

Mental Health Liaison Group

January 18, 2013

The Honorable Jack Kingston
Chairman
House Labor/Health and Human
Services Appropriations Subcommittee
2358-B Rayburn House Office Bldg.
Washington, D.C. 20515

The Honorable Rosa DeLauro
Ranking Minority Member
House Labor/Health and Human
Services Appropriations Subcommittee
1016 Longworth House Office Bldg.
Washington, D.C. 20515

Dear Chairman Kingston and Representative DeLauro:

Since the tragic shootings at Sandy Hook Elementary School in Newtown, Connecticut, there has been an outpouring of support for improving mental health care in America. Voices as diverse as the *Wall Street Journal* editorial page, the libertarian-leaning Cato Institute and governors across the nation have expressed strong bipartisan support for improving treatment for children and adults living with severe mental illnesses and those with a substance use disorder. While we know only a small number of violent acts directed towards others are committed by individuals with mental illness, these acts are more common among individuals who are not actively in treatment and who are abusing substances. Thus, we need to be sure access is available for both mental health and substance use disorder services.

Therefore, on behalf of the Mental Health Liaison Group, we are writing to seek a minimum of \$1.101 billion in total FY 2013 funding for mental health programs and \$2.386 billion for substance use disorder programs under the jurisdiction of the Substance Abuse and Mental Health Services Administration (SAMHSA). This professional judgment budget is \$146.8 million above the agency's total appropriations in FY 2012. This figure includes an adjustment to the funding levels for the Children's Mental Health Initiative (systems of care) and the Safe Schools/Healthy Students/ program, two key programs dedicated to youth services.

According to a report released by SAMHSA last year, nearly one half of individuals with severe mental illnesses do not receive any sort of mental health treatment. In addition, 21.6 million persons aged 12 or older needed treatment for a drug or alcohol use problem. 8 million adults had a substance use disorder with a co-occurring mental illness and 367,000 youths with a substance use disorder experienced a major depressive episode in 2011. In turn, lack of access has produced two pronounced outcomes. First, particularly since widespread state mental health spending cuts totaling \$4.6 billion began in 2008,

reports of local law enforcement being forced to respond to psychiatric emergencies have skyrocketed; this ever worsening phenomenon diverts line patrol officers and threatens public safety. Second, a 2010 nationwide survey of more than 6,000 hospital emergency departments showed that 70% reported “boarding psychiatric patients” for hours or days and 10% reported boarding persons with psychiatric conditions for several weeks. The net effect is to reduce access to those same emergency department beds for the victims of heart attacks, strokes, burns and auto accidents.

If anything, the treatment gap for children with severe mental disorders is even wider. Fully two thirds of children with serious mental and emotional disturbances (SEDs) do not receive mental health care either from their pediatricians or at school. Mental health conditions are the chronic conditions of our youth. Half of all individuals with a mental illness experience the onset – the initial manifestations – of the disorder by the age of 14, but do not seek treatment, on average, until the age of 24. SAMHSA operates the only federal programs dedicated to improving systems of care for youngsters in juvenile justice, special education and foster and securing safe environments for children in school settings and addressing this treatment gap.

Chairman Kingston and Representative DeLauro, we urge you to act on the bipartisan consensus emerging from the Newtown tragedy by appropriating at least \$3.487 billion in mental health and addiction funding for SAMHSA for the FY13 fiscal year.

Thank you for your attention to this important matter.

Sincerely,

American Academy for Child and Adolescent Psychiatry
Association for Ambulatory Behavioral Healthcare
American Association for Geriatric Psychiatry
American Association on Health and Disability
American Association for Marriage and Family Therapy
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Psychiatric Association
Anxiety and Depression Association of America
Bazelon Center for Mental Health Law
Center for Clinical Social Work
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Depression and Bipolar Support Alliance
Clinical Social Work Guild 49
Eating Disorders Coalition
The Jewish Federations of North America
Legal Action Center
Mental Health America

National Alliance to Advance Adolescent Health
National Association Community Behavioral Health and Disability Directors
National Alliance on Mental Illness (NAMI)
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 Council for Behavioral Health
National Disability Rights Network
National Federation of Families for Children's Mental Health
School Social Work Association of America
The Trevor Project
Witness Justice

