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The Helping Families in Mental Health Crisis Act H.R. 2646

Mental illness does not discriminate based on age, class or ethnicity. It affects all segments of society. The stories are haunting and the numbers are staggering. Nearly 10 million Americans have serious mental illness (schizophrenia, bipolar disorder, and major depression); but, millions are going without treatment as families struggle to find care for loved ones.

To understand why so many in need of care go without treatment, the Energy and Commerce Subcommittee on Oversight and Investigations launched a top-to-bottom review of the country's mental health system beginning in January 2013. The investigation, which included public forums, hearings with expert witnesses and document and budget reviews, revealed the federal government's approach to mental health is a chaotic patchwork of antiquated programs and ineffective policies spread across numerous agencies with little to no coordination. As documented in a recent Government Accountability Office (GAO) report, 112 federal programs intended to address mental illness aren't connecting for effective service delivery and "interagency coordination for programs supporting individuals with serious mental illness is lacking." While the federal government dedicates \$130 billion towards mental health each year, the so-called "mental health system" is best described by its deficits. To name just a few:

- There is a nationwide shortage of nearly 100,000 needed psychiatric beds.
- Three of the largest mental health "hospitals" are in fact criminal incarceration facilities (LA County, Cook County, and Rikers Island jails).
- Privacy rules that frustrate both physicians and family members generate nearly 8,000 official complaints yearly.
- For every 2,000 children with a mental health disorder, only one child psychiatrist is available.
- The leading federal mental health agency does not employ a psychiatrist.

Allows Parents and Caregivers to Help with Care

Breaks down barriers so families can work with doctors and mental health professionals as meaningful partners in health care delivery.

Increases the Number of Crisis Mental Health Beds

Provides additional psychiatric hospital beds for those experiencing an acute mental health crisis and in need of short term immediate inpatient care for patient stabilization.

Drives Evidence-Based Care

Establishes at HHS an Assistant Secretary for Mental Health and Substance Use with experience in mental health and substance use treatment to elevate these issues, coordinate programs across agencies, and promote evidence-based programs.

Builds on Existing Mental Health & Substance Abuse Parity laws

- Requires a public report on all federal investigations into compliance with the parity law so families and consumers know what treatment they have rights to access.
- Develops an action plan for improved enforcement of existing parity requirements.
- Clarifies that eating disorders must be covered under the current mental health parity standards.

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Brings Accountability to Federal Grant Programs

Establishes a National Mental Health Policy Laboratory to set objective and scientific outcome measures for mental health grants and bring accountability to mental health spending.

Focuses on Innovation

Creates a National Mental Health Policy Laboratory to drive innovative models of care, and develop evidence-based standards for grant programs.

Reaches Underserved and Rural Populations

Advances tele-psychiatry to link pediatricians and primary care doctors with psychiatrists and psychologists in areas where patients don't have access to needed care.

Expands the Mental Health Workforce

- Requires the Assistant Secretary to study and develop a national strategy for increasing the number of psychiatrists, child & adolescent psychiatrists, psychologists, psychiatric nurse practitioners, clinical social workers, and mental health peer-support specialists.
- Authorizes for the first time the Minority Fellowship Program.
- Clarifies that child and adolescent psychiatrists can participate in the Public Health Service Corps.
- Establishes a grant program for psychology students, interns, and postdoctoral residents to get education and clinical experience in community mental health settings.

Advances Early Intervention and Prevention Programs

- Authorizes, for the first time in federal law, the Recovery After Initial Schizophrenia Episode (RAISE), an evidence-based early intervention program.
- Reauthorizes the National Child Traumatic Stress Network.
- Launches a new early childhood grant program to provide intensive services for children with serious emotional disturbances in an educational setting.

Develops Alternatives to Institutionalization

Incentivizes states to provide community-based alternatives to institutionalization for those with serious mental illness, such as Assisted Outpatient Treatment, Assertive Community Treatment, and other intensive community-based approaches.

Focuses on Suicide Prevention

Reauthorizes the Garrett Lee Smith Suicide Prevention Program and for the first time authorizes the Suicide Prevention Hotline.

Increases Program Coordination Across the Federal Government

Establishes Interagency Serious Mental Illness Coordinating Committee to organize, integrate, and coordinate the research, treatment, housing and services for individuals with substance use disorders and mental illness.

Reforms Protection & Advocacy

Fixes the broken grievance procedure by providing an independent pathway so families can once again participate in the protection, care and advocacy on behalf of their loved one.

Provide grants to Train Police Officers and First Responders

Establishes a grant to provide specialized training to law enforcement officers and first responders to recognize individuals who have mental illness and how to properly intervene.

Saves the Federal Government Money

According the non-partisan Congressional Budget Office the bill save the government \$5 million over ten years.