

Mental Health Conf.
Howard University
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**PHOTOCOPY
PRESERVATION**

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REMARKS BY THE PRESIDENT, THE FIRST LADY,
THE VICE PRESIDENT, AND MRS. GORE
AT WHITE HOUSE CONFERENCE ON MENTAL HEALTH

Blackburn Auditorium
Howard University
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2:32 P.M. EDT

MRS. GORE: Wow! Thank you so very much for that warm welcome. Good afternoon. We are all so very pleased to be hosting the first White House Conference on Mental Health. And I want to thank Michael Stevenson for producing the film that you just saw, with its extraordinary spirit showing the faces of mental illness. Thank you very much, Michael. (Applause.)

And, of course, I'd also love to thank on behalf of all of us President Swygert for hosting us here at wonderful Howard University. You and the staff at Howard University have been absolutely fantastic. We cannot thank you enough. (Applause.)

And please, all of you who are here—all of you are here for the right reason, a reason that unites us all because we care so much about this issue and the lives that have been affected by it—join me in the spirit of gratitude in thanking President Clinton; my husband, Vice President Gore; and First Lady Hillary Rodham Clinton for helping to make this conference possible, for believing in their hearts that this issue is one that is extremely important. Thank you so very much. (Applause.)

We also would not be here today if it weren't for the efforts of Secretary Shalala—I'd like you to stand; Secretary Riley; Attorney General Reno; OPM Director Janice Lachance; and all the representatives of our administration that have worked so very hard. (Applause.) I would like to also acknowledge the distinguished members of Congress who are here and those that are joining us in their states, in their districts, at the downlink site. Would those who are here please stand and let us applaud you? Thank you so much. (Applause.)

I'm pleased to say that we are being joined by our neighbors and friends in communities all across this country, by nearly 6,000 downlink sites around the country. This is phenomenal and we really appreciate their participation via the Internet. The discussions that are going to happen, the information that's going to be shared in communities is going to be extremely worthwhile.

I would especially like to thank Mayor Vera Katz from Portland, Oregon; and Mayor Woodrow Stanley in Flint, Michigan; and Mayor Bill Campbell in Atlanta, who are with us as I speak. For all that you have done in hosting the interactive satellite sites in your district and for organizing them in your cities. Thank you so much for helping reach more Americans. (Applause.)

Finally, I want to thank all of you for being here at this historic conference. It is historic and it's time that it happened because this issue is so extremely important to so many American families and so many American lives. And, of course, that's what this administration has been all about from its beginning.

I want to thank each and every one of you who participates here, because of your passionate advocacy for those who have mental illness, or for someone that you know personally, someone that might be in your family or a neighbor, or for the fact that you know that because this country was founded on fundamental principles of fairness and inclusion, and even though we've never been perfect we have always worked very hard to strive toward that ideal. And that is why you are here. And I want to thank you so much for your presence today. Thank you for coming. (Applause.)

The interest in this conference has been absolutely remarkable, and some of which can be understood from things that I have just said. Mental illness is not just something that happens to other people, somebody over there. We have to realize that it happens in our American family, in our American communities, and that that means that it calls on a response from all of us. It touches us, it touches ourselves.

We're going to talk about that in very personal and very real terms in just a few moments because we want this to be a conversation. And we, most importantly, want to inform people who are listening about what mental illness is and what you can do about it, so that people will understand it, and they won't fear it.

Because one of the things that struck me the most when I first began studying this many years ago, was how hard it is to talk, either publicly or privately, about mental health issues to people. And that's because of one thing: the stigma—the stigma and the shame that is attached to this particular illness above all others.

I think, if you will think back with me, we can remember a day when we could not talk about cancer. That was a secret in everyone's families. We hardly could speak of it. And how many people suffered, or didn't come forward for treatment, because of that kind of cultural climate that existed. And then we didn't want to talk about AIDS.

Now, this is the last great stigma of the 20th century, that we need to make sure ends here and now. (Applause.)

And because of that, this dialogue that we're going to be joining in today is breaking that silence. And to break down the silence, we break down the myths and the disillusionments and the misperceptions that are associated with mental health issues. And we want to encourage more Americans to get the help that they need, because when they get the help that they need, and it's the right help, they can lead productive lives in their communities, in our society. And they should be invited to do that.

We must talk about mental illness in our homes, in our workplace, in our communities, with our colleagues, everywhere that we can, because we must uncover those who have it or are suffering with it and encourage them to get the help they need. We must recognize mental

illness for what it is. It is an illness that can be treated, and it can be treated successfully.
(Applause.)

I'd like you to consider this fact: 51 million Americans will experience a mental health issue at some point in their life. That's an awful lot of us. And that means not only that individual, but their families. And I'm talking about illnesses that range from depression to bipolar illness to schizophrenia, to many, many more. But only one in five of those people—only one in five -- will seek treatment because, again, of the stigma and the shame that has been attached.

And despite the fact that now we have such a broad range of treatment and diagnoses that work, it makes it even more heartbreaking to think that those people will not feel comfortable reaching out and getting help. Hopefully, after today, this is a new beginning for them, and they will.

Why are we so reluctant to seek treatment for mental illness? Why? I've asked many people this question preparing for this conference, and we've talked about the shame—it always comes up: I feel ashamed; I don't want to come forward because I don't want to be labeled, I don't want to be joked about; I don't want people to treat me differently than my neighbor who has diabetes, or has a broken leg.

And yet, they do. And it happens everywhere, from hospitals to workplaces. That is something that we need to change—because people feel discriminated against. They feel this discrimination in their lives. That's not what America is about. America is about fighting discrimination wherever we find it. We must end the discrimination that those with a mental illness feel. (Applause.)

I'd like to say one more thing about the misperception, and that is that most people treat someone with a mental illness as if it's their fault, or as if they could just snap out of it, or if they could just pray harder, somehow they would feel better and get well. And in replacing that misperception and that myth with facts and with knowledge and with the science where it is today, which is so hopeful for people with mental illnesses, I think we can go a long way toward allowing people to feel hope in their heart and the freedom to come forward.

I think it's important because I know, I had this experience myself. I found that after a traumatic incident in my life that sometime afterwards I had a delayed reaction and I found that I was not myself. And friends pointed that out to me. Since I had studied this I knew a lot about it. I checked the list and I went to a mental health professional and I said, I'm not here as a friend this time. I'm not here as a volunteer for the cause, I'm here because I need some help. And I was diagnosed with clinical depression.

I received treatment with medication and I'm happy to say that it worked. And I want people that are in the sound of my voice who perhaps are suffering with this or any other mental illness to know that there is the right diagnosis and the right treatment and the right health care professional out there for you. Don't hold back. Go and seek them. And to the families, support the person that is in need and help them get the help they need and learn what you can about the illness because they can recover and they can continue to function very well. (Applause.)

And that leads us to the guest on my right. And I, of course, really don't need to introduce him. He's an award-winning journalist. He's someone that all of us admire. And one thing that's interesting is that he has always been very tough and very fair, and we know him as tough Mike Wallace. And he is that. And I think one of the most courageous, and one of the toughest things

he probably ever did was to recognize his illness and to talk about it. And I want you to know that that's one of the things I admire about you the most. (Applause.)

But you're here today to talk a little bit about your story, to help other people. And I appreciate that so much. Mike, will you tell us what happened with you?

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MRS. GORE: I want to thank each of you, for all of us, for sharing your stories so publicly and in the hopes, I know, that it will help other people—that is your motivation—and so that people will see that it's very wrong to discriminate against people who have a mental health issue—it's just plain flat wrong and unfair. And we must change it.

And as Americans, we cannot tolerate discrimination in any form, whatsoever. I know all of you would join me in thinking about that. That is why I am very pleased, and I want to thank you, President Clinton, for asking me to serve as the honorary chairperson of the Anti-Stigma Campaign which we will be launching as a result of this conference. And I think that's going to be extremely important. And we'll be talking more about that later. But we wanted to reach every community and every workplace so that people will understand that stigma is just a piece of this puzzle that needs to go away.

And as people, like yourself, myself, Mike, John, are willing to talk about these issues, I think that we will destigmatize and people will understand what mental health issues are.

And to that end, our administration has also announced another very important step, and that is we are expanding our caring for every child campaign, and that's the target—parents and teachers and child care providers and social service workers—with education programs about the mental health needs of young children, so that they will intervene early. (Applause.)

Early intervention is prevention, and can prevent so much of this pain. And we're also launching a new outreach effort through NIMH and the administration on aging to educate older Americans that they, too, might very well be at risk, particularly—for any mental illness, but particularly for depression.

Some people think depression is just a natural part of aging. But so many of our elderly citizens are actually suffering from clinical depression, which can be relieved with the right treatment. And we are finding that door is opening as well. And we want it to continue to.

Now, in two weeks, my husband and I will be hosting our 8th annual Family Reunion Conference in Nashville, Tennessee, and the issue is going to be families and communities. I have learned a great deal about how communities can work better and also how mental health in communities can work better from so much of the work that Al has done in this area. And I want to, with great, great pleasure, introduce to you the Vice President of the United States to lead our 9th discussion. And you might want to get up and go over—

THE VICE PRESIDENT: Yes, ma'am. (Laughter and applause.)

MRS. GORE: -- over there and begin your discussion.
(Applause.)

THE VICE PRESIDENT: Right here? Thank you. I'm anxious to follow instructions carefully. (Laughter.) But departing from my instructions, I want to start off by saying to all of you, I hope you can imagine how proud I am of Tipper and her leadership role. (Applause.) It is a great joy for me and for our children and for Tipper's parents and mine and all of our family to see what a wonderful thing she has done and is doing in advising the President, in helping to spread the word, to organize this conference. And I'm very, very grateful, as I know you all are.

And my role in this discussion is to highlight with my two guests here the role of families and especially the role of communities. I'd like to say, first of all, where the role of families is concerned that we learned from Tipper's experience that -- what so many of you know—that when mental illness strikes, it affects not only the person who is involved, but the entire family. And for our family, we became much stronger as a result of this experience. And that's principally due to the tremendous courage that Tipper herself showed and, of course, the fact that she had this knowledge that she had gained in academic settings, and her work on the issue for so many years I think made it perhaps a little easier for her to educate us than might be the case with some others in a similar situation.

But one of the things that we did learn was how crucially important it is for families to be supportive and understanding, to educate themselves, and to surround the person with love, and to help the healing process.

And in some communities families are able to find out how to play that role, and it makes such a big difference. Because the way I look at this—in the same way that a family is always there for a family member who needs help, communities should always be there for families that find themselves in a situation where they need to reach out for new services, new help, new understanding.

And, unfortunately, too many communities across our country are not used to providing this kind of support because of the stigma that Tipper and Mike talked about earlier, because the new treatments are just that—new—and because some old outdated attitudes are still persisting and some people mistakenly believe that these conditions are untreatable or virtually untreatable, the way many of them were in decades past. Many communities are not organized to give the kind of attention that is needed.

So, under President Clinton's leadership, this administration has been moving to try to make changes in that reality, and give communities more of the help that they need. And that's because we believe that the people who do need help should find a waiting ear, and not a waiting list. And, in fact, a recently released survey by the National Health Association confirms that only one in three Americans who were surveyed said that the communities in which they live have these services readily available for families that need it. Now, that must change.

As part of this year's budget, we have proposed the largest increase in mental health block grants in history. (Applause.) And today we're proposing to build on that proposal with three new ideas. First of all, we're launching a new initiative to help ensure that vulnerable homeless Americans with mental illness get the treatment and services that they need. (Applause.) Second, we're beginning a new effort to reach out to those people who can't work because of mental illness and are presently on disability insurance, to help them get the treatment that they need to return to work. (Applause.)

Third, we are launching a new effort to meet the mental health needs of crime victims, including a renewed commitment to ensure that our efforts to respond to major crises do address the mental health needs in those communities.

I remember in some of the instances where Tipper and I have represented the administration and the country in going to communities that have been hit by disasters, Tipper has always spoken out to say, now, don't forget, in addition to the broken bones and the grieving that needs to be attended to and all of that, there are mental health needs. And we need to incorporate that into the normal response to crises.

A lot of people don't realize even today that after the horrible bombing in Oklahoma City, after some time had passed, suicides increased dramatically, and at least a half a dozen people associated with the effects of that bombing have taken their own lives. And at least twice as many more have attempted suicide. So our new initiative will help ensure that the response to tragedies like these include mental health training and services to help the victims recover and lead normal lives.

Now, obviously, government alone is not going to solve this, it has to be a partnership with private organizations, volunteer organizations; state-based organizations have a big role to play.

And I want to talk now with a couple of folks who have had personal experience with how this kind of community effort can work. First of all, Robin Kitchell. Robin is from Nashville, Tennessee, and participated with Tipper in one of the many events that she held as a warm-up to this conference.

And Robin, you have a son who suffers from bipolar disorder. Tell us about some of the challenges and the rewards of caring for a child with a mental illness.

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THE VICE PRESIDENT: Well, you speak very eloquently about your own experience, and the lessons that we ought to draw from it.

What I hear you saying is that anyone who talks about how important it is for families to stay together, and for families to be strong, ought to recognize an obligation to make sure that the communities where those families live are supportive, when families face struggles like the one that you faced—whether it's the health insurance community, or the medical community, or the schools, or the business community, or the peer group. They need to be understanding and supportive of families in this situation.

And mentioning the business community leads me to Dr.

Wayne Burton, who is the Medical Director for Bank One Corporation.

Dr. Burton, your business is unusual in that you provide comprehensive mental health services. And your experience has been different from what is feared by some businesses who refuse to offer these services. Tell us about what your company has experienced.

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THE VICE PRESIDENT: Just to draw out what may be an obvious point that everybody understands, but I want to make sure I understand it—the percentage of your cost attributable to mental health services dropped so sharply because in providing a comprehensive approach and in educating the entire work force about being open and eliminating stigma, you were able to provide preventative services and earlier-stage intervention that were far more effective and far more cost-effective, thereby resulting in the cost decrease. Is that the point you're making?

DR. BURTON: That's correct. We felt that by providing out-patient care early on, where an employee can continue to work, but attend, perhaps, a day hospital or an evening hospital—back in the early '80s, when there were not very many of these programs around—that it would benefit us by reducing the more costly hospital stays and so forth.

THE VICE PRESIDENT: Well, the same experience that your son had, Robin, going back, with only six months to go before 8th grade graduation and all of a sudden feeling that stigma and the very tangible form of proposed segregation is the kind of approach that some employees in the work force face, if the work force has not been educated, if the employer doesn't send a strong signal that the stigma is not permitted here, that we're going to lead the way. And so by having that kind of support in the community and having that kind of support in the workplace, you can get the people the help that they need.

Now, Doctor, one other question on this. I know that there are some business executives who have taken a different position over the years, and maybe they're questioning to themselves whether or not the new treatment success rate and the new economics that you're reporting really would work for them. Some of them are still kind of manning the barricades and fighting against opening up coverage of mental health services in the same way that they cover treatment for physical ailments. I should put that a different way, for heart disease and for other kinds of illness.

What would you say to a corporate executive who was still resisting the kind of step that your company took? What's the most persuasive argument that you could make?

DR. BURTON: Well, we believe that providing appropriate mental health benefits and quality mental health benefits are important for our employees, their families, and the communities in which we do business. It's good business. (Applause.)

THE VICE PRESIDENT: Very good. I'd like to thank you and Robin Kitchell. Thank you. Thank you very much. (Applause.)

Now let me call on one of our largest sites that is linked up by remote satellite, in Atlanta, where Dr. Satcher is waiting.

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MRS. GORE: And thank you, Al, very much. And I want to thank all of you for telling your stories. And particularly, good luck with your son. And I'm delighted to hear the business aspect, that it doesn't break the bank, actually it's good business to cover for mental health services. That's something all of us in this room believe deeply and have been waiting to hear.

And this is the close of the decade of the brain, this is a time when we have been—well, I personally haven't, but scientists and other researchers have been mapping the architecture of the

human brain, and we have learned so much about it. And it's time to bring the science into the daylight of the light that is shining on mental health.

And no one could do that any better than the sunshine of all our lives, our great First Lady, Hillary Rodham Clinton. (Applause.)

MRS. CLINTON: Thank you. Thank you very much. Thank you. If I had any voice I would break into "You are the Sunshine of My Life," and dedicate it to Tipper. (Laughter.) But I'm delighted to be here, and so pleased not only to see this packed room with standing room only, but to know that nearly 6,000 sites around the country are sharing in this firsthand.

This is an historic conference, but it is more than that; it's a real signal to our nation that we must do whatever it takes not only to remove the stigma from mental illness, but to begin treating mental illness as the illness it is on a parity with other illnesses. And we have to understand more about the progress that has been made scientifically that has really led us to this point.

I don't believe that we could have had such a conference even 10 years ago, and I know we couldn't have had such a conference 25 or 30 years ago, when I was a young law student working at the Child Study Center at the Yale University and taking classes at the Med School and working at the Yale New Haven Hospital, and very interested in the intersection of mental illness and the law and in the development of children and other issues that we were only then just beginning to address. And we didn't have a lot of evidence to back up what we needed to know or how we should proceed with the treatment of a lot of the problems that we saw.

Well, today we know a lot more. And it is really our obligation and responsibility, therefore, to begin to act on that scientific knowledge. And I'm very pleased to be talking with a distinguished group of panelists about the science of mental health and mental illness.

We're happy to have with us Dr. Steven Hyman. He is a distinguished scientist who directs the National Institute of Mental Health, one of the institutes of the National Institutes of Health. And I want to start with Doctor Hyman.

Dr. Hyman, you have been dealing with some very difficult diseases that affect millions of people. We've already heard several mentioned—clinical depression, bipolar disorder, schizophrenia. What progress have we made in learning about these diseases in the last few years so that we understand them more scientifically, and, therefore, have a better idea of what to do about them?

DR. HYMAN: Well, Mrs. Clinton, the first thing that we've recognized is that the numbers are indeed enormous. More than 19 million Americans suffer from depression. More than 2 million children. More than 2 million Americans have schizophrenia. And the World Bank and the World Health Organization have recognized that depression is the leading cause of disability worldwide, including the United States.

We have also learned some very important facts about these illnesses, and if I can just encapsulate them briefly, it's that these are real illnesses of a real organ—the brain. Just like coronary artery disease is a disease of a real organ—the heart. We can make diagnoses, and these diseases are treatable.

In addition, we've learned that these diseases should be treated just like general medical disorders. If you have heart disease you would get not only medication, but also rehabilitation, dietary counseling, stress reduction. So it is with a mental illness. We've heard a lot already

today about medication, but people need to get their medication in the context of appropriate psychotherapies and other psycho-social treatments. (Applause.)

MRS. CLINTON: So how then has these scientific discoveries changed the way that we as a society deal with mental illness? And following up on what you said, if we now know—if you as experts and practitioners know that we should treat mental illness as real and as treatable, as a disease of a bodily part, namely the brain, what does that mean for the kind of response that we should be looking to in society?

DR. HYMAN: You know, sometimes people think of science as something cold, but actually it has been an enormously liberating force for families and for people with mental illness. Not two decades ago, people were taught that dread diseases like autism or schizophrenia were due to some subtle character flaw in mothers. This idea, unfortunately, has been perpetuated by ignorance far too often. And, indeed, these ideas didn't help with treatments. And what they did do is they demoralized families who ultimately had to take care of these poor sick children.

So science has shown us some alternative ideas. For example, it's turned out that autism, schizophrenia, manic-depressive illness are incredibly genetic disorders. What this means is that genes have an awful lot to say about whether somebody has one of these illnesses. And I have to tell you that as the human genome project approaches completion, in the next few years, we're going to be discovering the genes that create vulnerability to these disorders.

Now, that's important because genes are the blueprints of cells and by understanding those blueprints, I think we're going to come up with treatments that we could not possibly have dreamt of.

The other thing, as you mentioned, is we're learning an enormous amount about how the brain is built and how the brain operates. I brought a few pictures—I don't know if we can project them, but I think pictures are worth an awful lot. You can see on the left the brain of a healthy person, and on the right the brain of someone with schizophrenia, given a cognitive task that requires planning and holding something in mind. The kind of task that a person with schizophrenia has difficulty with. And what you can see just looking at the red spots, that people with schizophrenia don't activate their brain in the same way as a person without this illness.

We also know—and I think this is really interesting if we could have the next slide—that our treatments work because they work on the brain. No one is surprised that medication works on the brain, but what we're learning is that psychotherapy also works on the brain. (Applause.) So what you can see in the lower two brain diagrams is that this is someone with an animal phobia—something that we can study relatively easily—before treatment. Now, after a cognitive behavioral treatment that exposes and desensitizes the person, you can see new spots of activity—they're shown in green—and they represent activation of our prefrontal cortex, a modern part of the brain—which is actually able to suppress some of the fear circuitry.

Now, I don't want to over-sell this, but ultimately we're going to understand how these treatments work in the brain.

And then, finally, I just want to show you a picture that is somewhat alarming, but what we see here on the left, someone with—a healthy person with a normal brain, and then on the right someone who has had severe depression for a long time. What you see outlined in red at the

bottom is that a key structure acquired from memory—actually gets smaller, it deteriorates if depression is not treated.

Now, this is not so hopeless as it seems because we believe that with treatment these changes can be reversed. But I'm showing you these pictures again to remind us that these are real diseases of a real organ—the brain—that we can make diagnoses and that these should be treated just like general medical illnesses. (Applause.)

MRS. CLINTON: You know, this is very exciting to all of us, because I think we can, in our own memories, think of diseases that have gone through a process of first being just mysterious; and then myths and stigmas associated with them; and then finally, science being brought to bear, and then the better they're understood, the more diagnosable and treatable they become.

That's why I'm also very pleased that in July, under your leadership, the NIMH will launch a \$7.3 million landmark study to determine the nature of mental illness and treatments. This will be a study that will help us guide strategies and policies for the next century by collecting information on mental illness, including the prevalence and duration of it, as well as the types of treatments that are most commonly used.

NIMH will announce the launch of two new clinical trials, investing a total of \$61 million, to build effective treatments for those affected by mental illness. So we're taking this information and we're not just leaving it in a laboratory. We are attempting to use it to implement better policies and better treatment modalities.

And I would just underscore something that was said, and that is that as we learn more, through the human genome project, we have to be even more careful to guard against discrimination against both physical and mental illness. (Applause.)

I want to turn now to Dr. Koplewicz, who is an expert on mental health issues. He has shown me through the NYU Child Studies Center, and I know from firsthand experience and reports how he has brought to bear his extraordinary talent and experience on behalf of children as a child psychiatrist.

And I would like to ask you, you've worked with children and families on so many of these issues, what steps can we take to demystify mental illness?

DR. KOPLEWICZ: It's hard to believe that until 20 years ago we still believed that inadequate parenting and bad childhood traumas were the cause of psychiatric illness in children. And in fact, even though we know better today, that antiquated way of thinking is still out there, so that people who wouldn't dream of blaming parents for other types of disease, like their child's diabetes or asthma, still embrace the notion that somehow absent fathers, working mothers, over-permissive parents are the cause of psychiatric illness in children.

And the only way we can change that is through more public awareness. I mean, essentially, these are no-fault brain disorders. And as Dr. Hyman pointed out, these diseases are physiological, they respond to medicine. They're familial, they run in families. And they have a predictable onset and course. And as we learn more about this, it really becomes necessary for us to do three things.

We have to learn the costs of untreated mental illness, which really is lost school days, lost work days, dropout, marital distress, and also lost opportunity cost—executives and leaders who are quietly depressed and who aren't functioning at full capacity.

The second thing we have to do is we have to educate kids as early as middle school about mental illness. They learn about AIDS, they learn about seatbelts, but they have to learn about depression anxiety. And we have to educate their parents also.

And the third part is that you need a national public awareness campaign, so that Americans have to understand depression the way they understand heart disease. And the only way that happens is that when you have recognizable national leaders, moral leaders, role models like Tipper Gore, like Mike Wallace, who come out and acknowledge that they have a psychiatric illness, it makes it so much easier for the average citizen then to accept that maybe their child or maybe themselves or maybe another relative might be suffering also.

MRS. CLINTON: I think that's so right. I remember when Betty Ford went public with her breast cancer. And to the best of my memory, that was the first time anyone in a position like that had, and what a difference that made.

Let me ask you, do children have particular needs, though, when it comes to mental illness, so that we can't just talk about mental illness generally, we do need to talk specifically about children's needs.

DR. KOPLEWICZ: Right. Well, as we all know, kids are not little adults, their brains are different. But child psychiatry has really lagged behind in many ways. I mean, there are three major problems—one is access. It is really a problem because there are 6,000 child and adolescent psychiatrists in the whole country. Pediatricians get very little training about mental health. And in many states across the United States Medicaid does not pay, forcing parents or forcing school officials or school teachers, so that treating a child is much more complex.

The next issue is research—not only basic epidemiology, treatment, prevention—in many ways we lag behind. And while the funding has increased dramatically in the last six years, it's still out of whack when you consider the impact and how common these child psychiatric illnesses are in society. So compared to childhood cancer, we really are not dedicating nearly enough funds for the research of child mental health.

And the last part again, of course, is that it's the stigma. The stigma is worse for kids. Let me remind you, teenagers are never volunteering to be customers for mental health services. So parents not only feel bad about themselves, many people are telling them they've done something wrong and then the kid doesn't want to go on top of that. So those things are much more difficult for children, adolescents, than for adults.

MRS. CLINTON: Well, I think that part of what we we've got to do, though, is reflect how we can both identify and get help to children who need it, whether or not they want it or are willing to accept it. I think all of us have the tragedy at Littleton in mind, and we also know of the other school shootings; and in the ones that don't get as much publicity, there may have been signs, there may have been some way that we could have intervened and prevented.

So what can we do to intervene early, before mental illness causes a child to be violent to others or, as we see increasingly, to be a victim of suicide, which is a leading cause of death of young people?

DR. KOPLEWICZ: I mean, the real tragedy of Littleton is that—and in these other recent incidents of school violence—is that they're most probably preventable. Normal children just don't snap and go out on a shooting spree. Children who commit violent crimes almost always

have histories of violence, depression or other mental health problems. And, unfortunately, schools and parents ignore psychiatric illness.

The problem is that we have never really looked at the underlying cause of all this violence, which is childhood psychiatric illness, which is a tremendous problem -- 12 percent of the population under the age of 18 -- that's about 8 million children, teenagers, in the United States today—have a diagnosable psychiatric illness. And that means that about 2 million children have depression, teenagers have depression.

And not all of them are going out to shoot someone, but they're certainly more at risk and they're certainly suffering and at risk for hurting themselves or others. And the problem is that while teachers ignore it and parents ignore it very often, unless we have a national public awareness campaign, unless we dedicate ourselves to child mental health the way we have to other mental health issues, it becomes really quite impossible for us to address this problem. So that someday, if teachers, pediatricians, if family practitioners were more aware of mental health warning signs for children, adolescence, that's the first step.

And, frankly, with public awareness, I think we have reached the point with a focus that mending of broken bones should be the same as getting help for emotional distress. It should be just as acceptable. It should be just as expected. Because, you see, if we don't do that, I think what happens, these kids lose out on schooling, making friends, and at the end of the day they lose out on happiness that we expect for all of our children. (Applause.)

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MRS. CLINTON: I really want to thank you not only for coming forward, as you have in the past and again today, but for putting your energies behind this issue in the Congress and using your own personal experience to really make a difference, and I know that it will continue to do that.

I want to thank our three panelists and really not only thank them, but all of you who work on the issue of mental health and mental illness, and particularly the scientific research that we're learning so much more about. And, hopefully, this conference and the work that is being done because of it will get that word out to many, many Americans, and maybe they'll say, well, you know, I heard Dr. Hyman or I saw the pictures or I listened to the Congresswoman or whatever it might be. And for that, we're very grateful, and especially to you, Tipper.

So, back to you. (Applause.)

MRS. GORE: Thank you. Good job. Thank you, Hillary. You did a good job, as always. I appreciate that. So did you, Al. Thank you. (Laughter.) To all our participants, to all of the panelists, thank you for your courage. It gives me great pleasure as we have, I think, put faces on different mental illnesses today, very personally. I think we've learned a lot about it. I think we know that mental illness should be treated the same as physical illness in the medical profession, in the provider community, and certainly in our own communities and families. And now I would like to present with great pride, introduce to you a man who has provided a caring heart for American families all his life, our President, President Bill Clinton. (Applause.)

THE PRESIDENT: Thank you very much. I want to, first of all, thank all of you for coming, the members of Congress of both parties, members of our administration, but the larger community represented here in this room and at all of our sites.

This has been a truly remarkable experience, I think, for all of us—stimulating, moving, humbling. I think it's because it is so real, and it has been too long since we have come together over something that's this real, that touches so many of us.

This is a moment of great hope for people who are living with mental illness and, therefore, a moment of great promise for our nation. We know a lot about it; we know a lot more than most of us know we know, as we found out today. And we wanted to have this conference to talk about how far we've come, and also to look forward into the future.

We all know we wouldn't be here today without the commitment of Tipper Gore. I asked her to be my national advisor for mental illness because she knows more and cares more about this issue than anyone else I personally know. She has dedicated herself to making this a priority of national policy and private life. And I think we are all very, very much in her debt. (Applause.)

I would also like to say one more word about Tipper and about the Vice President, about the way they have dealt with this issue as a family, and the gifts they have given to America—going back to before the time when we all became a team and the election of 1992, when they began their annual family conferences. All people in public life talk about family values. No couple in public life has ever done remotely as much to try to figure out what it would mean to turn those family values into real, concrete improvements in the lives of ordinary families as Al and Tipper Gore have over a long period of time. (Applause.)

I sort of feel like an anti-climax at this convention not for the reasons the political reporters think -- (laughter) -- but because the real story here is in the people who have already talked, in their stories of courage and struggle, of endurance and hope. Americans with mental illness should have the same opportunity all Americans have to live to the fullest of their God-given ability. They are, perhaps, just the latest in our enduring challenge as a people to continue the work of our founders, to widen the circle of opportunity, to deepen the meaning of freedom, to strengthen the bonds of our community.

But what a challenge it has been. Clearly, people with mental illnesses have always had to struggle to be treated fairly and to get the treatment they need—and they still do. We have made a lot of progress by appealing to the better angels of our nature, by drawing on our deep belief in equality, but also by hearing these stories.

So, again, I want to thank Mike, and John, and Jennifer, and Robin, and Dr. Burton. I thank Dr. Hyman, Dr. Koplewicz. I thank Lynn Rivers.

I think all of us can remember some moment in our lives where, because of something that happened in our families or something someone we knew wrote or said, we began to look at this issue in a different way. I, myself, feel particularly indebted to the courage of my friend, the great author William Styron, for writing the book he wrote about his own depression. But I think that it is not enough to be moved. We have to have hope and then we have to have some sense about where we're going.

It was no accident that all of you were clapping loudly when Dr. Hyman showed us pictures of the brain. I remember when Hillary and I first met and began going together 28 years ago, and

she was working at the Yale Child Study Center and the hospital, and we began to talk about all of this; like a lot of young students at the time I had been very influenced by Thomas Koontz book, "The Structure of Scientific Revolution." And I began to wonder whether we would ever develop a completely unified theory of mind and body; if we would ever learn that at root there are no artificial dividing lines between our afflictions. The human genome project, as you've heard explained today, offers us the best chance we have ever had to have our science match our aspirations in learning to deal with this and all other issues.

So this has been for me not simply emotionally rewarding, but intellectually reaffirming. And I hope it has been for all of you. We've been at this for quite a long while. One hundred and fifty years ago we had to learn to treat people with mental illness as basic human beings. Thirty years ago we had to learn that people with mental illness had to be treated as individuals, not just a faceless mob.

I'll never forget when journalists secretly filmed the nightmare world inside some of our nation's mental hospitals. Americans were heartbroken and horrified by what they saw, and we began to develop a system of community care for people. Today, we have to make sure that we actually provide the care all of our people need, so they can live full lives and fully participate in our common life.

We've worked hard to break down some of the barriers for people living with mental illness. On Friday, as many of you know, I directed all federal agencies to ensure that their hiring practices give people with mental disabilities the same employment opportunities as people with physical disabilities. (Applause.) On Saturday, Tipper and I did the radio address together and announced that Tipper will unveil our new campaign to fight stigma and dispel myths about mental illness.

But all of you who have had this in your own lives, or in your families' lives, know that attitudes are fine, but treatment matters most. Unfortunately, too many people with mental illness are not getting that treatment because too many of our health plans and businesses do not provide equal coverage or parity for mental and physical illness, or because of the inadequacy of government funding and policy supports.

I have heard heartbreaking stories from people who are trying hard to take care of their families—and one day mental illness strikes. And when they try to get help they learn the health plans they've been counting on, the plans that would cover treatment for high blood pressure or heart disease, strictly limit mental health care or don't cover it at all. Why? Because of ignorance about the nature of mental illness, the cost of treating it—and, as Dr. Burton told us, the cost of not treating it.

A recent study showed the majority of Americans don't believe mental illness can accurately be diagnosed or effectively treated. If we don't get much else out of this historic conference than changing the attitudes of the majority, it will have been well done, just on that score.

Insurance plans claim providing parity for mental health will send costs and premiums skyrocketing. Businesses believe employees will overuse mental health services, making it impossible for employers to offer health insurance. Now, there may be arguments to be made at the margins on both sides of these issues, but I believe that providing parity is something we can do at reasonable cost, benefit millions of Americans and, over the long run, have a healthier country and lower health care costs. (Applause.)

As we've heard again today, mental illness can be accurately diagnosed, successfully treated, just as physical illness. New drugs, better community health services are helping even people with the most severe mental illnesses lead healthier, more productive lives. Our ability to treat depression and bipolar disorder is greater even than our ability to treat some kinds of heart disease.

But left untreated, mental illness can spiral out of control, and so can the cost of mental health care. A recent World Bank study showed that mental illness is a leading cause of disability and economic burden that goes along with it.

Here in the United States, untreated mental illness costs tens of billions of dollars every year. The loss in human potential is staggering. So far, 24 states and a large number of businesses have begun to provide parity for their citizens and their employees. Reports show that parity is not notably increasing health care costs. For instance, Ohio provides full parity for all its state employees and has not seen costs rise.

As we heard, Bank One's employee mental health treatment program has helped it reduce direct treatment costs for depression by 60 percent. As a nation founded on the ideal of equality, it is high time that our health plans treat all Americans equally. (Applause.) Government can, and must, lead the way to meet this challenge.

In 1996, I called on Congress to make parity for mental health a priority. I was proud to sign into law the Mental Health Parity Act, which prohibited health plans from setting lower annual and lifetime limits for mental health care than for other medical services.

Again, I want to say, since we have so many congressmen here, Tipper Gore was very instrumental in that. But I was also deeply moved by the broad and deep bipartisan support by members of Congress in both Houses who had personal experiences that they shared with other members which helped to change America.

The law was a good first step. And I'm pleased to announce, with Secretary Herman here, that the Labor Department will now launch a nationwide effort to educate Americans about their rights under the existing law, because a lot of people don't even know it passed.

But when insurers can get around the law by limiting the number of doctor's visits for mental condition; when families face higher co-payments for mental health care than for physical ailments; when people living with mental illness are forced to wait until their sickness incapacitates them to get the treatment they need, we know we have to do more. (Applause.)

So where do we go from here? First, I am using my authority as President to ensure that our nation's largest private insurer, the Federal Employee Health Benefit Plan, provides full parity for mental health. (Applause.)

Today, Janice Lachance, the Director of OPM, will inform nearly 300 health plans across America that to participate in our program, they must provide equal coverage for mental and physical illnesses. With this single step, 9 million Americans will have health insurance that provides the same co-payments for mental health conditions as for any other health condition, the same access to specialists, the same access to specialists, the same coverage for medication, the same coverage for out-patient care. (Applause.)

Thirty-six years ago, President Kennedy said we had to return mental health to the mainstream of American medicine. Thirty-six years ago he said it and we're still waiting. Today we have to

take more steps to return Americans to the mainstream of American life. I ask Congress now to do its part by holding hearings on mental health parity. (Applause.)

The second thing we have to do is to reach out to the people who are most in need. Today I've asked HCFA, the Health Care Finance Administration, to do more to encourage states to better coordinate mental health services, from medication to programs targeted at people with the most serious mental disorders, for the millions of people with mental illness who rely on Medicaid.

Third, we must do more to help people with mental illness re-enter the work force. I asked Congress to pass the work incentives improvement act, which will allow people with disabilities to purchase health insurance at a reasonable cost when they go back to work. No American should ever have to choose between keeping health care and supporting their family. (Applause.)

Fourth, with an ever increasing number of people with mental disabilities in managed care plans, it is more important than ever for Congress to pass the patients' bill of rights. (Applause.)

Fifth, this year we requested the largest increase in history, some \$70 million to help more communities provide more mental health services. And I asked Congress to fully fund this proposal. The absence of services and adequate funding and institutional support for sometimes even the most severe mental health problems is a source of profound worry to those of you who actually know what is going on out there.

I know that I was incredibly moved by the cover story in the New York Times Sunday Magazine a couple of weeks ago—

(applause) -- and I know a lot of you were. And I read that story very carefully. I talked to Hillary about it, I talked to Al and Tipper about it, and I asked myself then—I am still asking myself -- what more we can do to deal with some of the unbelievable tragedies that were plainly avoidable, clearly documented in that important article. This is a good beginning and I hope that Congress will fund it.

And finally, it is profoundly significant what we have heard about children. We have to do more to reach out to troubled young people. One out of ten children suffers from some form of mental illness, from mild depression to serious mental disease. But fewer than 20 percent receive proper treatment.

One of the most sobering statistics that I have heard in all of this is that a majority of the young people who commit suicide -- now the third-leading cause of death in teenagers, especially gay teenagers—are profoundly depressed. Yet the majority of parents whose children took their own lives say they did not recognize their children's depression until it was too late.

The tragedy at Columbine High School, as Hillary said, was for all of us a wake-up call. We simply can't afford to wait until tragedy strikes to reach out to troubled young people. Today, I'm pleased to announce a new national school safety training program for teachers, schools and communities, to help us identify troubled children, and provide them better school mental health services. (Applause.)

This new program is the result of a remarkable partnership by the National Education Association, EchoStar, and members of the Learning First Alliance, joined by the Departments of Education, Justice, and Health and Human Services. This fall, the Vice President and Tipper

will kick off the first training session, which will be transmitted via satellite to more than 1,000 communities around our nation.

We're all very grateful to EchoStar, a satellite company based in Littleton, Colorado, and its partner, Future View, for helping make this possible by donating satellite dishes to 1,000 school districts, and 40 hours of free time. (Applause.) I want to ask businesses and broadcasters all around our country to follow EchoStar's lead and donate their time, expertise and equipment to help ensure that every school district in America can participate in this important training program.

Now, I want to introduce two of the people who are showing this kind of leadership: the President of the NEA, Bob Chase; and Bill Vanderpoel, the Vice President of EchoStar. I'd like to ask them to come up and talk a little bit about what they're going to do. Let's give them a big hand. (Applause.)

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THE PRESIDENT: Thank you both very much. Now, I'd like to ask Tipper to come up one more time so we can all tell her how grateful we are, and let me say this. You probably saw a little bit by the way she positioned Al on time and she positioned Hillary on time, I think I'm going to start calling her "Sarge" behind her back. (Laughter.) She has driven us all. We've been on time, we've been at the place we were supposed to be, we say what we were supposed to say, we finished on time. So she not only has great sensitivity, she has phenomenal organizing ability, and we're very grateful for her. Thank you. (Applause.)

Now, I'd like to ask Hillary and the Vice President to come over, too. (Applause.) Thank you all very much. God bless you.

END

2:12 P.M. EDT