Medical Center in Bethesda, Maryland. Murphy, the mental health bill's author, says it places a strong emphasis on science, pushing federal agencies to fund only programs that are backed by solid research and to collect data on whether those with mental illness are actually helped. Among other provisions, the bill pushes states to provide **early intervention for psychosis**, a treatment program that has been hailed as one of the most promising mental health developments in decades.

Murphy began researching how to improve the mental health system after the Newtown, Connecticut, shootings in 2012, which raised awareness about the problem of untreated mental illness. He introduced his bill the following year. "That horror is etched on our collective memories," Murphy said Tuesday at a meeting of the House Rules Committee.

The House of Representatives is scheduled to vote on the Cures Act Wednesday, with a vote in

the Senate expected next week. Although the healthcare package has strong support, its passage is not assured. **Sen. Elizabeth Warren**, D-Mass., has said the bill favors the pharmaceutical industry at the expense of patient safety. Heritage Action for America, a conservative group, also opposes the bill because it would increase federal spending.

Many advocates for the mentally ill have praised the bill.

“The mental health field has lagged way behind other health disciplines in identifying services that really work,” says **Ronald Honberg**, national director of policy and legal affairs at the National Alliance on Mental Illness. Honberg calls the bill’s mental health provisions “necessary and promising.” He says he appreciated the bill’s focus on “preventing the most horrific consequences of untreated mental illness,” including homelessness, incarceration and suicide.

T. Scott Stroup, professor of psychiatry at Columbia University, says he was encouraged by the focus on “evidence-based treatment, rather than ideology- or opinion-based treatments.” That focus “will prevent people from wasting time on treatments that don’t work,” Stroup says.

The bill generally requires states to use at least 10 percent of their mental health block grants on early intervention for psychosis, using a model called coordinated specialty care, which provides a team of specialists to provide psychotherapy, medication, education and support for the families of individuals with psychiatric conditions, as well as services to help young people stay in school or their jobs. Research from the National Institutes of Health shows that people who receive this kind of care stay in treatment longer; have greater improvement in their symptoms, personal relationships and quality of life; and are more involved in work or school compared with people who receive standard care.

The bill also sets up a \$5 million grant program to provide **assertive community treatment**, one of the most successful strategies for helping people with serious psychiatric conditions, such as schizophrenia. Like the early intervention program, assertive community treatment provides a team of professionals who are on call 24 hours a day. The bill also expands a grant program for assisted outpatient treatment, which provides court-ordered care for people with serious mental illness who might otherwise not seek care.

First steps:

Although the bill authorizes these grants, a future Congress would have to approve funding for the programs. “The fact that a program has been authorized is no guarantee that it will be funded,” Honberg says. “It’s a necessary first step.”

If the bill passes, mental health advocates will lobby for Congress to approve funding for the most critical programs, Honberg says.

Other sections of the bill, based on legislation introduced by **Sen. John Cornyn**, R-Texas, give communities more flexibility in how they use federal grants. For example, communities could use community policing grants to train law enforcement officers to deal with people in the midst of a psychiatric crisis. Another provision would require the U.S. attorney general to create at least one drug and mental health court pilot program. Such programs aim to help people with psychiatric conditions or drug addiction receive treatment, rather than jail time, after committing minor offenses.

The bill recognizes that “we have a crisis in the way we treat serious mental illness and we’re doing to do something about it,” says **John Snook**, executive director of the Treatment Advocacy Center, which advocates on behalf of people with serious mental illness. “It takes all the best ideas in criminal justice and mental health and makes sure the federal government is supporting them.”

The mental health provisions have been in the works for nearly four years. Murphy acknowledges that some key provisions in his original bill were removed in order to garner broader support. “We didn’t get everything we needed, but we needed everything we got,” he says.

An earlier version of the bill would have changed a federal privacy law to allow doctors, under certain circumstances, to share mentally ill patients’ medical information with their family caregivers. Murphy says the change was needed, because doctors today often shut **families out of their loved one’s care**, refusing to share even basic information, such as appointment times, for fear of violating the Health Information Portability and Accountability Act (HIPAA). Many health professionals misunderstand the law, refusing to even listen to the families of individuals who are too disabled by psychosis to provide key details of their medical history.

Some advocates for the disabled objected to that change, however, arguing that patient privacy is essential, and that people might avoid care if they believe their doctors might disclose confidential information.

The new bill simply instructs the secretary of Health and Human Services to clarify when doctors can share patients’ medical information with family caregivers, as well as educate healthcare providers about what the law actually says.

“It’s a step in the right direction,” Honberg says. “There is so much misinformation about HIPAA. It’s one of the most mischaracterized laws out there.”

The bill also aims to better coordinate mental health care. Although eight federal agencies today fund 112 programs that provide mental health care, these agencies **rarely coordinate their efforts** to make sure individuals get the help they need and to avoid duplicating services, Murphy says.

The bill would make structural changes to the way federal agencies provide mental health services.

A new committee would link leaders of key agencies involved in mental health care, such as the Department of Veterans Affairs, the Department of Justice and the Substance Abuse and Mental Health Services Administration.

A new position — the assistant secretary for mental health and substance use — would oversee the Substance Abuse and Mental Health Services Administration and disseminate the most successful approaches to treating mental illness.

An advisory board, the National Mental Health and Substance Use Policy Laboratory, would also analyze treatments and services to help decide which ones should be expanded.

“We want the states to tell us what makes a difference, so other states can benefit from their success and learn from their failures,” Murphy says. “Let’s fund programs that work and keep them going.”

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