# Stop the Madness

By E. Fuller Torrey

Each year, about 1,000 people in the U.S. are murdered by severely mentally ill people who are not receiving treatment. These killings—about 5% of all homicides nationwide—are a testament to the perversity of deinstitutionalization. The emptying of our public psychiatric hospitals, a massive social experiment involving the release of some 830,000 patients, was undertaken on a multitude of flawed assumptions. It's time to reverse course.

Only a small minority of the mentally ill are violent, but many more are worse off than if they had remained in the hospital. They can be found carrying on animated conversations with themselves in public, living in cardboard boxes or, like one man who lived beneath New York's FDR Drive, training themselves for space missions. They often end up victimized, in jail for misdemeanors, or prematurely dead from accidents, suicide or untreated illnesses.

*New York's Bellevue Hospital: Its psychiatric emergency room now must cope with the consequences of deinstitutionalization.*

Seymour Kaplan, a psychiatrist who was one of the pioneers of deinstitutionalization in New York state, later called it the gravest error he ever made. The Empire State, which has released some 90% of its mental patients, typifies the policy's failures. Perhaps the ultimate symbol is the Keener Men's Shelter. For 75 years it was part of Manhattan State Hospital. As the state emptied the hospital through deinstitutionalization, Keener became a homeless shelter. When I visited a few years ago, it housed 800 men, 40% of whom were severely mentally ill. Several had been hospital patients in the same building—only then, they got the intensive psychiatric care they needed.

Deinstitutionalization has wreaked havoc on the quality of life, especially in New York City. Recent reductions in crime notwithstanding, New Yorkers still live with the fear that, as one local columnist put it, "from out of the chaos some maniac will emerge to . . . cast you into oblivion." The presence of even nonviolent mentally ill homeless in the streets and parks creates an inescapable sense of squalor and degradation.

## Ideology, Not Science

How have things gone so wrong? It is important to realize that the original underpinning for deinstitutionalization was ideology, not science. The idea had appeal across the political spectrum: Liberals found civil libertarian demands for mental patients' "freedom" persuasive; conservatives were happy to cut mental health budgets by shutting down state hospitals.

When deinstitutionalization shifted into high gear in the early 1960s, only one study had been done on the effects of moving severely mentally ill individuals from psychiatric hospitals to community living. The 20 schizophrenics in that study, published in England in 1960, did relatively well when moved from a hospital to a supervised community facilities. Virtually every American advocate for deinstitutionalization in the 1960s and '70s cited this paper—and did not mention that the 20 patients had been selected for the experiment because they were functioning at a high level and were able to work, unlike the vast majority of U.S. patients who would be sent packing.

Advocates of deinstitutionalization based their argument mostly on such texts as Erving Goffman's "Asylums" (1961), which asserted that psychiatric patients' abnormal behavior was mostly a consequence not of mental illness but of hospitalization. Research in the past decade has proved this assumption false: Studies using such techniques as positron emission tomography scans have shown that schizophrenia and manic-depressive illness are physical disorders of the brain, just as Parkinson's disease and multiple sclerosis are. Patients with such illnesses need medications to control their symptoms, which usually get worse without treatment.

Advocates assumed that mentally ill individuals would voluntarily seek psychiatric treatment if they needed it. As it turned out, about half of the patients discharged from psychiatric hospitals did not seek treatment once out of the hospital. Many of those who suffer from schizophrenia and manic-depressive disorder do not believe themselves to be ill. These untreated individuals constitute most of the mentally ill population who are homeless or in jail, and who commit violent acts. States, meanwhile, shirked their responsibility, in part because the mentally ill were newly eligible for a variety of federal programs.

During the mass exodus of patients from psychiatric hospitals, nobody bothered to ask what was happening to them. Incredibly, despite the vast scale of deinstitutionalization, the federal and state governments never commissioned evaluations of this social experiment, which after all had been launched with virtually no empirical base. As late as 1981, when deinstitutionalization had been under way for over 15 years, an academic review of research on the subject found only five studies concerned with outcomes, three of which were methodologically flawed. During these same years, the National Institute of Mental Health discovered that patients being released from state psychiatric hospitals were not, with only occasional exceptions, receiving aftercare.

What can be done to correct this debacle? First, responsibility for mental illness services should be fixed at the state and local levels. This is not something the federal government does well. Federal funds now being used for mental illness services should be given to the states in block grants. With responsibility should come accountability. State mental illness services should undergo an annual evaluation, carried out by a private contractor, that would partially determine the size of the next federal block grant. How would mental illness services change? States would doubtless discover that eliminating all state hospital beds is ultimately not cost-effective. A small percentage of seriously mentally ill persons need long-term hospitalization, and many more need monitoring to ensure their compliance with a treatment regime.

A second, more controversial reform is no less essential: The mental health system must provide for the occasional involuntary treatment of seriously mentally ill individuals. The crux of any commitment law is the conditions it sets for involuntary commitment to be legal. In many states, patients may be committed only if they can be shown to pose a danger to themselves or others. Courts often interpret this provision very strictly. The standard should not be dangerousness but helplessness. Society has an obligation to save people from degradation, not just death.

## Temptation to Accept

A major danger in thinking about the disaster of deinstitutionalization is the temptation to accept it. An entire generation of young adults has grown up seeing homeless mentally ill individuals living on the streets and in the parks. From their perspective, why shouldn't these people always live there? They are just one more inescapable blight on the urban landscape, along with broken-down cars at the curbs and garbage under the bridges. It is important for those of us who are older to speak out. We remember when homelessness was rare. We must not accept as inevitable the debacle of deinstitutionalization and its consequences. We made this problem, and we can correct it.

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*Dr. Torrey, a Washington, D.C., psychiatrist, is author of "Out of the Shadows: Confronting America's Mental Illness Crisis" (John Wiley, 1996). This article is adapted from the Summer issue of the Manhattan Institute's City Journal.*

# Inside Politics

Compiled by Greg Pierce

## Weld and Lott

Although Senate Majority Leader Trent Lott has declined to get involved in the argument between Sen. Jesse Helms and Massachusetts Gov. William F. Weld — "I don't have a dog in that fight" — Mr. Weld's only hope of becoming ambassador to Mexico depends on Mr. Lott's intervention, the Boston Globe reports.

However, at least one political observer thinks Mr. Lott might be persuaded to put pressure on Mr. Helms to allow hearings on the nomination.

Dick Morris — a former adviser to Mr. Clinton, Mr. Lott and Mr. Weld — tells the Globe: "If [Mr. Weld] gets some Republican senators to back him, he can be successful. He needs people like Al D'Amato, Jim Jeffords and John Chafee. If he can get some people to bring pressure on Lott, Lott might force Helms to bring it to the floor."

Mr. Weld, a Republican, already has considerable support on the other side the aisle, but one Democratic aide commented: "Everyone's got much bigger fish to fry than Bill Weld. No one's going to start a war over one Republican nominee."

## The Sanchez probe

House Democrats are ready to take a lesson from their Senate counterparts and demand an end to the investigation into voter fraud in California's 46th district.

Democrats say former Rep. Robert K. Dornan and House Republicans have come up short in their efforts to prove that Democrat Loretta Sanchez won her seat because of illegal votes by noncitizens. Over on the Senate side, Democrats have sought closure on a probe of Mary Landrieu's razor-thin victory in Louisiana last year.

"We're waiting another week," a House Democratic leadership aide told Roll Call. "After that, if the Republicans continue to look into this, all hell is going to break loose."

## Extremists

President Clinton's advisory panel on racial issues "is already becoming a forum for anti-white harangues and bizarre schemes that make quotas seem mild by comparison," the New York Post says.

"Take, for example, the innovative views of Angela Oh, a Los Angeles attorney who proves that Clinton's penchant for nominating lawyers with crazy racial schemes did not end with Lani Guinier and her idea of formally racialized elections," the newspaper said in an editorial.

"Oh is a strong defender of affirmative action. Indeed, she has said critics of quotas are actually motivated by 'a fear of competition' from favored groups.

"But this is nothing compared to the idea she proposed at the seven-member board's first official meeting last Monday [July 14]. She said that America needs to create a federal department to oversee racial issues. Her inspiration: the Orwellian 'ministries of unity' in Indonesia, where an authoritarian, one-party government relocates large groups of people from one part of the country to another to promote a national ethnic balance."

The newspaper said it is "astonishing that Clinton could pick such an extremist adviser," and noted that the panel's chairman, John Hope Franklin, has "launched vicious and ugly assaults against Supreme Court Justice Clarence Thomas."

## Media coverage

"I do not understand why it is not being carried on CNN," says Ellen Ratner, referring to the Senate campaign-finance hearings.

"What really drove me crazy is they carried that entire Flight 800 ceremony . . . and I don't understand why they did the whole 800 ceremony and they didn't do the hearings. It made me crazy," said Ms. Ratner, the Washington bureau chief of Talkers magazine, appearing Friday on the NET television program "Headlines and Deadlines."

Tim Graham, associate editor of Media Watch, commented: "There's no pressure from the media. Tom Brokaw did a story with Charlie Trie that was, again, a joke that really put no pressure on him to provide any answers. And, you know, when there is a story, I don't know what's better: no story or the rotten stories that we're getting when they finally get to the topic."

Mr. Graham said this week's coverage "will be a really good indication of how biased the media is."

Watch when former GOP Chairman Haley Barbour takes the stand, he said. "Now if suddenly we get live coverage or, you know, leading stories on the evening news, you'll know we've got a media that loves roasting the Republicans."

## Name game

New Jersey Gov. Christine Todd Whitman has shortened her name, reports Richard Stengel in the New Yorker.

"Mrs. Whitman has now been around the block. She's inevitably mentioned as a vice-presidential possibility in 2000. Sure, she's well known, but she's running for re-election, and she still has to reintroduce herself to the voters," Mr. Stengel writes. "But that name. It's begining to sound like Mrs. Thurston Howell III. Too patrician, too gentrified. No one uses the triple-decker moniker anymore. It's cumbersome, old-fashioned (See Clare Boothe Luce, Helen Gahagan Douglas, but not Paula Corbin Jones, who lengthened her name for precisely the same reason Mrs. Whitman is shortening hers.)

"There's a very simple remedy: the excision of one syllable and one consonant. Goodbye, Christine Todd Whitman, fox-hunting, tax-cutting, Talbots-wearing Rockefeller Republican; hello, Christie Whitman, soccer mom, to-the-split-level-born regular gal. Her new TV ads identify her simply as Christie Whitman. At the New Jersey Online Web site, you can click on Christie Watch and read how 'Christie Whitman . . . became the first Jersey Girl to hold the state's highest office.' At www.virtualcities.com, you can find Christie's recipes for raspberry chicken, fruit crisp, and her special spicy cornbread."

## Name game II

New York Lt. Gov. Betsy McCaughey Ross has decided to drop the "McCaughey" from her name, notes Fredric U. Dicker of the New York Post.

The Republican politician, who has totally alienated the GOP establishment in that state is considering a run against Sen. Alfonse M. D'Amato, is left with a thoroughly patriotic moniker: Betsy Ross.

## Raw purity

The journalists and commentators who declared the Senate campaign-finance hearings a bust after just one day all sounded like network programmers, Dorothy Rabinowitz writes in the Wall Street Journal.

"Any minute now, we thought, we would hear that this pilot wasn't catching on with the crucial 18-to-49-year-old audience," Ms. Rabinowitz said.

In fact, that first day did provide one amazing performance, she noted: Sen. Robert G. Torricelli's passionate plea for racial sensitivity. The New Jersey Democrat recalled watching the 1951 Kefauver hearings on TV and how Italian-Americans were grievously maligned. Mr. Torricelli did not mention that Mr. Kefauver was investigating the Mafia.

NBC reporter Lisa Myers, after reading in Roll Call that Mr. Torricelli was only 5 days old when the Kefauver hearings ended, confronted the senator with this fact — which brought a lecture about her insensitivity.

"After this delectable scene, the senator informs Ms. Myers — in a portion of the interview that wasn't aired — that the question she raised showed that she was not in touch with the concerns of mainstream Americans. The reporter recalls her amazement that her questions about the veracity of a speech could have brought down on her accusations of racial insensitivity. There is in fact nothing astonishing in this, accusations of this nature being in plentiful supply these days. Sen. Torricelli did not, that is, invent demagoguery of this kind — fascinating as this on-air display of it was in its raw purity."

The Washington Times
TUESDAY, JULY 22, 1997

**U.S. Department of Justice**

Office of Justice Programs

Mental health

Office of the Assistant Attorney General

*Washington, D.C. 20531*

July 21, 1998

MEMORANDUM TO: Shay Bilchik, Administrator, Office of Juvenile Justice and Delinquency Prevention
Jan Chaiken, Director, Bureau of Justice Statistics
Nancy Gist, Director, Bureau of Justice Assistance
Jeremy Travis, Director, National Institute of Justice
Kathryn Turman, Acting Director, Office of Victims of Crime
Bonnie Campbell, Director, Violence Against Women Office
Norena Henry, Director, American Indian/Alaskan Native Desk
Larry Meachum, Director, Corrections Program Office
Stephen Rickman, Director, Executive Office of Weed and Seed
Marilyn Roberts, Director, Drug Courts Program Office
Kathy Schwartz, Administrator, Violence Against Women Grants Office
Joseph E. Brann, Director, Office of Community Oriented Policing Services
Morris L. Thigpen, Director, National Institute of Corrections

FROM: Judith W. McBride, Senior Advisor to the Assistant Attorney General, Office of Justice Programs

SUBJ: Formation of Working Group on Mental Health and Crime

Assistant Attorney General Laurie Robinson has asked me to organize a working group to examine the Office of Justice Program's approach and ongoing efforts to address mental health issues at all stages of the criminal justice process. The working group will consider the impact of mental illness/health on crime, its reoccurrence, and the criminal justice system's proper response and interaction with other key federal, state, and local agencies. We would like representatives from all OJP bureaus and program offices, as well as from the Office of Community Oriented Policing Services and the National Institute of Corrections to participate.

It is clear that in the years following the deinstitutionalization of the mentally ill which began in the late 1960's, increasingly, the nation's streets, jails, and prisons have become, by default, the recipients of persons with a range of mental disorders and related problems. As a result, mental illness, its assessment, and effective treatment have become important issues in successfully preventing and reducing crime. This is an area in which the Attorney General has expressed a continuing interest and welcomes our guidance.

Our work will involve consulting with outside experts, as well as other appropriate DOJ components and other agencies, to develop recommendations for refining OJP's conceptual framework and programmatic response to this issue. Many issues need further consideration: For example, what kind of additional training would help law enforcement officers in their interactions with persons with mental disorders? What disposition options are needed? What should be the range of mental disorders assessed in juvenile and adult populations in jails and correctional facilities? What treatments should be available? How can we address issues arising for victims of the mentally ill? What additional research is needed to increase our understanding of these or related issues?

Recently, we conducted an assessment of OJP initiatives addressing mental health issues within the criminal justice system which will be shared with each of you shortly. Many of OJP's bureaus and program offices have launched important and encouraging work, which we will examine closely as we develop strategies to enhance and build upon our efforts.

I look forward to working with each of you and members of your staff to gather our best thoughts on where more work needs to be done and how to implement a comprehensive, coordinated approach to this issue. **Please let me know either by e-mail (mcbridcj@ojp.usdoj.gov) or phone (202/514-1563) who will represent your office on the working group by Friday, August 7.** As I receive the names of those persons participating, I will begin exploring mid-August dates to hold a first meeting. **Suggestions on background materials to share with the working group and experts to draw into our discussions would also be appreciated.**

Many thanks for your assistance.

cc: Laurie Robinson, Assistant Attorney General
Noel Brennan, Deputy Assistant Attorney General
Meg Morrow, Special Assistant to the Deputy Assistant Attorney General
Michael J. Dalich, Chief of Staff

5:6982

Needed with Lunch

**Penn, Schoen & Berland Associates, Inc.**
805 15th Street tenth floor NW Washington, DC 20005
Telephone (202) 842-0500 Fax (202) 289-0916

**To:** Tom Freedman

**From:** Jeff Epstein

**Date:** 4/20/99

**Fax Number:** 456-7431

**Number of Pages, including cover:** 5

**Comments:**

Let me know how these look. We brainstormed a couple of conference titles, and added them to the list. If you could get any final comments to me as early as possible tomorrow, and no later than 4:30, that would be great.

-Jeff

**If you have not received all the pages that are indicated, or are having problems with the reception of the materials, please contact our office. (202) 842-0500**

## Mental Health

1. Do you have a friend or a family member who has suffered from mental illness? (WE WILL LOOK AT THE ANSWERS TO THE OTHER QUESTIONS USING THIS QUESTION)
   1) yes
   2) no
   9) don't know DO NOT READ

2. Do you think the government ~~spends too much~~ money on mental health issues, not enough, or about the right amount?

   1) too much
   2) not enough
   3) the right amount
   9) don't know DO NOT READ

3. Do you think mental health is a very important problem, somewhat important, not very important, or not at all important?

   1) very important
   2) somewhat important
   3) not very important
   4) not at all important
   9) don't know

4. Given that 1 in 5 families deal with a mental health issue, do you think mental illness is a very important problem, somewhat important, not very important, or not at all important?

   1) very important
   2) somewhat important
   3) not very important
   4) not at all important
   9) don't know

5. Do you think that mental illness is solely the responsibility of individuals, or do you think that families should bear some of the responsibility?

   1) mental health is an issue that individuals should be responsible for
   2) mental health is an issue that families bear a responsibility to deal with together
   9) don't know DO NOT READ

6. What is closer to your view - mental illness is a ~~chronic problem~~ personal weakness that can't be fully resolved, or focusing more resources and attention on mental health issues can effectively address the problem?

1) mental illness is a chronic problem that can't be fully resolved
2) focusing more resources and attention on mental health issues can effectively address the problem
9) don't know DO NOT READ

7. Do you think that mental illness should be treated differently than a physical illness, or similarly to a physical illness?

1) differently
2) similarly
9) don't know DO NOT READ

Do you think M. illness is an overall part of some larger

**If President Clinton announced the following initiatives at a White House conference on mental health, would you be much more favorable, somewhat more favorable, somewhat less favorable, or much less favorable towards President Clinton?**

8. Increased funding to address mental health issues

If President Clinton announced this initiative at a White House conference on mental health, would you be much more favorable, somewhat more favorable, somewhat less favorable or much less favorable towards President Clinton?

1) much more favorable
2) somewhat more favorable
3) somewhat less favorable
4) much less favorable
9) don't know DO NOT READ

9. A ~~public awareness effort urging people to treat mental health as a serious problem and opening up a national dialogue on mental health issues~~.

10. A public awareness campaign to let people know about new prevention and treatments available for mental illness.

11. Requiring the federal health employees benefit plan, one of the nation's largest health plans, to offer mental health parity that will treat all patients ~~with~~ mental illness ~~fully and fairly~~. benefits for mental illness to be treated comparably

12. A new program through the Social Security administration that will help people with a mental illness get back to work.

private insurers
even .7 means premiums
2-3%

13. A new public awareness program to fight the stigma, negative stereotypes and discrimination associated with mental illness.

14. Release of a new comprehensive report on mental health.

15. Announcement of a new national 800 number that provides resources, ideas, and support on mental health issues.

16. Publication of a resource guide on mental health for school guidance counselors.

17. Formation of US Attorney's working groups on mental health in all 50 states, that will include meetings with medical, legal, and law enforcement professionals on mental health issues.

**END SERIES**

18. Which do you think is the best path for the government to take in addressing mental health? (READ/ROTATE CHOICES)

1) Increased Education and Public Awareness on issues such as Prevention, treatment, and discrimination
2) Passing legislation that enables more Americans suffering from mental illness to receive health care coverage
3) Increasing funding for research on mental health treatments and prevention
9) don't know DO NOT READ

19. Which of the following do you think is the best name for a White House conference on Mental Health? (READ/ROTATE CHOICES)

1) White House Conference on Good Mental Health
2) American Mental Health in the 21st Century
3) Building Stronger Families in the 21st Century
4) For Your Health: Stronger Mental Health in the 21st Century
5) Building a Bridge to Mental Health in the New Millennium
6) The Changing Face of Mental Health in the 21st Century
7) The Forgotten Illness: Mental Health in the 21st Century
9) don't know DO NOT READ

20. Which do you think is second best? (READ/ROTATE CHOICES)

1) White House Conference on Good Mental Health
2) American Mental Health in the 21st Century
3) Building Stronger Families in the 21st Century
4) For Your Health: Stronger Mental Health in the 21st Century

5) Building a Bridge to Mental Health in the New Millennium
6) The Changing Face of Mental Health in the 21st Century
7) The Forgotten Illness: Mental Health in the 21st Century
9) don't know DO NOT READ

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Do you think more
[illegible] at
schools

# Proposal
# WHITE HOUSE CONFERENCE ON MENTAL HEALTH

## *Goals and objectives*

The White House Conference on Mental Health will be designed to educate numerous audiences that mental health is an important part of our whole health and that we must look toward models of public health issues to assist us in moving the debate forward. What do we want people to get out of this conference? We want them to come away with a new perspective on the issue, an understanding of the current issues, a debunking of myths, and a call to action.

Also, the Administration will highlight new initiatives and commitments. Our goals and objectives in this endeavor will be:

1) To increase the public and media understanding of mental illnesses and mental health and dispel myths surrounding mental health;
2) To evoke change in government and private sector attitudes and practices related to employees and dependents with mental illnesses
3) To establish a road map for government and private sector achievements in mental health for the next five years and serve as a building block for the Surgeon General's report
4) To energize the mental health community and celebrate the 50th anniversary of mental health month;
5) To achieve some meaningful change in federal employee health benefit coverage of mental illnesses and promote public/private initiatives to address issues of mental health;
6) To support greater sharing of successful mental health programs among state and local governments;
7) To identify federal policies that are barriers to sound practices and policies in the private sector or at the state and local government levels;
8) To highlight successes and new medical developments (programs, medications, etc.) in prevention, diagnosis and treatment;

## *Pre-Conference Activities*

As a ramp-up to the conference, we want to hold a series of meetings with different groups and constituencies to pull them into the process and make sure that they all become stakeholders in the success of the conference. Some of the meetings would include the following organizations and individuals:

1) House and Senate Mental Health Working Groups
2) Congressional and Cabinet Spouses
3) U.S. Junior Chamber of Commerce (one of the original sponsors of Mental Health Week that grew into Mental Health Month)
4) National Governors Association
5) State Mental Health Directors
6) Insurance Company Association
7) HMO & Mental Health providers
8) Pharmaceuticals
9) Business Representatives
10) Agencies/Surgeon General's Staff

(Only a partial list)

We would pull these people together to convene diverse stakeholders to develop guidance for the conference in the form of responses to the following questions and challenges:

1) Suggest successes in mental health research, prevention, diagnosis and treatment that should be recognized and used as examples of important progress being made in the field of medicine.
2) Give examples of individuals who dispel traditional myths about mental illnesses.
3) Suggest examples of successful programs, approaches and collaborations that can be used as models in other states, communites, businesses, schools, etc.
4) What five specific achievements in the field of mental health would you like to see in the next five years in the following areas:

    a) in your family
    b) in your community
    c) in your state
    d) in the business sector
    e) in the health care system
    f) in the insurance system
    g) in federal policy and practice

## *Conference Outline*

### Themes

The overarching theme for the conference is the concept that mental health should not be viewed as separate or distinct from other aspects of health. We want to promote a more holistic view of health that sees mental and physical health as inter-related. Suggested umbrella theme line: "To Your Health! -- Mental Health Matters."

If you view all of the mental health issues that have been battled over the years, they all relate to the fact that mental health is treated differently than physical health. If we can begin with a premise that they should be treated the same and in fact are inter-related, then we have the basis for a new public way of thinking and new outcomes in all areas.

We also feel it is important to stress the fact that mental health matters to all ages so that we ensure that we encompass the issue of mental health for children and the elderly -- populations which have been traditionally ignored.

Some of the following themes reflect issues which face the mental health community:

1) Lack of awareness about those who face mental illness and about the disease itself;
2) Stigma and discrimination;
3) Reluctance to seek treatment;
4) Lack of awareness that prevention can be utilized effectively;
5) Lack of access to services and parity in insurance coverage.

Based on preliminary planning we have identified categories or issues to be covered during the WHCMH (see below). Each category will cover:

- A historical snapshot and a vision for the future-- Where we have come from and where we want to go.
- Best practices, examples and programs (highlighting Administration and Federal initiatives).
- The "human face;" a story that will make the issue come alive.
- An emphasis on programs in each category that address children and elderly.
- Clear three-point messages in each category that fit into the overall theme (TBD)
- One myth/fact associated with each category (the publicly held myth will be part of the public opinion survey).
- Call to action to the public or private sector.

Additional items to be considered will be: Speakers, Allied organizations in each category, and communications outreach targets (national and regional).

**Suggested Format**

1) Opening Session -- Begin with an overview that outlines how mental illness came to be viewed separately and how that led to many of the issues being discussed today: stigma, discrimination, lack of parity, reluctance to seek treatment, etc. Build on this discussion with a presentation of how much more we know today. Debunk the myths and detail how far the science has come. Show the advancements in treatment and prevention. Highlight how diagnostic tests are now available that show changes in the brain that signal mental illness. Draw parallels throughout the discussion between the way mental illness is diagnosed, prevented and treated and how specific physical ailments are diagnosed, prevented and treated.

   Different speakers would address the areas of research, prevention, detection and services.

2) Breakout Sessions -- Hold breakout sessions on all of the different aspects to focus on how this different approach and change in the way we think about mental illness can affect where we need to go. In each of these categories, we would cover how we got where we are, what are the barriers and myths, where do we go from here, and what are some of the models of care or "best practices" that we can highlight. We would continue to emphasize our themes of mental health being related to physical health and that it is important throughout our lives (ie. to ensure inclusion of children and elderly in debate):

   A) Attitudes/Stigma -- Show how major diseases in this country have been eradicated when awareness has reached the point where science, research, and treatment view them as public health issues. (I.e. eliminating polio, current campaigns on cancer, AIDS). Discussion of how to frame mental health issues as public health issues. Also, this discussion could highlight the need for children to receive more comprehensive mental health services.

   B) Research -- For so long mental illness has been viewed as personality weaknesses. Highlight the science and technology that shows that mental illness results when there is chemical or physical damage to the brain -- contrast that with how we treat other organs of the body.

   C) Detection and Treatment -- Identify why people don't seek treatment. Highlight the fact that treatment works, discuss some of the new treatments on the market. Look at how a person with a physical illness is treated from diagnosis through treatment through follow-up. Illustrate why we wouldn't send a person home from the hospital after treatment for kidney disease without follow-up. Show the disparities that currently exist in how people are discharged with mental illness.

D) Prevention -- Identify some of the new diagnostics that are available. Show how mental illness can be detected early and what preventions exist. Frame discussion as you would around a specific physical illness.

E) Access to Services and Provision/Lack of parity in insurance coverage. Highlight businesses that have provided parity in coverage who can show that employee productivity increases with mental health services, just as with other health services. Show how employer cost is not affected in the long run -- some employers actually save money.

3) Closing Session -- Moving forward. Look at the steps that need to take place to change public thinking and to bring treatment of mental health closer to the model that exists for physical health treatments.

A) Satellite sessions with medical schools. Talk to doctors-in-training (primary care physicians, general practitioners, etc.) about the link between physical and mental health, how to detect early warning signs, how to treat mental illness in the elderly, etc.

B) Advocate public education campaign around the concept of viewing mental and physicial health holistically. Include public service advertisements, web site, toll free hotline, outreach through talk shows, mailings to health professionals, mailings to counselors who deal with youth, teachers, etc. (Outreach through Mental Health Associations -- their mental health month campaign. Develop inter-agency effort, led by HHS and Labor, to distribute information on mental health. Ask the Ad Council to develop a national PSA campaign.)

C) Develop public/private initiative on parity. Announce some action on federal government that promotes parity and challenges private corporations to adopt principles of parity.

**Potential Conference Participants**

-- POTUS, FLOTUS, VPOTUS, MEG

-- David Satcher, Surgeon General and author of the upcoming Surgeon General's report on Mental Health
-- Mark McGwire, Major league baseball player who has spoken publicly about the mind-body link and the holistic approach to good health).
-- Dr. Donna Cohen, University of Florida professor who has done research into the prevalance of depression among the elderly and the suicide rate of Florida seniors.
-- Dr. Steven Hyman, Director of the National Institute of Mental Health and an expert on some of the recent advances in research with regard to mental illness.

-- Dr. Bernie Arons, Director, Center for Mental Health Services
-- Ken Purdy, President of Prime Tanning, a New Hampshire corporation that implemented parity nine years ago and maintains that it helps them stay competitive and retain employees.
-- Pete Domenici, Senator from New Mexico and author of the Domenici-Wellstone Parity Act.
-- Paul Wellstone, Senator from Minnesota and author of the Domenici-Wellstone Parity Act.
-- Nancy Min de Perle, Director of the Health Care Financing Administration (HCFA)
-- Roland Sturm, Economist with Rand and author of a Nov. 1997 study that found that giving employees mental health coverage on a par with physical health coverage would involve only minimal costs for employers.
-- Dr. John Rush, A psychiatrist from Dallas, Texas who served as an expert in the Lewis v. Kmart Anti-Discrimination case, in which he testified that major depression is a medical disorder, just like heart disease, cancer and diabetes.
-- Steven Schroeder, President, Robert Woods Johnson Foundation (or other Foundation representative)
-- Representative from Mental Health Association
-- Celebrity (Mike Wallace, William Styron)
-- Rosalyn Carter
-- State Mental Health Representative
-- State and local government representative
-- Secretary Donna Shalala, Department of Health and Human Services

## *Conference Media Outreach*

### Pre-Conference Media Outreach

As Mrs. Gore travels across the country, we have been holding a series of round table discussions, with local media presence, to serve as ramp-up events for the June 7th conference. One of our goals is to visit sites and programs that are experiencing success and can be highlighted at the conference as part of our "best practices." Time permitting, we could also incorporate visits with local editorial boards to discuss the issue.

We are also working in coordination with the mental health advocacy community that manages the public education campaign surrounding mental health month (which has its 50th anniversary this year). They have agreed to incorporate our umbrella theme (mental health plus physical health equals whole health. Tag line: "To Your Health – Mental Health Matters!") into their public education and advertising campaign. We would unveil the campaign during the conference.

The National Mental Health Association will conduct a public opinion survey that will explore public attitudes to some of the issues to be highlighted. Results of the survey could be released as part of the conference.

We would also seek to do a series of pre-conference media interviews to help ramp up. These would include some of the following opportunities already identified:

1) NBC Prime Time special on the incarceration of the mentally ill -- Done
2) Op-ed for USA Weekend by Tipper Gore -- Done
3) Cover story with a major women's magazine (Self, Redbook) -- Done

The following are requests and media opportunities which we have received. We will schedule two to three days in May for Mrs. Gore to do media interviews prior to the Conference and would need to identify surrogates to handle the requests that cannot be fulfilled by Mrs. Gore:

1) Networks – We met briefly with Peter Jennings and will need further meetings. ABC is planning to cover the conference and the issue of mental health in every one of their news outlets (Nightly News, Nightline, 20/20, GMA, etc.) This will be a huge amount of coverage requiring tremendous coordination. Similar outreach should be conducted to Mike Wallace at CBS to help coordinate coverage throughout their news entities – (he has acknowledged publicly suffering from depression and mental illness) as well as Bob Okum for NBC. We should prepare a morning show plan that would allow one or more to broadcast from the White House during the conference (or Howard) and make a determination of who should be booked in addition to Mrs. Gore for the day of the conference.
2) CNN – Mrs. Gore is taping a PSA on mental health for their "Voice of the Millennium" series. We should also coordinate with Larry King Live to do a show on depression (which

has been under discussion for some time), as well as work with Sara Ruth on the coverage of the conference.

3) Newsweeklies – We are in discussion with Karen Tumulty of Time Magazine to do a package piece which would include a profile of Mrs. Gore and a (possible) cover story on the state of mental health policy in this country. Newsweek is also working on a profile piece which will include a focus on Mrs. Gore's work on mental health. US News has not yet been approached.
4) Newspapers: Time permitting, hold a roundtable discussion in May with health reporters from the major dailies – invite them to the White House. Mrs. Gore, Mrs. Clinton, Surgeon General Satcher, Secretary Shalala could present.
5) Radio Requests: North American Broadcast Company (AZ, RI, CT, MA); American Urban Radio Networks' Bev Smith Show (African-American audience);
6) Trade Publications: Mental Health Report
7) Television Requests: PBS' "To The Contrary" and "The Doctor Is In"; WJLA-TV w/ Kathleen Matthews (Wash, DC); Infinite Mind

We should also explore the possibility of a joint radio address with Mrs. Gore and the President for the Saturday before the conference, as well as sound bites from all four principals on the actuality line.

**Materials**

We would put together materials that will amplify our messages by "debunking myths." (I.e. Myth #1 -- mental illness doesn't affect me. Truth -- mental illness impacts one in five people.) Press paper and outreach will be developed around these myths. Press could be targeted around these materials (i.e. week-long Today Show piece with Katie Couric focusing on debunking a different mental health myth every day.)

**Announcements/Deliverables**

We would release the results of our public opinion survey as part of an advance news announcement that would go out the week before. Our goal would be to advance as much of the smaller deliverable announcements the week before, particularly targeting USA Today for their Friday/Saturday/Sunday issue. Major news (i.e. parity) would be held for the conference.

We would utilize the press offices of the mental health associations to target association newsletters, trade media and regional mental health media.

We would utilize the White House regional press office to target specific regional media in areas where we are highlighting a "best practice" facility through the Conference, as well as assist in the effort to put out any announcements or deliverables that come as a result of the conference.

What about meaning in a 'Strengthening Communities' framework

Beyond the Myths:

Towards a Research Good Mental Health in the Next Century

We would focus our effort on key one-on-one opportunities utilizing MEG in the days and week surrounding the conference. Some of our targets would include:

In addition, we will utilize the various tools of the White House press office to amplify our message whenever possible (i.e. actuality line, one-way conference calls with regional media, distribution of materials to White House press corps).

**Radio Outreach**

The White House radio office would bring some of the nation's most-listened to health and medical radio programs to the White House in conjuction with the White House Conference on Mental Health. Five to ten shows would be broadcast live from the North Lawn of the White House the morning of the conference, and principals and surrogates, as well as some of the speakers involved with the conference would do one-on-one interviews.

**TV/Radio Doctors**

We would also bring in the well-known medical doctors who are tv personalities (Dr. Bob Arnot, Dr. Dean Ornish) to broadcast live for the morning shows or for other TV talk shows they represent.

**Post Conference Follow-up**

We will host a Freedom Forum Conference on Mental Health, in July, to help educater journalists on issues of how best to cover mental health in the media. The target audience would be print and electronic media (including movies, tv and entertainment programs) -- editors, directors, executive producers, anchors, reporters, people who have covered mental health extensively. We could get Jack Nelson, Mike Wallace, Art Buchwald, Ted Turner and

Beyond the Myths: A New Era in American Mental Health

Stigma

Physical / Mental

New Era

Cradle to Grave

## *Timeline/Action Plan*

*December*

| *Action* | *Person Responsible* |
|---|---|
| Call substance abuse leaders and get background information on substance abuse events at White House. Call McCaffrey. | AH |
| Call Mrs. Carter and ask John Gates to serve on Advisory Committee | MEG |
| Contact trade press and press representative for mental health associations | JD |
| Design public opinion survey questions | JD |
| Develop theme for mental health month | JD |
| Meeting with Surgeon General | MEG |
| Call John Siegenthaler re Freedom Forum | SH/JD |
| Schedule meetings for after first of the year with:<br>-- Junior Chamber of Commerce<br>-- National Governors Association<br>-- State Mental Health Directors<br>-- Insurance Company Association<br>-- HMO and Mental Health providers<br>-- Pharmaceuticals<br>-- Business Representatives | AH/MEG |
| Arrange for Conference team assigned to MEG's office | AH |

*January*

| *Action* | *Person Responsible* |
|---|---|
| Name Conference Advisory Committee | AH |
| Launch Mental Health groups to set up pre-conference workshops | AH |
| Hold Meetings with:<br>-- House & Senate Mental Health Working Groups<br>-- Congressional and Cabinet Spouses Forum on MH issues | AH/MEG |

Replies — 2 questions

Why? → is sending this → Shed light encourage fear is danger

What? → Answer response. discourage stigma.

| | |
|---|---|
| -- Junior Chamber of Commerce<br>-- National Governors Association<br>-- State Mental Health Directors<br>-- Insurance Company Association<br>-- HMO & Mental Health Providers<br>-- Pharmaceuticals<br>-- Business Representatives | |
| Secure Conference Site | AH |
| Secure Satellite Sites w/ appropriate Cabinets and coordinate with their regional offices | AH |
| Outline plan of deliverables | DPC |
| Begin MEG site visits | MEG |
| Meet with Freedom Forum people to initiate pre-conference seminar | SH/AH |
| Begin media outreach to long-leads | JD |

*February and March*

| ***Action*** | ***Person Responsible*** |
|---|---|
| Continue MEG Site visits | MEG |
| Pre-conference workshops held by mental health groups | AH/MEG |
| Hold meeting of Advisory Cte | AH/MEG |
| Begin developing agenda and participants list (2nd week of April - invites out) | ALL |
| Begin preparing invitation list | ALL |
| Hold meetings with:<br>-- Junior Chamber of Commerce<br>-- National Governors Association<br>-- State Mental Health Directors<br>-- Insurance Company Association<br>-- HMO & Mental Health providers<br>-- Pharmaceuticals<br>-- Business representatives | AH/MEG |

FOR ~~YOUR HEALTH~~:

~~WE CARE~~ ON ~~GOOD~~ MENTAL HEALTH IN AMERICA.

BIG

STORY IS PART

Good Mental health is good business

GOOD MENTAL HEALTH IS GOOD BUSINESS

Where all we

Where do we need to go

- Science (Schools)
- prevention (Student)
- business (
- women (
- Communities (Bu

To your health - mental health matters

## OFFICE OF PERSONNEL MANAGEMENT

Definitions (7)

-- **OPM will assure the Federal Employees Health Benefits Plan -- the nation's largest private insurer -- offers mental health parity.** 9 million FHEP ? Can't require to private

-- **OPM will implement measures to eliminate the stricter standards currently applied to federal hiring practices for adults with psychiatric disabilities.**

## SOCIAL SECURITY ADMINISTRATION

-- **A new pilot program to help people with mental illnesses get the treatment they need to return to work.**

-- **A new outreach campaign to sign up children with disabilities -- many of whom have mental illnesses -- who are eligible but not enrolled in SSI.**

## DEPARTMENT OF LABOR

-- **New outreach initiative to educate Americans about mental health parity.**

-- ***Note: Enforcing mental health parity.*** We have also asked that DOL to review whether there is anything they can do to assess the extent to which employers are currently complying with the law and to improve enforcement.

-- ***Note: Mental health and employment.*** We are still awaiting information from the President's Task Force on Disabilities (run out of DOL) as to what steps they can take to improve employment opportunities and eliminate discrimination for people with mental illness.

## DEPARTMENT OF JUSTICE (Andy Schoff)

-- **New strategies to assure that DOJ's Office of Victims of Crime is equipped to address the mental health needs of crime victims.**

-- **A collaborative conference to develop new strategies to address mentally ill in the criminal justice system.**

-- **A promising practices handbook to educate communities about how to improve mental health needs throughout the criminal justice system.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

-- **A new regulation to prevent seclusion and restraint and endorsing broader legislation on this issue**

-- **A new research project to examine strategies to address mental health and homeless families**

-- **A new state-by-state report showing that the Children's Health Insurance Plan a strong mental health benefit**

-- **Mental health awareness stamp**

-- **Administration Working Group on Mental Health.**

-- **Mental health web site**:

**Others that we are still working with:** We are still waiting for the HUD, the Department of Education and VA and DOD to determine what specific steps they might be able to take to help people with mental illness.

PRIVATE/PUBLIC INFORMATION CAMPAIGN

TOP MENTAL HEALTH MYTHS

Peggy Mason

**OTHER IDEAS FOR CONFERENCE**
(possible additions to your already strong list)

**1. WH Report on Mental Health in America.** This Report would survey existing academic work and collect important published numbers on the cost of untreated mental illness to the economy, the prevalence among different groups, the number of people not covered by insurance, the human costs in suicides, etc. This would be good material for reporters doing stories and could be issued on the day of the Conference by the WH or HHS.

**2. US Attorney Working Groups.** We should announce that each of the 80 some US Attorneys will lead a working group including local public health leaders, advocates and community groups to coordinate planning in their geographic area. Similar working groups are underway on hate crimes. DOJ project.

**3. 800 Number.** We should establish an 800 number that people can call and be referred to resources in their local area. HHS should coordinate but private organizations (like the pharmaceutical companies) might help put up the money. HHS lead.

**4. School Resource Guides.** It may be too late, but Education should be tasked to put together a resource guide for counselors for the upcoming school year. We should be able to announce that they will be doing it.

# NATIONAL MENTAL HEALTH AWARENESS CAMPAIGN

750 17th Street NW Suite 1100 Washington, DC 20006 ph: 202.778.2309 fax: 202.778.2330

November 29, 1999

MEMORANDUM

To: Marsha Scott - 456-5558
Audrey Haynes - 456-6298
Tom Freedman - 456-7951

From: Laura Capps

Re: Update

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A. **$:** Funds have been secured. $75,000 was deposited in the bank this morning. Several fund-raising meetings to occur this week and next.

B. **Youth Campaign**: Steve Friedman and Ethan Zindler of MTV would like to meet with us to discuss MTV's potential production of the youth ad campaign. They are proposing to do the whole thing in house. The upside is lower cost for the Campaign, the downside is that they would have a negotiated amount of 'creative control' while the Campaign funds the majority of the cost. ----- I hope to schedule this meeting for **Friday, December 3 at 3pm**.

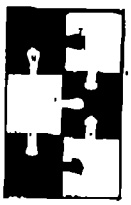
C. **Board of Directors:** I made a lot of contacts at the Carter Center Symposium on Mental Health and now have a good list of potential members of the board of directors. The establishment of the board should be completed by mid January. Of course, this list is still *in need of suggestions* -- to be discussed further:

1. Rosilyn Carter (if not her, then Tom Bryant or another link to the Carter Center)
2. Kay Redfield Jamison
3. Nancy Domenici
4. Ron Dozoretz (very interested, if not board of directors then advisory board.)
5. Dr. Golnar Simpson (?? HHS's candidate, President Clinical Social Work Federation)
6. Frieda Lewis Hall (formerly of NIMH, but at Lilly now, which is problematic....)
7. Bob Boorstin (has been very helpful thus far, would be instrumental in the direction)
8. Gloria Rodriquez-- (started an alliance that provides mental health services to under-served people, mostly Latino. She gave an amazing presentation at the Carter Center)
9. Dr. Howard Goldman (scientific editor of the Surgeon Generals Report)
10. Media person?
11. Marsha? Skila?.....

D. **MEG's role and corporate memberships**: yet to get an answer from WH Counsel on the exact way to refer to Mrs. Gore's role. Also, no verdict yet if corporations can give money ($100,000) to be on the Advisory Board (as in the case of Welfare to Work and National Campaign Against Youth Violence.) Answers on these issues would be tremendously helpful to my efforts. Any help on these fronts would be greatly appreciated.

E. **Contract:** soon to be signed with the Ad Council. Buz Waitzkin will review and approve. Once approved, the research can begin.

F. **Carter Center Research**: The following research is interesting and will be helpful. I've obtained all the quantitative data and responses from the Celinda Lake focus groups.



LAKE SNELL PERRY
& ASSOCIATES, INC

**TO:** The Carter Center

**FROM:** Celinda Lake, Alysia Snell, Dawn Hoffman
Lake Snell Perry & Associates

**RE:** Summary of Research Findings[1]

**DATE:** July 22, 1999

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Throughout this research project we were struck with how much people knew about mental illness, how many respondents had been personally affected, and how much voters believed any family could be affected. Many respondents recognize the problem of America's mentally ill and view it as a problem that has heretofore been unaddressed. Still, for many, mental disorders refer to "others" not themselves and actual knowledge about treatment is vague.

Voters are unfamiliar with the role the Surgeon General plays and where the report fits in. Key components of this report will resonate with the public if couched in easily understandable terms and language brought to bear by credible spokespeople, besides the Surgeon General himself. The Surgeon General is a starting point but not necessarily an acceptable advocacy leader to the public, instead they would most likely listen to a mental health professional.

The public is unfamiliar with the many complexities of mental illness, including existing diagnosable disorders and treatment options. They are aware that they too carry stigmas with regards to the mentally ill due to their own lack of knowledge and worry about the effect of stigma on families' reactions to problems. The public must be reached through straightforward, unified language. Throughout this campaign, people must be reached by

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[1]Lake Snell Perry & Associates conducted five focus groups for The Carter Center and The MacArthur Foundation June 15-16, 1999. These groups consisted of one group of white women, one group of African Americans, and one group of Hispanic men in Chicago, Illinois; one group of Hispanic women and one group of white men in Pasadena, California.

These groups were followed by a survey which reached 1000 adults aged 18 and older nationwide. The survey was conducted between July 1-5, 1999. The margin of error for this survey is +/- 3.1 percent.

a single definition of mental illness, a message that brings this problem to a personal level, one which brings the argument into our own homes.

Language:

The public uses mental health and mental illness interchangeably. Therefore, for the public outreach we do not need to make the distinction between the two. Either term is sufficient enough language to encompass the whole of the debate. People associate problems with both terms and do not readily volunteer an understanding of positive mental health. People of color link substance abuse and mental illness. Others are less likely to do so.

Focus group respondents react negatively towards phrases such as emotional disorders, which many perceive as lessening the debate and detracting from the seriousness of the illness. Men see emotional disorders as circumstances that can be controlled by individuals themselves, not as real disorders. They make a delineation between those illnesses which are severe and those conditions you have once and a while or seem more "emotional". Several focus group participants equate emotional disorders with children and self-esteem problems. People are also disturbed by the phrase emotionally disturbed which they associate with "erratic" behavior. Some voters already worry about images of violence and mental illness. Language which reinforces this association is dangerous. Descriptions of "chronic" illnesses frighten individuals with fears that little or nothing can be done to treat them. The term "disability" evokes more sympathy among participants, but also raises images of abuse. Additionally, voters are totally confused by the term somatic and are unfamiliar with the term. We recommend that it is least confusing to the public to stick with one definition of the problem, the most neutral being "mental illness".

Participants also respond to facts which bring the magnitude of the problem home to them -- one in five Americans are affected by mental disorder, 44 million American adults experience a mental disorder each year, 13.7 million American children experience a mental disorder each year, by 2020 major depression is projected to be the second leading cause of disease burden, and nearly half of all Americans experience an episode of mental illness at some time in their lives. These facts are effective because they illustrate the point that it can happen to anyone.

Messages:

Messages that personalize the battle to treat mental illness, arguments reinforcing the fact that mental illness affects everybody, arguments surrounding the stigmatization of mental illness, and arguments that place mental illness in the realm of physical illnesses resonate the best among focus group participants and among the public. Bringing this home to voters and personalizing the issue is better than complicated scientific or structural

arguments. Arguments geared towards cost, statements overloaded with hefty statistics, arguments surrounding kinds of treatment, and arguments with difficult language such as the difference between "somatic" and "mental" test less well among focus group participants.

Fundamental to Health Message: "Mental health is fundamental to the health of all people and must be of concern to all people. At all levels, mental disorders can affect school performance, employment, physical health, family structure, housing and quality of life. However, stigma continues to shadow people with mental disorders and their families and is one of the many reasons behind bias, distrust, fear, embarrassment, or avoidance. There are myths around mental health and mental illness that they are not real and cannot be cured. Mental illnesses are real and we need to destigmatize this illness so people can get the care they need and families can get help to deal with these problems."

- This message and the use of "stigma" language is the most popular tested between the focus groups and the questionnaire. People can empathize with the descriptions of myth and discrimination, because they admit to harboring many fears and stereotypes of the mentally ill themselves. Participants admit that they need more information on the subject of mental health. People digest what they receive from the media, pictures of the mentally ill as criminals or the homeless, individuals unaware of their surroundings. Although many recognize depression and similar disorders as mental illness, the face of the mentally ill is still often a frightening realization for many Americans. This brings it home. Thus, focus group participants recognize the need to combat stigma so people can get the help they need without shame. People also react to language that mental health is fundamental to the health of all people.

    - *Chicago Female– "I like the way they said that it affects everything. If you have children, it affects the parents. The parents it affects the marriage..."*

    - *Chicago Female– "A lot of times when I read about these crimes, I always think about mental illness. I think you would have to be mentally ill to have done that."*

    - *Pasadena Male– "Well it's true, a lot of people don't want to admit they are mentally sick and so therefore the last statement you said, we need to get rid of that. I guess its putting people in a class. And people don't like that. They'd rather be treated but, we don't want to say what we're being treated for."*

- *Hispanic Male– "I'm telling you it affected everybody. It affects everybody's life. Neighbors have to go out of their way for you. People have to do things for people with mental illness..."*

- This message is also the most powerful argument tested among survey respondents. A majority of Americans (53 percent) find this message very convincing, another 32 percent find it somewhat convincing. Groups most likely to find this argument very convincing include women (60 percent very convincing), Democrats (58 percent), Democratic women (65 percent), Independent women (61 percent), young Democrats (61 percent), widows (64 percent), separated/divorced individuals (59 percent), unmarried women (65 percent), African Americans (58 percent), the unemployed (58 percent), and households with incomes between $50,000 and $75,000 (58 percent) and under $15,0000 (60 percent).

Mental and Physical Illness Message: "Mental health is an invaluable component of leading a balanced life. Mental illness interferes with an individual's ability to cope and lead a meaningful life. Mental illnesses are a set of diseases like other physical illnesses and must be given the same priority as other medical illnesses so that people are able to lead productive lives and enjoy a good quality of life. All of society will benefit when we work to prevent, treat, and care for mental disorders just like we do other serious physical illnesses."

- Language comparing and linking mental illnesses to physical illnesses is extremely popular among both focus group and survey participants. Comparing mental illness to existing, diagnosable physical diseases solidifies arguments because all people understand the importance of physical health to their daily lives. This language also levels the playing field for the battle for mental health care. To respondents mental health means balance and they like the use of the word "balanced" to describe mental health. Voters, however, do not like the specific analogy to cancer which they believe is a more deadly and pervasive disease.

- *Chicago Female – "They showed that is more or less as common as cancer. Everybody is so concerned with getting cancer in our country. You read about it every day almost. To put it in that light that it is as common as possibly getting cancer...Just to show how common it can be."*

- *Chicago Female– "I think it was pretty convincing because of the fact that it mentioned it should be treated like any other medical illness. It is a medical illness. I think that is part of the problem. People think of cancer and ulcers and broken arms over here and mental illness over here. No, it's all one, and yes, it can be treated."*

- Overall, 51 percent of voters find a message comparing mental to physical illness very convincing. Adults who find this message convincing tend to be women (59 percent very convincing), older women (63 percent), non-college educated women (62 percent), older non-college educated voters (57 percent), African Americans (60 percent), white women (59 percent), retired women (63 percent), homemakers (76 percent), and residents in the East North Central and East South Central states (58 percent and 60 percent respectively).

<u>One in Five Message:</u> A message which says mental disorders affect us all tests well in the focus groups.

"Mental disorders affect many Americans. At least one in five Americans are affected by a mental disorder. 44 million American adults and 13.7 million children experience a mental disorder each year. This is a problem that affects us all – our families, our friends, our neighbors, and our co-workers. Such an extensive problem that might well affect half the people in this room cannot be overlooked. We need to provide our families the help they need when they need it."

- There are several pieces of this message that resonate with focus group participants. Providing "families" with the help they need personalizes the argument for many individuals, coupled with the fact that one in five Americans are affected by a mental disorder. This argument seems to be a sobering realization for participants that mental illness affects everyone and one day may affect their own families, bringing the dilemma closer to home. Women were particularly supportive of this message.

  - *Chicago female– "[I]t was more or less that there are family mental problems out there and they do need help."*

  - *Chicago female– "[T]he part about half the people in the room. It makes you really think about it. It's a lot of people involved and that it needs to be addressed."*

- *Hispanic Male– "The fact that mental illness can touch anybody at any time."*

- When a similar message was tested in the survey we found support high.

"Mental disorders affect many Americans. At least one in five Americans are affected by a mental disorder. 44 million adults experience a mental disorder each year. This is a problem that affects us all – our families, our friends, our neighbors, and our co-workers. Such an extensive problem that may affect nearly half Americans at some point in their lives cannot be overlooked. Mental illness can affect anyone, anytime, and it is a fundamental health concern for all of our families."

- This message was worded in two ways, one espousing the effects of mental illness on many Americans and one espousing the effects of mental illness on many Americans, including children. Both messages were equally popular, although the language excluding children was slightly more convincing to respondents (48 percent very convincing without children, 44 percent very convincing with children). When the statement about children is used, the largest drops in support occur among seniors, respondents ages 30-39, married fathers, individuals in the South Atlantic region, Hispanics, and older non-college graduates. Overall, 83 percent of combined responses find this argument at least somewhat convincing.

- Differences emerge between genders, with 51 percent of women finding the overall language of the argument very convincing compared to only 41 percent of men. The argument's biggest supporters are women (51 percent very convincing), individuals under 30 (51 percent), young non-college grads (51 percent), Democratic women (51 percent), Independent women (58 percent), young Democrats (51 percent), unmarried women (58 percent), young blacks (51 percent), black Democrats (57 percent), unmarried blacks (63 percent), and unmarried mothers (60 percent).

Cost Message: "Mental illness costs us money. The direct costs of mental health services for treatment and rehabilitation in the U.S. in 1996 totaled $69 billion dollars which represents 7 percent of the total health care spending. The indirect costs of mental illness through lost productivity at the workplace, school and home due to premature disability were estimated in 1990 at $78 billion. This is too large of a problem to ignore."

- Arguments surrounding cost did not test well among either focus group respondents or the general public, although some respondents do wonder who

is going to pay for it. People are less concerned with numbers, believing a price tag cannot be placed on a person's health. Furthermore, people are unsure what these costs entail. The only individuals struck by this argument are men, and they are concerned that the expense is the result of fraud and other abuses of the system. The only concerns others have regarding costs are those expenses incurred to the individual seeking treatment, the high price of medication and therapy and the failure of most insurance plans to cover these costs. Thus, for these individuals, cost is a factor of individual accessibility.

- *African-American male– "I say most of it is fraud."*
- *Hispanic Male– "That is a lot of wasted money. That is too much money."*
- *Chicago Female– "I didn't think money would be the buzz word. I think we're most affected by the repercussions and the effects of mental illness in this country. The pocketbook is not the issue, we feel."*

Similarly, only 34 percent of survey respondents find this argument very convincing. Seventy-five percent overall find the argument at least somewhat convincing. Adults age 40 to 49 (41 percent very convincing), older women (39 percent), non-college women (40 percent), Democrats (40 percent), Democratic women (44 percent), Independent women (39 percent), African Americans (45 percent), and residents in the South Atlantic (41 percent) are most likely to find this message convincing.

Treatment Message: "Effective treatments exist for the majority of mental disorders and we are finding new treatments all of the time. More and more effective treatments to combat mental illness and mental disorders are being developed each year and people with almost any form of illness can now get treatment that makes a difference. Mental illnesses can be treated effectively with either medication or therapy, with sometimes the most effective treatment combining the two. Appropriate treatment can alleviate the symptoms of mental illness, enabling people to manage the troubling aspects of their illness and improve the quality of their lives."

- Treatment arguments are less intense among both focus group participants and questionnaire respondents. Focus on treatment is less useful than focus on illness and raises questions among respondents. There is some concern

that since you cannot measure mental illness, it will be difficult to treat and prove. They are more skeptical that some will use it as an excuse. Several respondents find this argument to be vague, wondering what treatments people undergo and how effective these treatments really are. People ultimately decide to leave the discussion and decisions on treatment to health professionals.

- In the survey, only 28 percent of survey respondents find this argument very convincing, 36 percent when you add the language of giving individuals more choices. Adults who find this message convincing include women (38 percent very convincing), seniors (39 percent), older women (43 percent), non-college educated women (40 percent), younger African Americans (40 percent), retired women (38 percent), homemakers (47 percent), and residents in East South Central states (40 percent).