



PRESS RELEASE

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Stuart Gordon
Director of Policy & Communications
703-682-7552
stuart.gordon@nasmhpd.org

Brian Hepburn
Executive Director
703-682-5181
brian.hepburn@nasmhpd.org

The National Association of State Mental Health Program Directors (NASMHPD) represents the state executives responsible for the public mental health service delivery systems in 50 states, 4 territories, and the District of Columbia.

Recently in the news, there has been an increase in language correlating gun violence with mental illness. The connection between mental illness and violence is complex. Most people with mental illness are not violent and most violent people do not have mental illness. However, a small number of people with mental illness may be harmful to themselves or others. It is imperative that we do all we can to provide greater access to mental health services, particularly emergency crisis services. These services must be available in all communities so that individuals and families dealing with acute mental health crises have 24/7 access to qualified mental health professionals to aid in a time of need.

The reality is that nearly everyone is at risk of dealing with a mental health crisis during their lifetime, and it is necessary to have a comprehensive crisis system to address this universal need. For this reason, because mental health challenges directly impact so many Americans, we urge Congress to include a \$35 million increase to create a 5 percent set-aside in the funding for the Mental Health Block Grant administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would enable states to provide community-based services for individuals in mental health crisis.

Strengthening proven best practices for treating individuals in mental health crisis at the time and place they are in crisis would serve to further public safety and provide a safe space for individuals who are experiencing those crises. Mental health crisis services are an integral part of the health care continuum. Lack of immediate access to these services frequently leads to an escalation of the individual's mental health crisis. Crisis services can help de-escalate the crisis and bring calm to the individual and the situation. These services will result in less conflict with law enforcement and increased diversion from jails and emergency rooms.

Comprehensive crisis services will also help reduce the incidence of suicide by individuals in crisis, which is on the rise. According to the Centers for Disease Control and Prevention (CDC), in 2016, 45,000 Americans age 10 and older died by suicide. It is the 10th leading cause of death overall and, for people ages 10 through 34, it's the second leading cause of death. Dedicated funding for states to enable communities to enhance their crisis capabilities will save lives that otherwise would be lost to suicide.

The array of crisis services for which funding would be available to states would be those core elements outlined in the Crisis Now report of the Crisis Services Task Force of the National Action Alliance for Suicide Prevention (Action Alliance). Those services include crisis call centers, collaboration with law enforcement, centrally deployed 24/7 mobile crisis units that meet the individual in crisis where he or she is located, immediate assessment of the individual's need for services, 23-hour observation, short-term residential crisis stabilization beds in a calming environment, a recovery orientation that includes trauma-informed care, and referral to emergency rooms and inpatient services if needed.

The House of Representatives previously included funding for the proposed 5 percent set-aside in H.R. 2740, its Fiscal Year 2020 "minibus" funding the Departments of Health and Human Services, Labor, and Defense. We urge the Senate to quickly follow the House lead in funding the set-aside for crisis services.
