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, many people aren’t getting the care they need. 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.
• S. 2680 authorizes the National Suicide Prevention Lifeline program.
• S. 2680 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.
• S. 2680 creates a Minority Fellowship Program to increase the number of qualified, culturally-competent mental health and substance use disorder professionals.
• S. 2680 authorizes grants to increase training of mental health professionals.
• S. 2680 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.
• S. 2680 requires audits of plans that have five or more parity violations and reports to Congress on the result of completed federal parity investigations.
• S. 2680 requires additional federal guidance to help plans comply with the parity law.
• S. 2680 requires a federal interagency action plan to enhance parity enforcement and a GAO parity study.

(more)
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.
- S. 2680 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).
- S. 2680 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.
- S. 2680 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.
- S. 2680 creates grants to support integrated primary and behavioral health care services
- S. 2680 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.
- S. 2680 authorizes grants to enhance community crisis response services for people with mental illness or substance use disorders.
- S. 2680 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.