DEVORAH R. ADLER
Domestic Policy Council

Box 4 of 4

Folders:

Mental Health
Restraints
LTC
PBOR
Nursing Homes
Privacy
Radio Address – Jeffords-Kennedy
Jeffords-Kennedy
OPM/Disabilities
Medical Errors
Asthma
Alternative Medicine Commission
Conf of Int'l Assoc. of Fire Fighters
Conf of Int'l Assoc. of Fire Fighters
Ritalin
Insure Kids Now

Files:

Weeklies
Weeklies
Weeklies

Enclosures filed in Oversize Attachments # 20148
NARA # 17352

Notepads:

Work Notes
Work Notes
Work Notes
Work Notes
Work Notes
Work Notes
Work Notes
Work Notes
Work Notes
Work Notes
Work Notes
Work Notes
Work Notes
Work Notes

Insure Kids Now Brochures
Insure Kids Now Brochures
Insure Kids Now Brochures

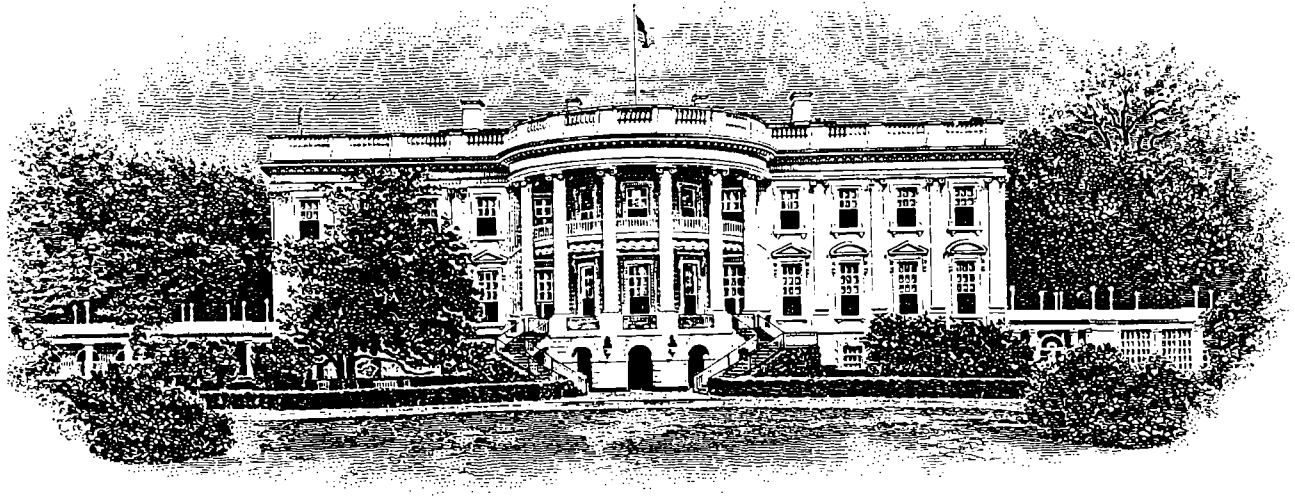
Binder:

Organ Sharing

Mental Health

The White House

PHOTOCOPY PRESERVATION



- Today JFK Worker Incentives Improvement Act 9th Anniversary / July 26th
+ Sched EO Facilitating Conference & Empowerment & [illegible] activities of [illegible]
- Monday [illegible] 1st White House Conference on Mental Health

Eliminating barriers

1st National Anti-Stigma Campaign

This fall

[illegible] [illegible]

[illegible] Gore

Honorary Chair

14 Break-out Sessions

22 Member of Congress

[illegible] Over 1000 [illegible]

to [illegible] Plenary Session

All 4 principles

9 Departments + Agencies [illegible]
5 Secretaries + 4 Agency Heads

22 Members of Congress - Bipartisan

Dispel Myths & [illegible]
[illegible] seeks help

Highlight a few
Myths / Realities

PRESIDENT CLINTON AND TIPPER GORE ANNOUNCE NEW CAMPAIGN TO COMBAT THE STIGMAS SURROUNDING MENTAL ILLNESS AND ENCOURAGE PEOPLE WITH MENTAL ILLNESS TO GET HELP

June 5, 1999

Today, in a joint radio address, President Clinton and Tipper Gore announced a new national campaign to eliminate the stigmas of mental illness and encourage the millions of Americans with mental health needs to get help. The President and Mrs. Gore unveiled new information about some of the widespread myths of mental illness and some of the facts that dispel them. These myths will be discussed on Monday as part of the first-ever White House Conference on Mental Health, chaired by Mrs. Gore, the President's Mental Health Advisor. Today, the President and Mrs. Gore:

Announced National Campaign to Combat the Stigmas of Mental Illness and Encourage Americans with Mental Health Needs to Get Help. The President and Mrs. Gore announced that this fall a new nationwide campaign, with Mrs. Gore serving as the honorary chair, will be launched to dispel the myths of mental illness and encourage those with mental illness to get help. This new nationwide campaign will be a public-private partnership, led by the Surgeon General and the Ad Council, which will involve a wide range of community organizations, media, and others. This campaign will draw from many of the issues raised at the White House Conference on Mental Health.

Unveiled New Information on the Widespread Myths of Mental Illness and the Facts That Dispel Them. The President and Mrs. Gore unveiled new information that highlights many of the myths surrounding mental illness, including the following:

-- **Myth:** Mental illness is not a disease and cannot be treated.
Fact: The reality is that mental illnesses are diagnosable disorders of the brain and treatments that are effective 60 to 80 percent of time.

-- **Myth:** Mental illness doesn't happen to people like me or my family.
Fact: One in five Americans will suffer from a mental illness in their lifetime. These Americans are from all backgrounds.

-- **Myth:** Depression is a part of life that can be worked through without seeking treatment.
Fact: Depression is a diagnosable treatable illness that impacts 19 million adult Americans each year and is the leading cause of disability in the United States.

-- **Myth:** Teenagers don't suffer from "real" mental illness; they are just moody.
Fact: One in ten children and adolescents suffer from mental illness.

-- **Myth:** Depression is a part of aging.
Fact: Five million older Americans suffer from clinical depression and older people account for 13 percent of the population but 20 percent of suicides.

-- **Myth:** Talk about suicide is an idle threat that need not be taken seriously.
Fact: Research has shown that 90 percent of all suicide victims have had a mental or substance abuse disorder. People who admit to having thoughts and plans about suicide and people who have attempted suicide are at increased risk for completing suicide in the future.

-- **Myth:** We cannot afford to treat mental disorders.
Fact: States and businesses that have improved treatment of mental illness, including implementing parity, have not seen a major increase in costs.

-- **Myth:** People with severe and persistent mental illnesses cannot be productive members of society.
Fact: Studies find that 49 percent of individuals with severe mental illness were receiving employment support services for one year after working.

-- **Myth**: A homeless person suffering from mental illness has little chance of recovery.
Fact: Research demonstrates a decrease in homelessness with an effective style of case management that connects the person with treatment for their disorder, housing, and other supportive services.

-- **Myth:** There is no hope for people with mental illness.
Fact: Mental illnesses can be treated up a higher rate than many chronic illnesses.

Highlighted the First-Ever White House Conference on Mental Health. These myths and the stigma campaign will be highlighted and discussed on Monday at the first-ever White House Conference on Mental Health, that will involve tens of thousands of Americans around the country at over 1,000 cites connected to the conference in Washington.

CLINTON/GORE ADMINISTRATION UNVEILS NEW INITIATIVES TO ADDRESS MENTAL HEALTH AT THE FIRST-EVER WHITE HOUSE CONFERENCE ON MENTAL HEALTH

June 7, 1999

Today, at the first-ever White House Conference on Mental Health, chaired by the President's Mental Health Advisor Tipper Gore, the Clinton/Gore Administration will unveil unprecedented measures to improve mental health. "To improve the health of our nation, we must ensure that our mental health is taken as seriously as our physical health. That is why we are taking new steps to break down the myths and misperceptions of mental illness, highlighting new cutting-edge treatments, and encouraging Americans to get the help they need." said Tipper Gore. The Administration's proposals provide parity, improve treatment, bolster research, and expand community responses to help those with mental illnesses. Highlights of these initiatives include:

- **Ensuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation's largest private insurer - implements full mental health and substance abuse parity.** Today, the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that starting next year they will have to offer full mental health and substance abuse parity to participate in the program. This step will provide full parity for nine million beneficiaries by next year and ensure that the Federal government leads the way to providing parity. The Department of Labor is also launching a new outreach campaign to inform Americans about their rights under the Mental Health Parity Act of 1996.

- **Accelerating progress in research.** In July, National Institute of Mental Health (NIMH) will launch a $7.3 million landmark study to determine the nature of mental illness and treatment nationwide and to help guide strategies and policy for the next century. This new study will collect information on mental illness, including the prevalence and duration of mental illness as well as the types of treatment that are most commonly used. NIMH also will announce the launch of two new clinical trials, investing a total of $61 million, to build on effective treatments for those affected by mental illness.

- **Encouraging states to offer more coordinated Medicaid services for people with mental illness.** Millions of Americans with severe mental illness rely on Medicaid to pay for their health care. To encourage states to make the most effective services available, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with the most severe and persistent mental illness; (2) Medicaid recipients all have access to medications approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about their ability to enter into "advance planning directives" that set out treatment guideline for people who became severely incapacitated in the future.

- **Launching a pilot program to help people with mental illness get the quality treatment they need to return to work.** Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the Social Security Administration (SSA) estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many of the people suffering with these disorders could get effective

treatment and perhaps return to work. The Administration will launch a new five-year, $10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. This complements the Jeffords-Kennedy-Roth-Moynihan legislation, which allows people to buy into the Medicaid or Medicare program when they return to work.

- **Educating older Americans and their health professionals about the risks of depression.** Five million Americans over the age of 65 suffer from some form of depression, but many do not recognize their symptoms as depression and do not receive the treatment they need. NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals about mental illness. The Department of Veteran Affairs will also launch six new study sites to test two modes of primary care for older Americans with mental health and/or substance abuse disorders.

- **Reaching out to vulnerable homeless Americans with mental illnesses.** The Department of Housing and Urban Development is launching a new initiative to encourage communities to create safe havens where homeless mentally ill Americans can get treatment and care. HHS will also launch a two-year, $4.8 million grant program to study the treatment, housing, education, training, and support services needed by homeless women and their children given to as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. The Department of Veteran Affairs will double the number of "stand down" events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.

- **Implementing new strategies to meet the mental health needs of crime victims.** To ensure that the federal response to community crises, like acts of terrorism or mass violence, includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice's Office for Victims of Crime and the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMSHA). This partnership also will ensure that strategies are in place to address the mental health needs of victims of violent crime.

- **Developing and implementing new strategies to address mental illness in the criminal justice system.** SAMHSA and DOJ are hosting a conference later this summer to focus on how the criminal justice system can prevent crime by mentally ill people and can address the needs of offenders with mental illness. Following this conference, DOJ will launch an outreach effort to educate the criminal justice community on how to better serve people with mental health needs. This initiative will include a new partnership with the National GAINS center so that communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.

- **Implementing a new comprehensive approach to address combat stress in the military.** At least 30 percent of those who have spent time in war zones experience combat stress reaction. Today the President will direct the Department of Defense to report back within 180 days on an implementation plan for a comprehensive combat stress program throughout the military. DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current prevention strategies.

- **Launching the expansion of the "Caring For Every Child" mental health campaign.** At least one in ten American children and adolescents may have behavioral, or mental health problems. The Administration will launch a five-year $5 million dollar campaign in targeted communities to highlight the special mental health needs of children.

- **Improving the mental health of Native American youth.** The suicide rate for Native Americans between the ages of five and 24 years old is three times higher than the rest of the U.S. population in this age group. This initiative allocates at least $5 million for a collaboration between the Departments of Interior, Justice, Education, and HHS, to go to ten Native American communities to develop effective strategies to address mental health needs of youth in settings such as the home, school, treatment centers, and the juvenile justice system.

- **The Administration Also Challenged Congress to Pass Legislation to Improve Care and Services for People with Mental Illness.** The Administration urged Congress to:
  - Pass the Jeffords-Kennedy-Roth-Moynihan-Lazio-Waxman-Bliley-Dingell legislation, which would enable people with disabilities to return to work by accessing affordable health insurance.
  - Hold hearings on the mental health parity law to review its strengths and weaknesses.
  - Fund the historic $70 million increase in the mental health grant.
  - Pass a strong enforceable patients' bill of rights which ensures that people with mental health needs obtain critical protections such as access to specialists and the continuity of care protections.
  - Pass strong comprehensive privacy and legislation to eliminate genetic discrimination.

Development of FEHB Mental Health and Substance Abuse Policy

Over the past years, the FEHB Program has not accepted reductions in the value of mental health benefits offered by carriers, has encouraged judicious utilization management to help compensate for modest improvements in benefits, and allowed benefit improvements to be an exception to cost-neutral benefit change requirements.

In1990 we advised carriers to consider managing care rather than reducing benefit levels if experiencing high utilization in mental health and substance abuse benefits.

In 1991, in support of the President's initiative to combat substance abuse, we required all fee-for-service plans to have a stand-alone inpatient substance abuse benefit and to increase the maximum payment by $500. We also required a mandatory case management proposal from all fee-for-service plans.

In 1992, we set the minimum lifetime maximum for mental health benefits at $50,000 and encouraged higher maximums.

In 1993, we instituted a maximum annual out-of-pocket limit on fee-for-service plans of $4,000 per person under a High Option plan and $8,000 per person under a Standard Option plan for mental health and substance abuse benefits.

In 1994, we required minimum coverage for mental health benefits of 50% of the cost of 30 inpatient days and 20 outpatient visits per calendar year. Inpatient days were permitted to be exchanged for outpatient day treatment at a rate of two day treatments per inpatient day. Health maintenance organizations that had combined mental health and substance abuse benefits were directed to offer benefits that covered 30 inpatient days and 20 outpatient visits for each category.

In 1995, prior to the Mental Heatlh Parity Act, we eliminated lifetime maximums for mental health benefits.

In 1998, OPM implemented the remaining requirements of the Mental Health Parity Act, by prohibiting annual maximums on mental health benefits. We encouraged health benefit carriers to move away from contractual day and visit limitations and high deductibles and encouraged judicious utilization management. We also encouraged the use of PPOs so that increased benefit levels could be achieved on a cost neutral basis.

For 1999, we directed that pharmacotherapy, medical visits, and testing to monitor drug treatment for mental conditions be covered as pharmaceutical disease management.

FEHB Program Carrier Letter
All Carriers

U.S. Office of Personnel Management
Office of Insurance Programs

Letter No. 1999-0XX **Date:** June 7, 1999

Fee-for-service [XX] Experience-rated HMO [XX] Community-rated HMO [XX]

SUBJECT: Mental Health and Substance Abuse Parity

Introduction

At the recent White House Conference on Mental Health Parity, the President directed the Office of Personnel Management to achieve mental health and substance abuse parity in the Federal Employees Health Benefits (FEHB) Program. Our work with health plans and others has demonstrated conclusively that this goal can be reached effectively. In its simplest form, we want to enlist your support to make plan coverage for mental health and substance abuse identical with regard to traditional medical care deductibles, coinsurance, copays, and day and visit limitations. We recognize that there are a variety of benefit design approaches that can achieve this goal. We are excited about this initiative and look forward to a introduction in the 2001 contract year.

Background

Over the past several years, the FEHB Program has been moving toward mental health and substance abuse parity. We eliminated lifetime and annual maximums in the FEHB Program. We negotiated with health plans to move away from contractual day and visit limitations and high deductibles, copayments, and coinsurance for mental health coverage. For 1999, pharmacotherapy, medical visits and testing to monitor drug treatment for mental conditions were covered as pharmaceutical disease management. We encouraged the use of Preferred Provider Organizations and utilization management to improve mental health benefits, and we allowed some mental health improvements as an exception to our normal policy of only accepting cost-neutral benefit changes. Finally, we have not accepted proposed reductions in the value of mental health benefits. While we had good success, more work is needed.

We reviewed research by the National Advisory Mental Health Council, the National Alliance for the Mentally Ill, the Substance Abuse and Mental Health Services Administration, and others. We also considered recommendations of the National Institutes of Mental Health. These sources indicated a growing consensus on key issues of the effectiveness of treatment and the efficiency of managed delivery systems in providing care.

At our 1998 carrier conference, we hosted a panel of experts on mental health and substance abuse services. Their presentations stimulated a lively discussion on how managing behavioral health care can affect the cost, comprehensiveness, and quality of mental health and substance

abuse services in an employer-sponsored health benefits program. Many of you expressed an interest in using the information provided to enhance programs within your plans. These activities coincided with other factors such as legislative action at the State level, insurance industry trends, recent advances in treatment, and the proven ability of managed behavioral health care organizations to control costs.

Action

We are convinced that mental health and substance abuse parity can be introduced, using appropriate care management, in a way that expands the range of benefits offered and holds costs to a minimum. We believe that parity can be delivered in a fully coordinated managed behavioral health environment that incorporates techniques such as case management, authorized treatment plans, gatekeepers and referral mechanisms, contracted networks, pre-certification of inpatient services, concurrent review, discharge planning, retrospective review, and disease management. We hope to partner with you in creating options that will work best for your plan.

We encourage you to start planning your implementation strategy now, since contractual arrangements take time to put into place. By working together, we can ensure a smooth transition to parity in 2001.

If you have any questions regarding this letter, please contact your contract representative.

Sincerely,

Frank D. Titus
Assistant Director
for Insurance Programs

MENTAL HEALTH AND SUBSTANCE ABUSE PARITY

Q. What is OPM's goal in increasing mental health and substance abuse benefits in the Federal Employees Health Benefits Program?

A. Our goal is to eliminate disparities in insurance coverage for mental health and substance abuse treatment and treatment of physical illnesses of federal employees by providing better access to services at a reasonable cost.

Q. What type of mental illness do we expect carriers to cover?

A. We expect coverage for the treatment of conditions such as schizophrenia (including schizoaffective disorder), bipolar (manic-depressive) disorder, obsessive-compulsive disorders, panic disorders, attention deficit (hyperactivity disorder), Tourette's syndrome, and major depression.

Q. What specific benefits will the FEHB carriers be required to offer?

A. We will require that carriers cover mental health and substance abuse treatment subject to the same benefit levels and limitations that they apply to physical illness or disease. Carriers will not be able to set more stringent limits on the number of outpatient visits or days in the hospital for treatment of mental disorders or substance abuse than for the treatment of physical illnesses like heart disease or cancer. OPM will also bar higher coinsurance, copayments, or deductibles for mental health and substance abuse care than for the treatment of physical illnesses.

Q. How would you counter critics who say extending mental health benefits would create abuse by people seeking endless "talk therapy"

A. That's another myth to bust. Most people with mental illness are not out to rip off the system. A number of companies are already providing parity, and it's costing about 25 cents a day, at the most. That's much less than the people who have been afraid to provide mental health coverage were predicting. Twenty-five cents a day represents an increase of $91 a year, or 3 percent of the $3,000 spent by a typical employer on health benefits for an employee.

Q. Would you elaborate on the seemingly small effect on premiums?

A. Specifically, a study by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that new actuarial estimates of full parity implementation across all product types project an average 3.6 percent premium increase, and that parity with certain limits on "cost-sharing" or "service limits" could range between .4-1.2 percent respectively. A National Advisory Mental Health Council (NAMHC) study indicates that actual industry experience has shown a 30-50 percent cost savings on mental health benefits when introduced with managed care techniques in markets with little prior managed care experience. In markets already utilizing managed care techniques prior to the introduction of parity, total health plan premiums increased by less than 1 percent.

These and other studies have convinced us that parity coverage for mental health and substance abuse treatment provided through a managed behavioral health care system is both affordable and desirable for Federal members.

Q. What are some delivery system changes that would help contribute to manageable costs?

A. Many employers, insurers, and health maintenance organizations have hired specialized managed behavioral health care companies to manage care by authorizing only appropriate and effective treatment. We believe that parity should be delivered in a fully coordinated managed behavioral health environment that incorporates managed care techniques such as case management, authorized treatment plans, gatekeepers and referral mechanisms, contracted networks, pre-certification of inpatient services, concurrent review, discharge planning, retrospective review, and disease management.

Q. What has OPM done to promote mental health coverage in the past?

A. Over the past several years, the FEHB Program has been moving toward mental health and substance abuse parity. We eliminated lifetime and annual maximums in the FEHB Program. We negotiated with health plans to move away from contractual day and visit limitations and high deductibles, copayments, and coinsurance for mental health coverage. For 1999, pharmacotherapy, medical visits and testing to monitor drug treatment for mental conditions were covered as pharmaceutical disease management. We encouraged the use of preferred provider organizations and utilization management to improve mental health benefits, and we allowed some mental health improvements as an exception to our normal policy of only accepting cost-neutral benefit changes. Finally, we have not accepted proposed reductions in the value of mental health benefits. While we had good success, more work is needed.

Q. How will OPM's efforts compare with similar efforts nationwide?

A. We are building on a major push in the States to enact parity legislation. Since 1990, 22 States have passed laws that require the same or similar levels of coverage for mental and physical illnesses, five in 1999 alone. A study by the Substance Abuse and Mental Health Services Administration found that State parity laws had a small effect on premiums. Also, parity bills are currently pending in nine additional States, including California and New York.

Q. How will OPM's efforts compare with the current Mental Health Parity Act?

A. The Mental Health Parity Act of 1996 is an example of "limited parity" legislation. It was an important first step. Since it only affects annual and lifetime dollar limits, day and visit limits and higher copayments, coinsurance, and deductibles may still be applied to mental health services. It also only addressed mental health and did not address substance abuse coverage. Although the current Mental Health Parity Act will sunset in October 2001, we anticipate broad support for comprehensive parity coverage in future federal legislation.

$1.40

65 cents

Cup to 25 cents

2½ → 4 ½

3.14

$1.32 per mL

THE CLINTON-GORE ADMINISTRATION:
Working to Prevent and Treat Mental Illness

"Let me say we must step up our efforts to treat and prevent mental illness. No American should ever be afraid -- ever -- to address this disease."

– President Clinton in his State of the Union Address, January 19, 1999

While trying to eradicate the stigma and discrimination associated with mental illness, the Clinton-Gore Administration continues to support mental health treatment and prevention. The Administration, under the leadership of President Clinton, is committed to helping Americans with mental illnesses live healthy, productive lives.

HELPING AMERICANS OVERCOME MENTAL ILLNESS

Proposing $1.5 Billion for Mental Health Activities. The Clinton Administration has proposed $1.5 billion for mental health activities at the Department of Health and Human Services (HHS) for fiscal year 2000. These funds will enable the National Institute of Mental Health (NIMH) to continue supporting critical mental health research on the origin of mental illness, ultimately improving treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) will be able to further its programs that ensure people with mental illness and their families have timely access to quality services.

Improving Prevention and Treatment for People with Mental Illnesses. On January 14, 1999, Mrs. Gore, the President's Mental Health Policy Advisor, unveiled the Administration's plan to increase the Mental Health Services Block Grants by an unprecedented $70 million (or 24 percent), totaling $358 million for fiscal year 2000. Currently, the Mental Health Services Block Grant provides state and territorial governments with resources to support comprehensive community-based systems of care to serve people with serious mental illness and their families. This additional funding will enable states to target particularly-hard-to-reach adults and children with severe mental illnesses. Mrs. Gore also announced that the President has directed the Office of Personnel Management (OPM) to explore measures to eliminate the stricter standards currently applied to federal hiring practices for adults with psychiatric disabilities.

Supporting Fairness, Requiring Mental Health Parity. The Clinton-Gore Administration advocated for and enacted the 1996 Mental Health Parity Act (MHPA). In December 1997, the Administration (HHS, DOL, and Treasury) issued regulations to take steps to ending discrimination in health insurance on the basis of mental illness under this Act. As of January 1998, the law began requiring health plans to provide the same annual and lifetime spending caps for mental health benefits as they do for medical and surgical benefits. The Department of Labor has also established coordination and referral systems at the federal and state levels to coordinate investigations of alleged practices by health insurance issuers and to ensure that workers and their families are not unjustly denied any protections provided under MHPA.

Fighting to Pass a Strong, Enforceable Patients' Bill of Rights. President Clinton has called on the Congress to pass a strong, enforceable patients' bill of rights that assures Americans the quality health care they need. Among its protections, the Administration's bill ensures that consumers cannot be discriminated against because of mental disability as they seek health care services. In addition, HHS currently supports consumers by provides grants to develop programs that advocate

for the legal rights of people with mental illness and to investigate incidents of abuse and neglect in facilities that care for such individuals.

Preparing the First Surgeon General's Report on Mental Health. Due out by early 2000, this document will distill the most current science to recommend approaches for promoting mental health, preventing mental illness, and providing state-of-the-art clinical interventions across the life cycle. The report will illustrate the similarities between mental health and physical health and the value of prompt, appropriate treatment.

Developing the First Mental Health Report Card. The Administration has developed the first ever "report card" produced by SAMHSA and generated by and for consumers of mental health services to gauge accessibility and quality of these services as provided through managed care plans.

Supporting Mental Health Benefits for Federal Workers. Under the Clinton-Gore Administration, the Federal Employees Health Benefits Program has not accepted reductions in the value of mental health benefits offered by carriers.

Meeting the Special Needs of People Living with HIV/AIDS. The Clinton-Gore Administration supports a variety of programs that address the mental health needs of those with HIV/AIDS and their families. The Ryan White CARE Act supports several Health Resources and Services Administration (HRSA) programs, including those aimed to improve mental health services for individuals who are HIV positive or at high risk of becoming infected. The HIV Multiple Diagnosis Initiative identifies and responds to the personal needs of HIV infected people with housing, mental health, and substance abuse problems. In addition, SAMHSA has awarded grants to develop and disseminate state-of-the-art, AIDS-specific mental health education and training to both traditional and nontraditional mental health service providers.

Protecting and Strengthening Medicare. The 1997 Balanced Budget extended the life of the Medicare Trust Fund for at least a decade, protecting Medicare which provides access to mental health services for millions of Americans.

Providing Partial Hospitalization Benefits. The Administration is ensuring that beneficiaries with acute mental illness get quality treatment in community mental health centers (CMHCs) and that Medicare pays appropriately for those services. Implementation of a 10-point action plan has been designed by the Health Care Financing Administration to ensure that beneficiaries who need intensive psychiatric services get them from qualified providers while protecting beneficiaries, taxpayers and the Medicare Trust Fund from waste, fraud and abuse of the benefit.

Protecting the Medicaid Guarantee. The Clinton Administration refuses to go backwards and rejected proposals to end the Medicaid guarantee to meaningful health benefits. The President vetoed the Republicans' proposal in the 104th Congress to block grant the Medicaid program, preserving coverage for million of persons who receive mental health services under Medicaid. Thanks to President Clinton, the 1997 Balanced Budget Act preserved the Federal guarantee of Medicaid coverage for populations who depend on it.

Ensuring Medicaid Coverage of Mental Health Services. In October 1998, HCFA issued a state Medicaid director's letter providing guidance to all states regarding the development of Medicaid managed care programs for persons with special needs. This guidance applies to mental health

service systems and further promotes recognition of mental health needs by managed care organizations serving Medicaid populations.

Sponsoring Studies and Providing Mental Health Information. HHS has taken a proactive approach in addressing mental health issues by sponsoring studies to advance mental health science in areas such as Attention Deficit Hyperactivity Disorder (ADHD) and Schizophrenia. In addition, SAMSHA operates the National Mental Health Services Knowledge Exchange Network (KEN) as a user-friendly, "one-stop" gateway to a wide range of information and resources on mental health services for users of mental health services and their families, the general public, policy makers, providers and the news media. KEN can be reached at 1-800-789-2647 or via the Internet at www.mentalhealth.org.

Developing a National Suicide Prevention Strategy. In October 1998, Surgeon General David Satcher took part in a conference in Reno, Nevada which laid the foundation for developing a national suicide prevention strategy -- the first time in the United States that clinicians, researchers, survivors and activists had been gathered for this purpose. While work on a formal national strategy continues, Dr. Satcher released a list of action steps distilled from the conference that communities, individuals, health care professionals and policymakers can pursue to help prevent suicides.

EXPANDING EMPLOYMENT OPPORTUNITIES

Working to Enact the Work Incentives Improvement Act (WIIA). The Work Incentives Improvement Act is an historic, bipartisan bill. Included in the President's fiscal year 2000 budget, the President has declared his commit to the full funding of the WIIA. The Work Incentives Improvement Act will modernize the employment services system by creating a "ticket" that will enable Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) beneficiaries to go to any of a number of public or private providers for vocational rehabilitation. If the beneficiary goes to work and achieves substantial earnings, providers would be paid a portion of the benefits saved. WII could help a number of the 4.7 million SSDI disabled beneficiaries transition into work. Of these 4.7 million who receive disability payments, approximately one of every nine (about 500,000) has a primary diagnosis of affected disorder, including major depressive disorder or bipolar disorder. WIIA also creates a Work Incentive Grant program to provide benefits planning and assistance, facilitating access to information about work incentives, and better integrate services to people with disabilities working or returning to work.

The WIIA will also improve access to health care by: (1) expanding states' ability to provide a Medicaid buy-in to people with disabilities who return to work; (2) extending Medicare coverage, for the first time, for people with disabilities who return to work; and (3) creating a new Medicaid buy-in demonstration to help people with a specific physical or mental impairment that is not severe enough to qualify for health assistance, but is likely to lead to a severe disability in the absence of medical treatment.

Helping People with Mental Illness Return to Work. Initiated in 1995, the Employment Intervention Demonstration Program (EIDP) program has shown that people with serious mental illness not only can work but also can be highly productive, given the right environment and the right support systems. EIDP has been identifying model interventions to help people with severe mental illnesses return to work or enter the workforce for the first time. While not yet complete, the study already has yielded important information about employment for people with serious mental

illnesses -- information to help break through the stigma that stands between willing workers and jobs needing to be filled.

ADDRESSING MENTAL HEALTH ISSUES FOR ALL AGES

Meeting Special Needs of Children, Adolescents and Families. The Clinton-Gore Administration helps fund a wide range of programs designed to protect or improve the mental health of our children. Some programs focus on preventive interventions that promote resilience, while other programs reach out to children with serious emotional disturbances to help point them on the road toward a healthier, productive adult future.

- **Promoting Healthy Development.** In response to President Clinton's call to action during the White House Conference on School Safety, the Administration creating two important grant programs for communities around the country: the Safe Schools/ Healthy Students Program and the School Action Grant Program. Through the first program, grants totaling more than $180 million per year will be awarded to school districts in partnership with local mental health and law enforcement authorities to promote healthy childhood development and prevent violent behaviors. The second program, launched by SAMHSA's Center for Mental Health Services, complements the first by providing funds to communities to expand school-based programs to the broader community.

- **Starting Early, Starting Smart.** Research has shown increasingly that many young children who grow up in homes where at least one parent suffers from significant mental illness and/or substance abuse demonstrate emotional, behavioral or relationship problems that ultimately hinder their readiness to enter school. HHS' "Starting Early, Starting Smart" initiative, a public-private partnership between SAMHSA and the Casey Family Foundation, seeks to fill this gap by reaching children at their most critical time for mental and physical development.

- **Improving the Mental Health of Native American Youth.** This new initiative will create, for the first time, a coordinated response to develop innovative strategies to address the mental health, behavioral and substance abuse needs of Native American young people. Native Americans face unique mental health challenges. For instance, American Indians aged 5 to 24 are almost three times as likely to commit suicide than are youth in the total U.S. population. The Clinton Administration will work with the Tribes to assist them in developing plans to address the unique mental health-related needs of young people in various settings. Beginning in fiscal year 2000, the Tribes will be able to apply for competitive funds through this coordinated grant process.

Meeting the Special Needs of Older Adults. The Clinton-Gore Administration supports a range of services to meet the unique mental health needs of older Americans.

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have found that major depression was the sole predictor of suicide among the elderly. These and other NIMH findings can lead to enhanced detection and treatment of depression in primary-care settings that reduces the risk of suicide among the elderly.

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CLINTON/GORE ADMINISTRATION UNVEILS NEW INITIATIVES TO ADDRESS MENTAL HEALTH AT THE FIRST-EVER WHITE HOUSE CONFERENCE ON MENTAL HEALTH

June 7, 1999

Today, at the first-ever White House Conference on Mental Health, chaired by the President's Mental Health Advisor Tipper Gore, the Clinton/Gore Administration will unveil unprecedented measures to improve mental health. "We are taking new steps to breakdown the myths and misperceptions of mental illness and to encourage and enable Americans to get the care they need," said Tipper Gore. The Administration's proposals provide parity, improve treatment, bolster research, and expand community responses to help those with mental illnesses. Highlights of these initiatives include:

- **Ensuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation's largest private insurer - implements full mental health and substance abuse parity.** Today, the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that starting next year they will have to offer full mental health and substance abuse parity to participate in the program. This step will provide full parity for nine million beneficiaries by next year and ensure that the Federal government leads the way to providing parity. The Department of Labor is also launching a new outreach campaign to inform Americans about their rights under the Mental Health Parity Act of 1996.

- **Launching national school safety training program for teachers and education personnel.** The President announced a major nationwide public/private partnership between the National Education Association (NEA), EchoStar, and other partners to improve school safety. The partnership, which includes the Departments of Education, Justice, and Health and Human Services, will create and run a comprehensive program that will be available at the beginning of the new school year with the goal of reaching every school across the country and providing training to teachers, school personnel, and community members on how to improve school safety.

- **Accelerating progress in research.** In July, National Institute of Mental Health (NIMH) will launch a $7.3 million landmark study to determine the nature of mental illness and treatment nationwide and to help guide strategies and policy for the next century. This new study will collect information on mental illness, including the prevalence and duration of mental illness as well as the types of treatment that are most commonly used. NIMH also will announce the launch of two new clinical trials, investing a total of $61 million, to build on effective treatments for those affected by mental illness.

- **Encouraging states to offer more coordinated Medicaid services for people with mental illness.** Millions of Americans with severe mental illness rely on Medicaid to pay for their health care. To encourage states to make the most effective services available, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with the most severe and persistent mental illness; (2) Medicaid recipients all have access to medications approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about their ability to enter into "advance planning directives" that set out treatment guideline for people who became severely incapacitated in the future.

- **Launching a pilot program to help people with mental illness get the quality treatment they need to return to work.** Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the Social Security Administration (SSA) estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many of the people suffering with these disorders could get effective treatment and perhaps return to work. The Administration will launch a new five-year, $10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. This complements the Jeffords-Kennedy-Roth-Moynihan legislation, which allows people to buy into the Medicaid or Medicare program when they return to work.

- **Educating older Americans and their health professionals about the risks of depression.** Five million Americans over the age of 65 suffer from some form of depression, but many do not recognize their symptoms as depression and do not receive the treatment they need. NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals about mental illness. The Department of Veteran Affairs will also launch six new study sites to test two modes of primary care for older Americans with mental health and/or substance abuse disorders.

- **Reaching out to vulnerable homeless Americans with mental illnesses.** The Department of Housing and Urban Development is launching a new initiative to encourage communities to create safe havens where homeless mentally ill Americans can get treatment and care. HHS will also launch a two-year, $4.8 million grant program to study the treatment, housing, education, training, and support services needed by homeless women and their children given to as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. The Department of Veteran Affairs will double the number of "stand down" events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.

- **Implementing new strategies to meet the mental health needs of crime victims.** To ensure that the federal response to community crises, like acts of terrorism or mass violence, includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice's Office for Victims of Crime and the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMSHA). This partnership also will ensure that strategies are in place to address the mental health needs of victims of violent crime.

- **Developing and implementing new strategies to address mental illness in the criminal justice system.** SAMHSA and DOJ are hosting a conference later this summer to focus on how the criminal justice system can prevent crime by mentally ill people and can address the needs of offenders with mental illness. Following this conference, DOJ will launch an outreach effort to educate the criminal justice community on how to better serve people with mental health needs. This initiative will include a new partnership with the National GAINS center so that communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.

- **Implementing a new comprehensive approach to address combat stress in the military.** At least 30 percent of those who have spent time in war zones experience combat stress reaction. Today the President will direct the Department of Defense to report back within 180 days on an implementation plan for a comprehensive combat stress program throughout the military. DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current prevention strategies.

- **Launching the expansion of the "Caring For Every Child" mental health campaign.** At least one in ten American children and adolescents may have behavioral, or mental health problems. The Administration will launch a five-year $5 million dollar campaign in targeted communities to highlight the special mental health needs of children.

- **Improving the mental health of Native American youth.** The suicide rate for Native Americans between the ages of five and 24 years old is three times higher than the rest of the U.S. population in this age group. This initiative allocates at least $5 million for a collaboration between the Departments of Interior, Justice, Education, and HHS, to go to ten Native American communities to develop effective strategies to address mental health needs of youth in settings such as the home, school, treatment centers, and the juvenile justice system.

- **The Administration Also Challenged Congress to Pass Legislation to Improve Care and Services for People with Mental Illness.** The Administration urged Congress to:
  - Pass the Jeffords-Kennedy-Roth-Moynihan-Lazio-Waxman-Bliley-Dingell legislation, which would enable people with disabilities to return to work by accessing affordable health insurance.
  - Hold hearings on the mental health parity law to review its strengths and weaknesses.
  - Fund the historic $70 million increase in the mental health grant.
  - Pass a strong enforceable patients' bill of rights which ensures that people with mental health needs obtain critical protections such as access to specialists and the continuity of care protections.
  - Pass strong comprehensive privacy and legislation to eliminate genetic discrimination.

DRAFT

THE CLINTON-GORE ADMINISTRATION:
Working to Prevent and Treat Mental Illness

"Let me say we must step up our efforts to treat and prevent mental illness. No American should ever be afraid -- ever -- to address this disease."

– President Clinton in his State of the Union Address, January 19, 1999

While trying to eradicate the stigma and discrimination associated with mental illness, the Clinton-Gore Administration continues to support mental health treatment and prevention. The Administration, under the leadership of President Clinton, is committed to helping Americans with mental illnesses live healthy, productive lives.

HELPING AMERICANS OVERCOME MENTAL ILLNESS

Proposing $1.5 Billion for Mental Health Activities. The Clinton Administration has proposed $1.5 billion for mental health activities at the Department of Health and Human Services (HHS) for fiscal year 2000. These funds will enable the National Institute of Mental Health (NIMH) to continue supporting critical mental health research on the origin of mental illness, ultimately improving treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) will be able to further its programs that ensure people with mental illness and their families have timely access to quality services.

Improving Prevention and Treatment for People with Mental Illnesses. On January 14, 1999, Mrs. Gore, the President's Mental Health Policy Advisor, unveiled the Administration's plan to increase the Mental Health Services Block Grants by an unprecedented $70 million (or 24 percent), totaling $358 million for fiscal year 2000. Currently, the Mental Health Services Block Grant provides state and territorial governments with resources to support comprehensive community-based systems of care to serve people with serious mental illness and their families. This additional funding will enable states to target particularly-hard-to-reach adults and children with severe mental illnesses. Mrs. Gore also announced that the President has directed the Office of Personnel Management (OPM) to explore measures to eliminate the stricter standards currently applied to federal hiring practices for adults with psychiatric disabilities.

Supporting Fairness, Requiring Mental Health Parity. The Clinton-Gore Administration advocated for and enacted the 1996 Mental Health Parity Act (MHPA). In December 1997, the Administration (HHS, DOL, and Treasury) issued regulations to take steps to ending discrimination in health insurance on the basis of mental illness under this Act. As of January 1998, the law began requiring health plans to provide the same annual and lifetime spending caps for mental health benefits as they do for medical and surgical benefits. The Department of Labor has also established coordination and referral systems at the federal and state levels to coordinate investigations of alleged practices by health insurance issuers and to ensure that workers and their families are not unjustly denied any protections provided under MHPA.

Fighting to Pass a Strong, Enforceable Patients' Bill of Rights. President Clinton has called on the Congress to pass a strong, enforceable patients' bill of rights that assures Americans the quality health care they need. Among its protections, the Administration's bill ensures that consumers cannot be discriminated against because of mental disability as they seek health care services. In addition, HHS currently supports consumers by provides grants to develop programs that advocate

for the legal rights of people with mental illness and to investigate incidents of abuse and neglect in facilities that care for such individuals.

Preparing the First Surgeon General's Report on Mental Health. Due out by early 2000, this document will distill the most current science to recommend approaches for promoting mental health, preventing mental illness, and providing state-of-the-art clinical interventions across the life cycle. The report will illustrate the similarities between mental health and physical health and the value of prompt, appropriate treatment.

Developing the First Mental Health Report Card. The Administration has developed the first ever "report card" produced by SAMHSA and generated by and for consumers of mental health services to gauge accessibility and quality of these services as provided through managed care plans.

Supporting Mental Health Benefits for Federal Workers. Under the Clinton-Gore Administration, the Federal Employees Health Benefits Program has not accepted reductions in the value of mental health benefits offered by carriers.

Meeting the Special Needs of People Living with HIV/AIDS. The Clinton-Gore Administration supports a variety of programs that address the mental health needs of those with HIV/AIDS and their families. The Ryan White CARE Act supports several Health Resources and Services Administration (HRSA) programs, including those aimed to improve mental health services for individuals who are HIV positive or at high risk of becoming infected. The HIV Multiple Diagnosis Initiative identifies and responds to the personal needs of HIV infected people with housing, mental health, and substance abuse problems. In addition, SAMHSA has awarded grants to develop and disseminate state-of-the-art, AIDS-specific mental health education and training to both traditional and nontraditional mental health service providers.

Protecting and Strengthening Medicare. The 1997 Balanced Budget extended the life of the Medicare Trust Fund for at least a decade, protecting Medicare which provides access to mental health services for millions of Americans.

Providing Partial Hospitalization Benefits. The Administration is ensuring that beneficiaries with acute mental illness get quality treatment in community mental health centers (CMHCs) and that Medicare pays appropriately for those services. Implementation of a 10-point action plan has been designed by the Health Care Financing Administration to ensure that beneficiaries who need intensive psychiatric services get them from qualified providers while protecting beneficiaries, taxpayers and the Medicare Trust Fund from waste, fraud and abuse of the benefit.

Protecting the Medicaid Guarantee. The Clinton Administration refuses to go backwards and rejected proposals to end the Medicaid guarantee to meaningful health benefits. The President vetoed the Republicans' proposal in the 104th Congress to block grant the Medicaid program, preserving coverage for million of persons who receive mental health services under Medicaid. Thanks to President Clinton, the 1997 Balanced Budget Act preserved the Federal guarantee of Medicaid coverage for populations who depend on it.

Ensuring Medicaid Coverage of Mental Health Services. In October 1998, HCFA issued a state Medicaid director's letter providing guidance to all states regarding the development of Medicaid managed care programs for persons with special needs. This guidance applies to mental health

service systems and further promotes recognition of mental health needs by managed care organizations serving Medicaid populations.

Sponsoring Studies and Providing Mental Health Information. HHS has taken a proactive approach in addressing mental health issues by sponsoring studies to advance mental health science in areas such as Attention Deficit Hyperactivity Disorder (ADHD) and Schizophrenia. In addition, SAMSHA operates the National Mental Health Services Knowledge Exchange Network (KEN) as a user-friendly, "one-stop" gateway to a wide range of information and resources on mental health services for users of mental health services and their families, the general public, policy makers, providers and the news media. KEN can be reached at 1-800-789-2647 or via the Internet at www.mentalhealth.org.

Developing a National Suicide Prevention Strategy. In October 1998, Surgeon General David Satcher took part in a conference in Reno, Nevada which laid the foundation for developing a national suicide prevention strategy -- the first time in the United States that clinicians, researchers, survivors and activists had been gathered for this purpose. While work on a formal national strategy continues, Dr. Satcher released a list of action steps distilled from the conference that communities, individuals, health care professionals and policymakers can pursue to help prevent suicides.

EXPANDING EMPLOYMENT OPPORTUNITIES

Working to Enact the Work Incentives Improvement Act (WIIA). The Work Incentives Improvement Act is an historic, bipartisan bill. Included in the President's fiscal year 2000 budget, the President has declared his commit to the full funding of the WIIA. The Work Incentives Improvement Act will modernize the employment services system by creating a "ticket" that will enable Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) beneficiaries to go to any of a number of public or private providers for vocational rehabilitation. If the beneficiary goes to work and achieves substantial earnings, providers would be paid a portion of the benefits saved. WII could help a number of the 4.7 million SSDI disabled beneficiaries transition into work. Of these 4.7 million who receive disability payments, approximately one of every nine (about 500,000) has a primary diagnosis of affected disorder, including major depressive disorder or bipolar disorder. WIIA also creates a Work Incentive Grant program to provide benefits planning and assistance, facilitating access to information about work incentives, and better integrate services to people with disabilities working or returning to work.

The WIIA will also improve access to health care by: (1) expanding states' ability to provide a Medicaid buy-in to people with disabilities who return to work; (2) extending Medicare coverage, for the first time, for people with disabilities who return to work; and (3) creating a new Medicaid buy-in demonstration to help people with a specific physical or mental impairment that is not severe enough to qualify for health assistance, but is likely to lead to a severe disability in the absence of medical treatment.

Helping People with Mental Illness Return to Work. Initiated in 1995, the Employment Intervention Demonstration Program (EIDP) program has shown that people with serious mental illness not only can work but also can be highly productive, given the right environment and the right support systems. EIDP has been identifying model interventions to help people with severe mental illnesses return to work or enter the workforce for the first time. While not yet complete, the study already has yielded important information about employment for people with serious mental

illnesses -- information to help break through the stigma that stands between willing workers and jobs needing to be filled.

ADDRESSING MENTAL HEALTH ISSUES FOR ALL AGES

Meeting Special Needs of Children, Adolescents and Families. The Clinton-Gore Administration helps fund a wide range of programs designed to protect or improve the mental health of our children. Some programs focus on preventive interventions that promote resilience, while other programs reach out to children with serious emotional disturbances to help point them on the road toward a healthier, productive adult future.

- **Promoting Healthy Development.** In response to President Clinton's call to action during the White House Conference on School Safety, the Administration creating two important grant programs for communities around the country: the Safe Schools/ Healthy Students Program and the School Action Grant Program. Through the first program, grants totaling more than $180 million per year will be awarded to school districts in partnership with local mental health and law enforcement authorities to promote healthy childhood development and prevent violent behaviors. The second program, launched by SAMHSA's Center for Mental Health Services, complements the first by providing funds to communities to expand school-based programs to the broader community.

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ELECTED OFFICIALS ATTENDING THE MENTAL HEALTH CONFERENCE

Mayor Deedee Corradini (Salt Lake City)
patricipating in *Community Response to Youth Violence* breakout session

Mayor Dennis Archer (Detroit)
patricipating in *Mental Health and the Criminal Justice System*breakout session

Lt. Governor Sally Pederson (IA)

Council Member Jim Graham (Wash., DC)
Howard U is in his district

Council Member Sandra Allen (Wash., DC)

St. Assemblywoman Helen Thompson (CA)

St. Rep. Garnett Coleman (TX)

St. Rep. Liz Brater (MI)

St. Rep. Gilda Jacobs (MI)

St. Rep. Herschella Horton (AZ)

MAYORS HOSTING SATELLITE SITES

Hon. Vera Katz (Portland, OR)

Hon. Woodrow Stanley (Flint, MI)

Hon. Bill Campbell (Atlanta, GA)
He will be featured twice during conference

MYTH #1: **Mental illness is not a disease and it cannot be treated.**

FACT: Research in the last decade proves that mental illnesses are diagnosable disorders of the brain. New brain imaging technologies visually illustrate the differences in the brains of healthy people and people with serious mental disorders, such as schizophrenia. They show reductions in the overall volume of the brain and distinct differences in the way in which the brain processes information. There are also now effective treatments for mental illness that, for example, relieve symptoms for 80 percent of people with major depression; control symptoms such as hallucination or delusions for 70 percent of people with schizophrenia; and alleviate symptoms for 50 to 60 percent of people with Obsessive Compulsive Disorder.

MYTH #2: **Mental illness doesn't happen to people like me or my family.**

FACT: Mental illness affects most extended American families. One in five Americans suffer from mental illness at some point in their life. These illnesses strike all kinds of families, regardless of race, socioeconomic class, educational level or place of residence. Schizophrenia occurs at equal rates regardless of education, socioeconomic status, or culture. Depression, panic disorder and obsessive compulsive disorders are also equal opportunity illnesses. Women suffer from depression at twice the rate of men regardless of where they live, their culture, or socioeconomic status. Five million older Americans suffer from depression, and one in ten children and adolescents suffer from some type of a mental illness. Mental illness can happen to anyone. However, it is also a treatable illness.

MYTH #3: **Depression is a part of life that can be worked through without seeking help.**

FACT: Depression is a diagnosable, treatable illness that impacts 19 million adult Americans each year. It is a disorder of the brain that is characterized by serious and persistent symptoms such as changes in sleep, appetite, and energy; cognitive losses such as slowed thinking, and clearly discernible feelings like irritability, hopelessness, and guilt. The severity and duration of depression symptoms are clearly distinguishable from sadness and mood swings that are part of life. When untreated, depression can have serious consequences. Depression is the cause of over two-thirds of the 30,000 American suicides each year, and according to the World Health Organization, it is the leading cause of disability in the United States. However, there are effective treatments available that have proven to have 80 percent success rate for people diagnosed with depression.

MYTH #4: **Teenagers don't suffer from "real" mental illness; they are just moody.**

FACT: We now know that teenagers and even younger children, can and do suffer from mental illness. One in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment, but fewer than 20 percent of these children receive treatment. Without treatment, school work may suffer, normal family and peer relationships may be disrupted, and the absence of diagnosis can potentially contribute to violent acts. In fact, depression may lead to suicide, which is the third leading cause of death among young adults. However, recent studies indicate that 60 percent of depressed teenagers will improve with modern treatments.

MYTH #5: **Depression is a part of aging.**

FACT: Depression is *not* a normal part of aging. Research using the methods of the clinical and basic neurosciences in older persons with depression have identified actual changes in brain structures. In older persons with other serious health problems (strokes, hip fractures, heart conditions) depression may delay recovery, cause refusal of treatment, and lead to excessive disability and even death. In fact, nearly 5 million of the 32 million Americans age 65 and older suffer from clinical depression. Comprising only 13 percent of the U.S. population, individuals ages 65 and older account for 20 percent of all suicide deaths, with white males being most vulnerable. However, effective mental health treatment is available for older Americans suffering from mental illness.

MYTH #6: **Talk about suicide is an idle threat that need not be taken seriously.**

FACT: People who admit to having thoughts and plans about suicide and people who have attempted suicide are at increased risk for completing suicide in the future. In a study of nearly 4,000 adults seeking psychiatric treatment, persons with a history of severe suicidal thoughts were 14 times more likely to later commit suicide within four years, compared to persons with less severe suicide ideation. Research has shown that 90 percent of all suicide victims have had a mental or substance abuse disorder.

MYTH #7: **We cannot afford to treat mental disorders.**

FACT: We cannot afford NOT to treat mental illness. Researchers estimate that mental illnesses, including indirect costs such as days lost from work, cost America tens of billions of dollars each year. However, businesses and states that have implemented new strategies to treat these disorders have not found notable increases in costs. For example, one business, Bank One, spearheaded a comprehensive effort to improve the company's ability to identify and get appropriate treatment for employees with depression in a timely manner. Between 1991 and 1995, the direct treatment costs for depressive disorders decreased by 60 percent. Moreover, Ohio implemented full mental health parity for its state employees and did not find that this increased their costs.

MYTH #8: **People with severe and persistent mental illnesses cannot be productive members of society.**

FACT: People with psychiatric disabilities have had many barriers. In fact, one study showed a 10-15 percent employment rate for individuals with severe and persistent mental illnesses. A 1995 study of the Employment Intervention Demonstration Program run by the Center for Mental Health Services assessed the effectiveness of employment strategies to assist individuals with severe mental illness get and keep employment. They found 49 percent of individuals receiving employment support services for one year were working and after two years, 55 percent were employed. Clearly, people with severe and persistent mental illnesses want to be employed and productive, and given appropriate treatment and support, they can.

MYTH #9: **A homeless person suffering from mental illness has little chance of recovery.**

FACT: There are effective treatments for the homeless with mental illness. While one-third of homeless Americans suffer from an untreated mental illness, research demonstrates a decrease in homelessness when outreach to these individuals is coupled with case management that connects them to housing and other supportive services. One study reported a 45 percent reduction in the number of days of homelessness in the first three months of this type of treatment. Over a year, clients had a 70 percent increase in the number of days worked, demonstrating that homeless persons with mental illnesses can make substantial improvements in the overall quality of their lives.

MYTH #10: **There is no hope for people with mental illness.**

FACT: These illnesses, that will affect one in five Americans in their lifetime, can be extremely debilitating. However, research proves that mental illnesses are diagnosable and treatable disorders of the brain. Eighty percent of people treated for severe depression show positive responses to treatment, and the rate of success for controlling the symptoms of schizophrenia is also high, at 70 percent, higher rates than many physical illnesses. The challenge is to assure that Americans with mental illness recognize these disorders and get the help that they need.

CLINTON/GORE ADMINISTRATION TAKES UNPRECEDENTED STEPS TO ADDRESS MENTAL ILLNESS AT THE FIRST-EVER WHITE HOUSE CONFERENCE ON MENTAL HEALTH

Today, at the first-ever White House Conference on Mental Health, the Clinton/Gore Administration is unveiling a comprehensive range of initiatives to improve mental health. The Administration's proposals address a variety of key mental health issues including improving parity, dispelling myths about mental illness, improving community responses to encourage people with mental illnesses to get help, taking new strides in research, and challenging Congress to pass a series of bills that will help people with mental illness. Today the Administration is:

PARITY

Assuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation's largest private insurer – implements full mental health and substance abuse parity. Today the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that starting next year they will have to offer full mental health and substance abuse parity to participate in the program. OPM will work with these plans throughout the year to evaluate to what extent they need to make modifications to come into compliance. This step will provide full parity for nine million beneficiaries and assure the federal government leads the way to providing parity. **(POTUS)**

Educating Americans about current mental health parity laws. Many Americans with mental illnesses are not aware that the Mental Health Parity Act of 1996 required health plans that cover mental health benefits to guarantee equal lifetime and annual benefits for mental and physical treatments. To help assure that consumers and employers are fully aware of the current protections under the law, the Department of Labor will launch a new outreach campaign to educate Americans about their existing parity rights. This campaign will include: (1) new public service announcements on local radio stations nationwide as well as columns to promote awareness; (2) an outreach campaign to inform consumers they can call the Department's 1-800 number to understand these protections; and (3) working with consumer advocates to assure awareness about the law. **(POTUS- *one sentence*)**

IMPROVING COMMUNITY RESPONSES TO MENTAL HEALTH NEEDS

Helping teachers and parents identify and assist kids at risk. The Administration also announced it's plan to host a series of meetings this Fall in every state where teachers and faculty from schools could come together for training on spotting troubled youth and guidance on how to help them. Participating organizations include NEA, American Psychological Association, PTA, HHS, DOJ, and the Department of Education. (HHS will also work with the AFT to place 200,000 posters in every school around the nation to foster community awareness about mental illness. This outreach campaign will reach an estimated 4.8 million children.) **(POTUS)**

Implementing new strategies to the mental health needs of crime victims. Communities that are victims of terrorism or mass violence have enhanced needs for mental health services following these types of emergencies. To assure that part of any comprehensive response to these crises includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice's Office for Victims of Crime and the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMSHA). Part of this effort includes appointing someone within the Emergency Disaster Relief Branch of SAMHSA to work with the Office for Victims of Violence to assure that there is a strategy in place to address the mental health needs of victims of federal crime. This new partnership will assure that the response to these crises include mental health training, technical assistance, and consultation services to communities for assisting victims of crime. **(VP)**

Implementing a new comprehensive approach to address combat stress in the military. Combat stress reactions are common, as those in combat are in foreign environments and many times under extreme conditions. At least 30 percent of those who have spent time in war zones experience post traumatic stress disorder. The importance of addressing combat stress reduction is timely given the deployments around the world. Today the President directed the Department of Defense to report back within 180 days on an implementation plan for a comprehensive combat stress program throughout the military (leadership, morale, and unit cohesion are key factors in primary prevention). DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current practices to assure that prevention strategies are strengthened. **(VP)**

Reaching out to the vulnerable homeless Americans with mental illnesses. The Department of Housing and Urban Development is proposing a new initiative to encourage communities to create safe havens—places for homeless mentally ill Americans can get treatment and care, including a new satellite conference for communities to learn strategies and develop ways to create these safe havens. The Administration will also launch a 2-year, $4.8 million grant program to study the treatment, housing, education/training and support services needed by homeless women and their children. This program will impact as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. Finally, the Department of Veteran Affairs will double the number of "stand downs" events to reach out to homeless Americans with mental illness to help them get the treatment and services they need. **(Mrs. Gore)**

Launching a National Mental Health and Medical/Surgical Care integration strategy. The Department of Veteran's Affairs will provide mental health assessment and care to veterans served by medical primary care teams and that medical assessment and care is available to veterans served by mental health primary care teams. Clinicians will be trained in the issues and methods involved in integration of mental health and medical services. VA will evaluate and monitor quality and outcomes of integrated medical/surgical and mental health services. **(No Principal)**

REDUCING STIGMA AND PROMOTING AWARENESS

Announcing a new nationwide anti-stigma campaign to dispel the myths and promote awareness about mental illness. At a radio address with the President, Mrs. Gore announced that this fall she will launch a major anti-stigma campaign to dispel the myths and promote awareness about mental health and how to access treatment. This campaign will be chaired by Mrs. Gore and will include a whole range of private sector partners including the Ad Council, community organizations, the media and others. **(POTUS-*radio address;* Mrs. Gore *highlight at the conference*)**

Launching the expansion of the "Caring For Every Child" mental health campaign. At least one in ten American children and adolescents may have behavioral, emotional or mental health problems. To take steps right away to reduce stigma, the Administration will launch a five year five million dollar campaign to help reduce stigma in targeted communities by highlighting the special mental health needs of children. This public/private campaign will assist states and communities in developing culturally competent education programs about the mental health needs of children, for parents, primary care providers, educators and social services workers. **(Mrs. Gore)**

Educating older Americans and their health professionals about the risks for depression. The National Institutes of Mental Health (NIMH) estimates that five million Americans over the age of 65 suffer from some form of depression. However, many of these Americans do not recognize their symptoms as depression and do not receive the treatment they need. NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals that they may be at risk for or suffer from a mental illness. AoA will work to get this information throughout the aging network, including through the AoA website, the AoA newsletter (that goes to 600 older adult agencies), and the State Units on Aging, that run a range of programs serving millions of older Americans including meals on wheels and adult day care centers. **(Mrs. Gore)**

Launching six new study sites to help older adults with mental illness get quality treatment in primary care settings. Research indicates that three-fourths of older adults who commit suicide had visited a primary care physician within the month before their suicide and 20 percent had visited their primary care physician on that very day. Usually older adults do not seek services for these disorders due to the lack of awareness that their symptoms are a treatable mental illness, rather than normal signs of aging. The Department of Veteran Affairs will collaborate with the Substance Abuse and Mental Health Services Administration in HHS by providing $17 million to expand an existing SAMHSA program to test two models of primary care service delivery for aging persons with mental health and/or substance abuse disorders in these six sites for a total of thirteen. **(Mrs. Gore)**

IMPROVING TREATMENT FOR AMERICANS WITH MENTAL ILLNESS

Encouraging states to offer more coordinated Medicaid services for people with mental illness. Millions of Americans with severe mental illness rely on Medicaid to pay for their physical health and mental health care. To encourage states to make the most effective services available to treat mental health needs, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with people with the most severe and persistent mental illness; (2) Medicaid recipients all have access to medications that have been approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about the existence of advance planning directives for individuals who may be incapacitated in the future and unable to control their care. **(POTUS)**

Launching a pilot program to help people with mental illness get the quality treatment they need to return to work. Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the Social Security Administration estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many of these affective disorders cases could be effectively treated and perhaps could return to work. The Administration will launch a new five-year, $10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. Up to 1,000 SSDI beneficiaries with affective disorders will participate in this pilot, and SSA will monitor this study to determine if it enables these beneficiaries to return to work and determine to the extent this can be launched on a broader scale. This complements the Roth-Moynihan-Jeffords-Kennedy legislation that allows people to buy into the Medicaid or Medicare program when they return to work. **(VP)**

PROMOTING FAIR TREATMENT AND REDUCING DISCRIMINATION

Developing and implementing new strategies to address mental illness in the criminal justice system. The Bureau of Justice Statistics estimates that the prevalence of mental illness in prisons and jails is about 10 to 15 percent. The Substance Abuse and Mental Health Services Administration within HHS and DOJ are hosting a conference later this summer to focus on how all aspects of the criminal justice system can better address the needs of mentally ill offenders. The conference will bring together mental health experts, leaders in the juvenile justice system and law enforcement officials from around the country to focus on a range of topics including, model prevention strategies; treatment and support needs of juvenile offenders, how institutional and community corrections can better treat those with mental illnesses. Following up on promising strategies learned at this conference as well as other community practices that have proven effective, DOJ will launch an outreach efforts to educate the criminal justice community on how to better serve people with mental health needs. These efforts include a new guide that discusses community-based strategies as well as a partnership with the National GAINS center so communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies. **(VP)**

Reducing discrimination and stigma in housing. The Department of Housing and Urban Development (HUD) will hold three training and awareness sessions led by Secretary Cuomo and facilitated by community partners in HUD's 81 offices to reduce stigma and discrimination in housing and to help assure that housing facilities address the needs of consumers with mental illness. HUD will require that all their employees and its thousands of grantees participate in one of these sessions by satellite. **(No Principal)**

Eliminating stricter standards currently applied to federal hiring practices for adults with psychiatric disabilities. Currently, there are excepted appointment authorities that are explicitly designed to encourage the federal government to hire individuals with disabilities by exempting them from the competitive appointment process. However, these appointments have traditionally held stricter standards when applied to adults with psychiatric disabilities. In January, Mrs. Gore announced that the President was asking OPM to look into this disparity. Today, the President is issuing an Executive Order to direct OPM to change their policy to assure that Americans with mental disabilities are afforded the same hiring opportunities currently available to individuals with mental retardation and severe physical disabilities. The Administration also called upon all employers to reexamine their hiring practices. **(POTUS)**

Releasing a new regulation to prevent inappropriate use of seclusion and restraint in hospital settings and supporting legislative efforts on this issue. A series of highly publicized cases in Connecticut in 1998 highlighted several mentally ill children residing in psychiatric institutions who died after being restrained by facility staff. The Harvard Center for Risk Analysis estimates that between 50 and 150 such deaths occur annually across the country. There are indications that frequently the restraining holds are not used as a last resort, but rather as a routine method of discipline. To address this problem, HCFA will issue an interim final regulation with public comment to assure that, as a condition for participating in Medicare, seclusion or restraints are used only in accordance with a patient's plan of care and only as a last resort. In addition, HCFA will announce their intent to examine extending regulatory requirements on seclusion and restraint use to other provider settings where HCFA funds services. The Administration also endorsed legislation in this area, co-sponsored by Senators Lieberman and Dodd, that assures further protections. **(Announce after conference with Mrs. Gore and Senators)**

IMPROVING PROGRESS IN RESEARCH

Launching landmark study to determine nature of mental illness and treatment nationwide to help guide strategies and policy for the next century. In July, The National Institute of Mental Health (NIMH) will launch a $7.3 million major new study to collect the first data collected in over a decade on mental illness, including the prevalence and duration of mental illness, and the types of treatment that are most commonly used. This study of 10,000 Americans will provide information that will help guide how the nation allocates resources and designs policies for the 21st century. **(HRC)**

Developing two new clinical trials to improve mental health treatment. The National Institute of Mental Health is announcing that this fall they will launch two new five-year clinical trials to build on effective treatments for those affected by mental illness including: a new $36 million trial to test new antipsychotic medications that have fewer side effects for the treatment of severe mental illnesses and a $25 million trial to test intervention strategies for the treatment of patients who have depression, but are resistant to available treatments including older adults who have less than optimal responses to initial treatment of their depression. Unlike other studies, these new effectiveness trials will be set in a wide range of "real world" environments allowing for a stronger understanding of how interventions translate in everyday life. **(HRC)**

CHALLENGE FOR CONGRESS TO PASS LEGISLATION TO IMPROVE CARE AND SERVICES FOR PEOPLE WITH MENTAL ILLNESS.

Fund an historic increase in the mental health block grant. The White House called on the Congress to pass the President's FY 2000 budget proposal for a $70 million increase in the mental health block grant. In an era of surpluses, the Administration also called on states to expand their coverage in this area. **(Mrs. Gore)**

Pass a strong enforceable patients' bill of rights. The Administration also challenged the Congress to pass a strong enforceable patients' bill of rights that assures that consumers, including those with mental health needs, receive critical protections such as access to specialists, the continuity of care protections, and an independent appeals process to address grievances with their health plans. **(POTUS)**

Pass strong comprehensive privacy protections and legislation to eliminate genetic discrimination. The President and Vice President also urged Congress to pass comprehensive legislation to assure medical records privacy, so that information, including sensitive information about mental illness, is protected. In addition, as researchers continue to unlock the genetic code, which enhances the potential to expand treatment options, the Administration urged the Congress to pass legislation that prevents employers and health care plans discriminating against Americans based on their genetic information. **(POTUS or VP)**

Pass Roth-Moynihan-Jeffords-Kennedy legislation to enable people with disabilities return to work. Access to affordable health insurance is the biggest barrier preventing people with disabilities from returning to work. Congress was encouraged to pass this legislation which would help people with disabilities, including mental illnesses, buy into Medicare and Medicaid so they can return to work. **(POTUS)**

Challenge Congress to hold hearings on mental health parity legislation and to review the strengths and weaknesses of the current law. The Administration urged the Congress to hold hearings right away on the strengths and weaknesses of the current mental health parity law and to determine the feasibility of congressional legislation that would expand these proposals for private health plans. **(POTUS)**