

Support The Mental Health Reform Act of 2016 (S. 2680)

Background

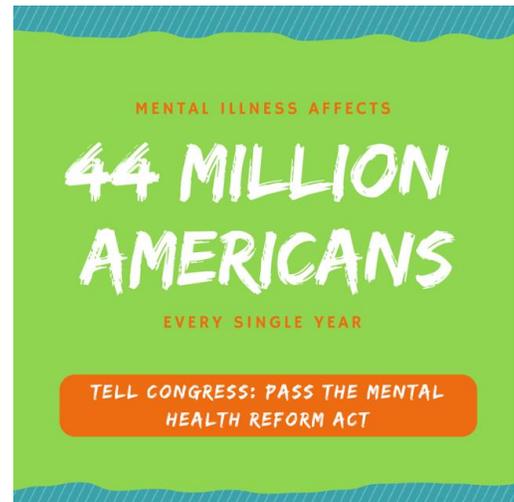
1 in 5 Americans have a mental health condition. With the right care, recovery is possible. But, most people aren't getting the care they need because America's mental health system is broken. Here are the facts:

- America's suicide rate is the highest it's been in 30 years.
- Half of Americans with mental illness did not get any mental health care in the past year.
- Mental health care is unfairly restricted by many health insurance plans.

Strengthen our nation's mental health system. Bring the *Mental Health Reform Act of 2016, S. 2680*, to a vote.

How S. 2680 Helps:

- Suicide is the tenth leading cause of death in America. An average of 117 people dying by suicide every day.
- **S 2680 combats suicide in our schools and communities**, so precious lives are saved.
 - Authorizes the National Suicide Prevention Lifeline program
 - Reauthorizes the Garrett Lee Smith Memorial Act and creates a national suicide technical assistance center
- Half of children and adults with mental health conditions go without treatment. In many communities, there simply aren't enough providers—or the nearest provider is hours away and booked for months.
- **S 2680 increases the mental health workforce**, so trained professionals are available to help.
 - Creates a Minority Fellowship Program to increase the number of qualified, culturally-competent mental health and substance use disorder professionals
 - Authorizes grants to increase training of mental health professionals
 - Authorizes grants for telehealth child psychiatry to provide psychiatric expertise remotely to pediatric mental health and primary care practices who need consultation
- Despite the federal parity law, mental health care is being restricted—or denied—at higher rates than other health care.
- **S 2680 strengthens enforcement of the mental health parity law**, so health plans are held accountable for the coverage people paid for.
 - Requires audits of plans that have five or more parity violations and reports to Congress on the result of completed federal parity investigations
 - Requires additional federal guidance to help plans comply with the parity law
 - Requires a federal interagency action plan to enhance parity enforcement and a GAO parity study



- Half of all mental illness begins by age 14; three-quarters by age 24. The quicker people get treatment, the better the outcomes. Yet, the average delay before getting treatment for a first episode of psychosis in the U.S. is 74 weeks. In the United Kingdom, the delay is just 7 weeks.
- **S 2680 invests in early intervention**, so people get the right mental health care at the right time to promote healthy lives.
 - Requires 5% of state mental health block grant funds to be used to support evidence-based programs that address early serious mental illness, including psychotic disorders (such as First Episode Psychosis, or FEP, programs)
 - Establishes grants for effective early childhood mental health programs
- Nearly 7 in 10 adults with mental illness also have a medical condition and 3 in 10 adults with a medical condition also have a mental health condition. Co-occurring disorders are common, but integrated treatment is not.
- **S 2680 promotes integration of health and mental health care**, so people get care that treats the whole person, not just one condition.
 - Supports training of medical residents, nurses, physician assistants and social workers to provide mental health and substance use disorder services in integrated care settings in underserved areas
 - Creates grants to support integrated primary and behavioral health care services
Requires a Congressional report on barriers to integrating primary and behavioral health care
- The number of psychiatric inpatient beds has decreased by one-third since 1995. Worse, few states know where they have beds available at any given time. One result is that people who have been admitted to a hospital are waiting hours, even days, until a psychiatric bed becomes available—a practice called “emergency room boarding.”
- **S 2680 strengthens community crisis response systems**, so people experiencing a psychiatric crisis can get help sooner, before their condition worsens.
 - Authorizes grants to enhance community crisis response services for people with mental illness or substance use disorders
 - Authorizes grants to develop and maintain databases of crisis stabilization and psychiatric inpatient beds and beds at residential mental health and substance use disorder treatment facilities

