OFFICE OF THE VICE PRESIDENT
WASHINGTON

Mental Health File

December 10, 1998

MEMORANDUM FOR THE PRESIDENT

FROM **AUDREY TAYSE HAYNES**

THROUGH **BRUCE REED**
CHRIS JENNINGS

SUBJECT **1999 WHITE HOUSE CONFERENCE ON MENTAL HEALTH**

CC: **MRS. GORE**
MELANNE VERVEER

ISSUE

This memorandum asks you to approve hosting a White House Conference on Mental Health during the spring of 1999, with a target date of May, Mental Health Month.

BACKGROUND

Each year approximately 51 million Americans experience some form of mental illness. As many as one in five children have a mental illness and at least one in 20 -- or nearly three million children -- have a serious emotional disturbance that disrupts their ability to function emotionally, socially, and academically. With access to appropriate services and care, many of these people can live successfully. However, only 16% of Americans generally and less than one-third of children receive the mental health services they need.

Since 1993, the Administration has expanded access to mental health care. The passage of the 1996 Mental Health Parity Act is helping insure more Americans receive equal employer-provided insurance coverage for mental health care. The FY 1999 budget agreement included the largest-ever dollar increase in funds for the National Institutes of Health. This increase will help expand our ability to understand, treat, and prevent mental illness. In addition, the Children's Health Care Initiative established in the balanced budget agreement includes mental health services in the benefit package. And, in an agreement you reached with the National Governor's Association, the mental health block grant was one of a few areas designated to receive

additional funds from the tobacco settlement.

However, these achievements are tempered by moderate increases in funding for the mental health block grant, one of the principal sources of funding for critical mental health services, and federal mental health programs for the homeless. In addition, the growing dominance of managed care in the provision of mental health services is creating new challenges for mental health care consumers and providers.

Finally, people and families with mental illness face significant stigma and prejudice. The media and entertainment industries overwhelmingly present people with mental illness as dangerous, violent and unpredictable. These inaccurate portrayals shape the public's perception of people with mental illness encouraging discrimination in the workplace, health insurance, and society in general. As a result of the public shame associated with their illness, many people with mental illness, or their families and care givers, fail to seek the treatment they need.

CONFERENCE PROPOSAL

A White House Conference on Mental Health would build off of the success of past White House conferences that have raised public awareness and encouraged practical action on issues such as hate crimes, child care and school safety. The conference would focus public attention and discussion on how people with mental illness and their families can thrive when they have access to appropriate services and care and are able to live in an environment free from stigma and discrimination. Through its plenary and break out sessions, the conference would explore research and promising practices enabling people with mental illness and their families to live successfully through equal access to employment, education, and mental health services. The conference would also highlight the role of government, business and community organizations in creating a positive climate for people and families with mental illness.

CONFERENCE MANAGEMENT & DELIVERABLES

A White House Conference on Mental Health would be developed through Mrs. Gore, Mental Health Policy Advisor to the President, with the Office of the Vice President, White House Domestic Policy Council, White House Office of Public Liaison, and Department of Health and Human Services. The White House Domestic Policy Council, working with the Office of Mrs. Gore, Department of Health and Human Services, and other appropriate federal agencies, would develop appropriate policy deliverables for the conference that highlight the Administration's commitment to this issue.

RECOMMENDATION

We recommend that a White House Conference on Mental Health be held in the spring of 1999.

Approve _____ Disapprove_____ Discuss further_____

DRAFT

Proposal
WHITE HOUSE CONFERENCE ON MENTAL HEALTH

Themes

The overarching theme for the conference is the concept that mental health should not be viewed as separate or distinct from other aspects of health. We want to promote a more holistic view of health that sees mental and physical health as inter-related. Suggested umbrella theme line: "For Healthy Living At Any Age -- Mental Health Matters."

If you view all of the mental health issues that have been battled over the years, they all relate to the fact that mental health is treated differently than physical health. If we can begin with a premise that they should be treated the same and in fact are inter-related, then we have the basis for a new public way of thinking and new outcomes in all areas.

We also feel it is important to stress the fact that mental health matters to all ages so that we ensure that we encompass the issue of mental health for children and the elderly -- populations which have been traditionally ignored.

Some of the following themes reflect issues which face the mental health community:

1) Lack of awareness about those who face mental illness and about the disease itself;
2) Stigma and discrimination;
3) Reluctance to seek treatment;
4) Lack of awareness that prevention can be utilized effectively;
5) Lack of access to services and parity in insurance coverage.

Goals and objectives

The White House Conference on Mental Health will be designed to educate numerous audiences that mental health is an important part of our whole health and that we must look toward models of public health issues to assist us in moving the debate forward. What do we want people to get out of this conference? We want them to come away with a new perspective on the issue, an understanding of the current issues, a debunking of myths, and a call to action.

Our goals and objectives in this endeavor will be:

1) To increase the public and media understanding of mental illnesses and mental health and dispel myths surrounding mental health;
2) To evoke change in government and private sector attitudes and practices related to employees and dependents with mental illnesses
3) To establish a road map for government and private sector achievements in mental health

for the next five years and serve as a building block for the Surgeon General's report

4) To energize the mental health community and celebrate the 50th anniversary of mental health month;
5) To achieve some meaningful change in federal employee health benefit coverage of mental illnesses and promote public/private initiatives to address issues of mental health;
6) To support greater sharing of successful mental health programs among state and local governments;
7) To identify federal policies that are barriers to sound practices and policies in the private sector or at the state and local government levels;
8) To highlight successes and new medical developments (programs, medications, etc.) in prevention, diagnosis and treatment;

Pre-Conference Activities

As a ramp-up to the conference, we want to hold a series of meetings with different groups and constituencies to pull them into the process and make sure that they all become stakeholders in the success of the conference. Some of the meetings would include the following organizations and individuals:

1) House and Senate Mental Health Working Groups
2) Congressional and Cabinet Spouses
3) U.S. Junior Chamber of Commerce (one of the original sponsors of Mental Health Week that grew into Mental Health Month)
4) National Governors Association
5) State Mental Health Directors
6) Insurance Company Association
7) HMO & Mental Health providers
8) Pharmaceuticals
9) Business Representatives
10) Agencies/Surgeon General's Staff

We would pull these people together to convene diverse stakeholders to develop guidance for the conference in the form of responses to the following questions and challenges:

1) Suggest successes in mental health research, prevention, diagnosis and treatment that should be recognized and used as examples of important progress being made in the field of medicine.
2) Give examples of individuals who dispel traditional myths about mental illnesses.
3) Suggest examples of successful programs, approaches and collaborations that can be used as models in other states, communites, businesses, schools, etc.
4) What five specific achievements in the field of mental health would you like to see in the next five years in the following areas:

    a) in your family
    b) in your community

c) in your state
d) in the business sector
e) in the health care system
f) in the insurance system
g) in federal policy and practice

We would also recommend developing a White House Conference on Mental Health Advisory Committee which would send a participant to each of the pre-conference meetings. The following are suggested individuals/types of people:

1) Mary Jane England
2) Alma Powell
3) Ellen Pena
4) Alan Simpson
5) former Governor with great record
6) former state mental health director with great record
7) media types (2) George Strait
8) John Gates
9) Insurance representative
10) business representative
11) academic type -- economics (MIT study on depression)
12) Medical research type
13) Junior Chamber of Commerce
14) McArthur Foundation person

Also, we would seek to hold a series of pre-conference workshops around the country, drawing from community mental health providers and state and local elected officials, similar to the roundtable held in St. Louis. Our goal is to visit sites and programs that are experiencing success and can be highlighted at the conference as part of our "best practices." We could also incorporate visits with local editorial boards to discuss the issue.

We are also working in coordination with the mental health advocacy community that manages the public education campaign surrounding mental health month (which has its 50th anniversary this year). They have agreed to incorporate our umbrella theme (mental health plus physical health equals whole health) into their public education and advertising campaign. We would unveil the campaign during the conference.

The National Mental Health Association has also offered to fund a public opinion survey that could explore public attitudes to some of the issues we want to highlight. Results of the survey could be released as part of the conference.

We would also seek to do a series of pre-conference media interviews to help ramp up. These would include some of the following opportunities already identified:

1) NBC Prime Time special on the incarceration of the mentally ill

2) Op-ed for Newsweek "My Turn" column or other major daily
3) Cover story with a major women's magazine (Self, McCalls)
4) Interviews with local and regional talk shows (WJLA, To The Contrary)
5) Interview with trade magazines (Nature, Psychology Today)

We would also host a Freedom Forum Conference on Mental Health, six weeks to one month before the White House Conference. The target audience would be print and electronic media (including movies, tv and entertainment programs) -- editors, directors, executive producers, anchors, reporters, people who have covered mental health extensively. We could get Jack Nelson, Mike Wallace, Art Buchwald, Ted Turner and others to design and promote the event. Suggested format:

1) Meeting from 1:30 - 5:30
2) Reception and Dinner from 5:30 to 9:00 (VP & MEG to attend)

Suggested agenda:

1) Experts and the medical reality
2) Living with mental illness reality
3) Employers and states that provide generous mental health benefits
4) Mental illness and violence
5) Mental illness and the courts

Conference Outline

Based on preliminary planning we have identified categories or issues to be covered during the WHCMH (see below). Each category will cover:

- A historical snapshot and a vision for the future-- Where we have come from and where we want to go.
- Best practices, examples and programs (highlighting Administration and Federal initiatives).
- The "human face;" a story that will make the issue come alive.
- An emphasis on programs in each category that address children and elderly.
- Clear three-point messages in each category that fit into the overall theme (TBD)
- One myth/fact associated with each category (the publicly held myth will be part of the public opinion survey).
- Call to action to the public or private sector.

Additional items to be considered will be: Speakers, Allied organizations in each category, and communications outreach targets (national and regional).

1) Public Education/Attitudes/Stigma -- A review of how public education campaigns positively impact people's acceptance and treatment seeking behavior.

2) Research (The Decade of the Brain) -- The incredible advances in brain-based science over the last ten years and our understanding of the brain.

3) Prevention -- There is a whole body of research in the field of "Prevention" that may include some school-based programs for kids (i.e. violence prevention) or other.

4) Treatment and Detection -- Early screenings for mental illness (depression screenings), doctor education on early detection and treatment, model treatment programs.

5) Service Provision -- Addressing managed care and behavioral managed care models, community reintegration mental health programs.

Suggested Format

1) Opening Session -- Begin with an overview that outlines how mental illness came to be viewed separately and how that led to many of the issues being discussed today: stigma, discrimination, lack of parity, reluctance to seek treatment, etc. Build on this discussion with a presentation of how much more we know today. Debunk the myths and detail how far the science has come. Show the advancements in treatment and prevention. Highlight how diagnostic tests are now available that show changes in the brain that signal mental illness. Draw parallels throughout the discussion between the way mental illness is diagnosed, prevented and treated and how specific physical ailments are diagnosed, prevented and treated.

   Different speakers would address the areas of research, prevention, detection and services.

2) Breakout Sessions -- Hold breakout sessions on all of the different aspects to focus on how this different approach and change in the way we think about mental illness can affect where we need to go. In each of these categories, we would cover how we got where we are, what are the barriers and myths, where do we go from here, and what are some of the models of care or "best practices" that we can highlight. We would continue to emphasize our themes of mental health being related to physical health and that it is important throughout our lives (ie. to ensure inclusion of children and elderly in debate):
   A) Attitudes/Stigma -- Show how major diseases in this country have been eradicated when awareness has reached the point where science, research, and treatment view them as public health issues. (I.e. eliminating polio, current campaigns on cancer, AIDS). Discussion of how to frame mental health issues as public health issues. Also, this discussion could highlight the need for children to receive more comprehensive mental health services.

   B) Research -- For so long mental illness has been viewed as personality weaknesses. Highlight the science and technology that shows that mental illness results when there is chemical or physical damage to the brain -- contrast that with how we treat other organs of the body.

C) Detection and Treatment -- Identify why people don't seek treatment. Highlight the fact that treatment works, discuss some of the new treatments on the market. Look at how a person with a physical illness is treated from diagnosis through treatment through follow-up. Illustrate why we wouldn't send a person home from the hospital after treatment for kidney disease without follow-up. Show the disparities that currently exist in how people are discharged with mental illness.

D) Prevention -- Identify some of the new diagnostics that are available. Show how mental illness can be detected early and what preventions exist. Frame discussion as you would around a specific physical illness.

E) Access to Services and Provision/Lack of parity in insurance coverage. Highlight businesses that have provided parity in coverage who can show that employee productivity increases with mental health services, just as with other health services. Show how employer cost is not affected in the long run -- some employers actually save money.

3) Closing Session -- Moving forward. Look at the steps that need to take place to change public thinking and to bring treatment of mental health closer to the model that exists for physical health treatments.

A) Satellite sessions with medical schools. Talk to doctors-in-training (primary care physicians, general practitioners, etc.) about the link between physical and mental health, how to detect early warning signs, how to treat mental illness in the elderly, etc.

B) Advocate public education campaign around the concept of viewing mental and physicial health holistically. Include public service advertisements, web site, toll free hotline, outreach through talk shows, mailings to health professionals, mailings to counselors who deal with youth, teachers, etc. (Outreach through Mental Health Associations -- their mental health month campaign. Develop inter-agency effort, led by HHS and Labor, to distribute information on mental health. Ask the Ad Council to develop a national PSA campaign.)

C) Develop public/private initiative on parity. Announce some action on federal government that promotes parity and challenges private corporations to adopt principles of parity.

Potential Conference Participants

-- POTUS, FLOTUS, VPOTUS, MEG

-- David Satcher, Surgeon General and author of the upcoming Surgeon General's report on Mental Health

-- Mark McGwire, Major league baseball player who has spoken publicly about the

mind-body link and the holistic approach to good health).

- -- Dr. Donna Cohen, University of Florida professor who has done research into the prevalance of depression among the elderly and the suicide rate of Florida seniors.
- -- Dr. Steven Hyman, Director of the National Institute of Mental Health and an expert on some of the recent advances in research with regard to mental illness.
- -- Dr. Bernie Arons, Director, Center for Mental Health Services
- -- Ken Purdy, President of Prime Tanning, a New Hampshire corporation that implemented parity nine years ago and maintains that it helps them stay competitive and retain employees.
- -- Pete Domenici, Senator from New Mexico and author of the Domenici-Wellstone Parity Act.
- -- Paul Wellstone, Senator from Minnesota and author of the Domenici-Wellstone Parity Act.
- -- Nancy Min de Perle, Director of the Health Care Financing Administration (HCFA)
- -- Roland Sturm, Economist with Rand and author of a Nov. 1997 study that found that giving employees mental health coverage on a par with physical health coverage would involve only minimal costs for employers.
- -- Dr. John Rush, A psychiatrist from Dallas, Texas who served as an expert in the Lewis v. Kmart Anti-Discrimination case, in which he testified that major depression is a medical disorder, just like heart disease, cancer and diabetes.
- -- Steven Schroeder, President, Robert Woods Johnson Foundation (or other Foundation representative)
- -- Representative from Mental Health Association
- -- Celebrity (Mike Wallace, William Styron)
- -- Rosalyn Carter
- -- State Mental Health Representative
- -- State and local government representative
- -- Secretary Donna Shalala, Department of Health and Human Services

Conference Media Outreach

We would put together materials that will amplify our messages by "debunking myths." (I.e. Myth #1 -- mental illness doesn't affect me. Truth -- mental illness impacts one in five people.) Press paper and outreach will be developed around these myths. Press could be targeted around these materials (i.e. week-long Today Show piece with Katie Couric focusing on debunking a different mental health myth every day.)

We would also release the results of our public opinion survey.

We would utilize the press offices of the mental health associations to target association newsletters, trade media and regional mental health media. We would utilize the White House press office to target specific regional media in areas where we are highlighting a "best practice" facility through the Conference, as well as assist in the effort to put out any announcements or deliverables that come as a result of the conference.

We would focus our effort on key one-on-one opportunities utilizing MEG in the days and week surrounding the conference. Some of our targets would include:

1) Newsweeklies (Time, US News, Newsweek)
2) Syndicated radio (including NPR, AP, ABC)
3) Talkshows (including Larry King Live, Oprah Winfrey)
4) Newsmagazines (including Nightline, Dateline)
5) Morning shows (including Today, CBS This Morning, Good Morning America)
6) Major dailies (including USA Today, Wall Street Journal, Los Angeles Times, Washington Post, New York Times)

In addition, we will utilize the various tools of the White House press office to amplify our message whenever possible (i.e. actuality line, one-way conference calls with regional media, distribution of materials to White House press corps).

Timeline/Action Plan

December

Action	***Person Responsible***
Call substance abuse leaders and get background information on substance abuse events at White House. Call McCaffrey.	AH
Call Mrs. Carter and ask John Gates to serve on Advisory Committee	MEG
Contact trade press and press representative for mental health associations	JD
Design public opinion survey questions	JD
Develop theme for mental health month	JD
Meeting with Surgeon General	MEG
Call John Siegenthaler re Freedom Forum	SH/JD
Schedule meetings for after first of the year with: -- Junior Chamber of Commerce -- National Governors Association -- State Mental Health Directors -- Insurance Company Association -- HMO and Mental Health providers -- Pharmaceuticals -- Business Representatives	AH/MEG
Arrange for Conference team assigned to MEG's office	AH

January

Action	*Person Responsible*
Name Conference Advisory Committee	AH
Launch Mental Health groups to set up pre-conference workshops	AH
Hold Meetings with: -- House & Senate Mental Health Working Groups -- Congressional and Cabinet Spouses Forum on MH issues -- Junior Chamber of Commerce -- National Governors Association - NGA - Residence -- State Mental Health Directors -- Insurance Company Association -- HMO & Mental Health Providers -- Pharmaceuticals -- Business Representatives	AH/MEG
Secure Conference Site	AH
Secure Satellite Sites w/ appropriate Cabinets and coordinate with their regional offices	AH
Outline plan of deliverables	DPC
Begin MEG site visits	MEG
Meet with Freedom Forum people to initiate pre-conference seminar	SH/AH
Begin media outreach to long-leads	JD

February and March

Action	*Person Responsible*
Continue MEG Site visits	MEG
Pre-conference workshops held by mental health groups	AH/MEG
Hold meeting of Advisory Cte	AH/MEG
Begin developing agenda and participants list (2nd week of April - invites out)	ALL
Begin preparing invitation list	ALL
Hold meetings with: -- Junior Chamber of Commerce -- National Governors Association -- State Mental Health Directors -- Insurance Company Association -- HMO & Mental Health providers -- Pharmaceuticals -- Business representatives	AH/MEG

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JT Edits

MRS. TIPPER GORE

REMARKS FOR TOWN HALL MEETING

THE WHITE HOUSE CONFERENCE ON MENTAL HEALTH

WASHINGTON, DC

June 7, 1999

I'd like to thank Jeff Coles with the UCLA Media Center for putting together that clip. As you can see, the way in which media projects the image of mental illness has come a long way since the days of "Gaslight" and "One Flew Over the Cuckoo's Nest."

But we still have a long way to go. The most common source of information for Americans about mental illness is the mass media – what is is telling us?

For starters, it tells us that people with mental disorders are more likely to be criminals and villains. More than 70% of characters in prime time television portrayed as violent. The typical newspaper article doesn't focus on the millions of people with disability who are working hard to be productive members of society. Instead, newspapers pick out isolated and sensational incidents that depict people with mental illness as psychotic, unemployed, transient and dangerous.

Mass media can perpetuate the stigma, stereotypes and myths surrounding mental illness, but it can also help educate us about the realities. In fact, the work of many journalists around the country in depicting the deplorable conditions inside some mental institutions in the sixties played a significant role in de-institutionalization.

Our goal at this Town Hall is to talk a bit about the myths surrounding mental illness - with the help of those of you gathered here as well as those who will be joining us from around the country.

[VP to talk about dispelling myths.]

[Q&A to be provided by Trooper/Sarah.]

The bottom line in dispelling these myths and stereotypes is really to fight the stigma that prevents people from getting the treatment they need.

In additional to the national public/private partnerships that we have announced today to educate people and fight stigma, there is so much that we can do in our daily lives to help replace fear and misperception with understanding and awareness.

We can start by listening more to people who have experienced mental illness to learn how stigma affects their lives and how it can be eradicated. We can encourage all people to talk more openly about mental illness and empower others to do the same.

We can fight against discrimination in health care systems and eliminate disparities in insurance coverage for mental and physical illnesses.

We can challenge the stigma that prevents us from seeking help when we need it.

And finally, we must think about our health holistically - and bring mental health care into the arena of whole health - with the same degree of strategic prevention, priority, and care that we use to address our physical needs.

Thank you for all that you have done and continue to do to strengthen our families - mentally and physically - and to help keep our nation strong, healthy and whole.

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

June 7, 1999

Today, at the 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, highlight new cutting-edge treatments, and encourage 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 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 (DOL) is also launching a new outreach campaign to inform Americans about their rights under the Mental Health Parity Act of 1996, including a DOL toll free number (1-800-789-2647) to call to clarify these rights.

- **Launching national school safety training program for teachers and education personnel.** The President announced that later this year the Vice President and Mrs. Gore will launch 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 and reaching schools across the country, that provide training to teachers, school personnel, and community members on how to improve school safety. Training sessions, created principally by NEA, will be transmitted to school districts across the country by satellite technology, including 1,000 satellite dishes donated by EchoStar for this purpose.

1,000 satellite dishes

- **Accelerating progress in research.** In July, the National Institute of Mental Health (NIMH) will launch a $7.3 million landmark study to explore the nature of mental illness and treatment nationwide and to help guide strategies and policy. 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 will also 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 are entitled 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.

NY, LA county

a Pal

- **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 people suffering from 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 project complements the Jeffords-Kennedy-Roth-Moynihan legislation that allows people with disabilities to buy into the Medicaid or Medicare program when they return to work.

Social Security Disability Insurance

- **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. The 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 invest $17 million to 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. The Substance Abuse and Mental Health Services Administration (SAMHSA) 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 SAMHSA. 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 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 better to 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 more 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. SAMHSA will launch a five-year $5 million dollar campaign in targeted communities to target and address 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 that 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.

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

June 7, 1999

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- **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.

THE CLINTON/GORE ADMINISTRATION CHALLENGES CONGRESS TO PASS LEGISLATION TO IMPROVE CARE AND SERVICES FOR PEOPLE WITH MENTAL ILLNESS

June 7, 1999

At the first-ever White House Conference on Mental Health, The Clinton-Gore Administration called on Congress to enact legislation to ensure quality care and services for Americans with mental illness. The Clinton-Gore Administration challenged Congress to pass a number of important bills to support people with mental illness including; allocating an unprecedented increase in the mental health block grant, passing a strong enforceable patients' bill of rights, and challenging Congress to hold hearings on mental health parity legislation. The proposals include:

Fund an historic increase in the mental health block grant. The Administration 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 addition, the Administration asked Congress to pass a 19 percent increase in funds for the Projects for Assistance in Transition from Homelessness (PATH) program. In an era of surpluses, the Administration also called on states to expand their coverage in this area.

Challenge Congress to hold hearings on mental health parity legislation. 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 mental health parity for private health plans.

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.

Pass the Jeffords-Kennedy-Roth-Moynihan 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. The President and Vice President encouraged Congress to pass this legislation right away, which would help people with disabilities, including mental illnesses, buy into Medicare and Medicaid so they can return to work.

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 from discriminating against Americans based on their genetic information.

Increase funding for the Individuals with Disabilities Education Act. The Clinton/Gore budget includes a $50 million increase to support a Primary Education Intervention Program, for early identification and intervention with children ages 5-9 years old who are experiencing significant behavior or reading problems. Research has conclusively shown that early intervention in these areas is strongly associated with elimination or reduction of behavioral and mental health problems in adolescence and adulthood.

Establish a $1,000 tax credit for workers with disabilities. Under this proposal, workers with significant disabilities would receive an annual $1,000 tax credit to help cover the formal and informal costs that are associated with and are even prerequisites for employment, such as special transportation and technology needs.

Protect the health benefits of workers' and their families'. This proposal provides more than $2.5 million for the Pension and Welfare Benefits Administration's capabilities to interpret, investigate and provide customer service to protect American workers' and their families' rights under health laws governing job-based health benefits, which include mental health benefits under the Mental Health Parity Act.

Improve access to assistive technology. This new $35 million initiative would accelerate the development and adoption of information and communications technologies, which can improve the quality of life for people with disabilities and enhance their ability to participate in the workplace.

Enact Project Employ. Project Employ is a program initiated in 1996 by the President's Committee on Employment of People with Disabilities to expand and enhance employment opportunities for persons with cognitive disabilities. The program promotes the hiring of people with disabilities in jobs that pay higher than minimum wage, include benefits, and promotional opportunities. In the President's FY 2000 budget the President's Committee on Employment of People with Disabilities has budgeted $200,000 to develop a similar program for persons with psychiatric disability.

Expand funds for clinical and preventive programs. This proposal encourages Congress to grant a 17 percent increase for Indian Health Service (IHS), which will support oriented clinical and preventive services for Native American/Alaskan Native communities, enabling the mental health needs of 31,000 individuals are met.

THE CLINTON-GORE ADMINISTRATION:
Improving Mental Health

"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 is working to improve mental health treatment, enhance prevention and bolster research. The Administration, under the leadership of President Clinton and Vice President Gore, is committed to helping Americans with mental illnesses live healthy, productive lives.

HELPING AMERICANS OVERCOME MENTAL ILLNESS

Supporting Fairness, Requiring Mental Health Parity. The Clinton-Gore Administration advocated for and signed into law the 1996 Mental Health Parity Act (MHPA). In December 1997, the Administration issued regulations to take steps to ending discrimination in health insurance on the basis of mental illness under MHPA. 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 Departments of Labor (DOL), Treasury, and HHS have 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.

Extending Strong Mental Health Care to Millions of Children through the Children's Health Insurance Program (CHIP). The President fought to ensure that the 1997 Balanced Budget Act included $24 billion -- the single largest investment in Health Care for children since 1965 -- to provide real health care coverage to millions of uninsured children. This investment guarantees the full range of benefits -- from checkups to surgery -- that children need to grow up strong and healthy. It ensures that a strong mental health benefit is part of this benefit.

Preparing the First Surgeon General's Report on Mental Health. Due out by late 1999, 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 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.

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.

Improving Prevention and Treatment for People with Mental Illnesses. On January 14, 1999, the President's Mental Health Policy Advisor, Mrs. Gore, unveiled the Administration's plan to increase the Mental Health Services Block Grants by an unprecedented $70 million (or 24 percent), totaling $359 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.

Fighting to Pass a Strong, Enforceable Patients' Bill of Rights. President Clinton and Vice President Gore 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. Leading by example, the President directed all federal agencies to ensure that their employees and beneficiaries have the benefits and rights guaranteed under the President's proposed Patients' Bill of Rights. In addition, HHS currently supports consumers by providing 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.

Protecting the Medicaid Guarantee. The Clinton-Gore Administration rejected proposals to end the Medicaid guarantee to meaningful health benefits. In 1995, 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.

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.

Preventing Discrimination Based on Genetic Information both by Health Plans and Employers. The Administration has urged Congress to pass bipartisan legislation to prohibit health plans from inappropriately using genetic screening information to deny coverage, set premiums or to distribute confidential information. The Clinton-Gore Administration has also supported legislation that ensures that employers do not use genetic information to discriminate against employees.

Supporting Brain Research and Improving Technology. Earlier this year, the Energy Department gave a $10 million grant to establish the first of three National Centers for Functional Brain Imaging. Moreover, Department of Energy laboratories have developed a device that gives doctors a "window" into how the human brain actually functions. The device takes snapshots of the brain using a technique called magnetoencephalography and has lead to greater insights about how the signals of the brain act or react in individuals with mental illnesses.

EXPANDING EMPLOYMENT OPPORTUNITIES

Expanding Hiring Opportunities for People with Psychiatric Disabilities. In January, Tipper Gore announced that the Office of Personnel Management (OPM) would explore measures to eliminate the stricter standards that are currently applied to federal job applicants who have psychiatric disabilities. On June 4, 1999, President Clinton signed an executive order ensuring that individuals with psychiatric disabilities are given the same hiring opportunities as persons with severe physical disabilities or mental retardation. The civil service rules will be changed to ensure that people with psychiatric disabilities are covered by the same hiring rules and authority used for individuals with other disabilities. The executive order also permits people with psychiatric disabilities the same opportunity to acquire competitive civil service status after two years of successful service. This authority will allow adults with psychiatric disabilities the same opportunity for conversion into the competitive civil service as employees with other disabilities.

Working to Enact the Work Incentives Improvement Act (WIIA). The Work Incentives Improvement Act is an historic, bipartisan bill which removes significant barriers to work for people with disabilities, including psychiatric disabilities. The proposed legislation improves access to health care through Medicaid; extends Medicare coverage for people with disabilities who return to work; and creates a new Medicaid buy-in demonstration to help people with a specific physical or mental impairment that is expected to lead to a severe disability without medical assistance.

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: (1) the Safe Schools/ Healthy Students Program; and (2) 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 violence. 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.

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.

- **Studying and Treating the Mental Health Needs of Seniors.** The Administration supports a number of studies exploring the mental health needs of elderly Americans, including treating depression and reducing the risk of suicide. Older Americans are disproportionately more likely to commit suicide than any other group. NIMH-supported studies 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.

- **Caring for the Caregivers.** President Clinton and Vice President Gore supported the Administration on Aging (AoA) proposal for the National Family Caregiver Support Program to help families sustain their efforts to care for an older relative afflicted with a chronic illness or disability. The program would establish a multifaceted support system in each state for family caregivers. AoA also continues to provide grants to states to provide home and community-based, long-term care services -- important supplements to the care already provided by family members.

ADDRESSING MENTAL HEALTH ISSUES IN ALL COMMUNITIES

Supporting the National Resource Center on Homelessness and Mental Illness. SAMSHA operates this center which develops and disseminates effective approaches to providing services and housing to homeless people with mental illness. Thanks to these resources, states have been able to improve treatment, housing and support services for adults with severe mental illness, so that they can carry out ordinary day-to-day activities in their communities. In addition, the "Access to Community Care and Effective Services and Supports" (ACCESS) program seeks to integrate fragmented public mental health services by using proven strategies and fostering partnerships among service agencies. ACCESS-evaluated interventions can lower days of homelessness for seriously at-risk individuals by as much as 75 percent over a 12-month period.

Providing Mental Health Services for the Homeless. The Health Care for the Homeless Program provides a comprehensive approach to address the multitude of health problems faced by homeless individuals. These services include referring homeless persons for needed mental health services and providing primary care and substance abuse services at locations accessible to homeless people. In addition, the President has proposed increasing the Projects for Assistance in Transition from Homelessness (PATH) program. PATH provides links to community-based health, education, employment and housing services.

Creating A Continuum of Care for America's Homeless. Under the Clinton-Gore Administration, the Department of Housing and Urban Development's (HUD) Continuum of Care program uses a comprehensive approach to provide emergency, transitional and permanent housing and services to help homeless people become self sufficient. Since 1994, the Continuum of Care has devoted an average of $882 million each year toward solving homelessness, and in 1998, more than half of the programs supported by homeless funding served people with mental illnesses under the Continuum of Care's Supportive Housing, Safe Havens and Shelter Plus Care programs. According to a 1996 Columbia University study: "The Continuum of Care approach has resulted in significantly more assistance for homeless persons with disabilities (including, but not limited to, severe mental illness, substance abuse problems, HIV/AIDS, and physical disabilities). The numbers of persons with disabilities proposed to be served in programs specifically designed for them increased 843 percent, from 2,816 to 26,565."

Providing Mental Health Services in Medically Underserved Areas. The Community Health Center (CHC) Program provides primary and preventive health care services to people living in rural and urban medically underserved areas throughout the U.S. and its territories. CHCs offer services in 2,500 clinics and serve over 7 million people yearly. In addition, the Clinton-Gore Administration is helping to train and recruit mental health professionals. The National Health Service Corps (NHSC) loan repayment program is available for behavioral and mental health professionals including clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists. Through NHSC, these clinicians are placed in health professional shortage areas to improve access to mental health services for underserved people.

Enhancing Access and Decreasing Stigma Associated with Mental Illness. Under the Clinton-Gore Administration, the DoD developed a pilot program at Tinker Air Force Base in which specialty behavioral healthcare is provided in primary care clinics, thus enhancing access to mental healthcare, decreasing stigma associated with seeking such care, and enhancing prevention efforts.

Helping Veterans Overcome Mental Illness. Under the Clinton Administration, the Veterans Administration (VA) has redoubled its efforts to provide quality mental health services. The VA instituted an accountability system and has increased its services to special populations, including homeless veterans and veterans with PostTraumatic Stress Disorder (PTSD). The VA currently treats over 25,000 homeless veterans per year and outcomes of those treated in residential facilities have improved steadily from 1993-1999 in the areas of housing, employment and clinical status. The VA also treats over 50,000 vets per year in specialized PTSD programs and inpatient PTSD outcomes have improved in recent years.

PROTECTING ALL CITIZENS

Caring for Victims of Violence. SAMHSA has developed a grant program to identify, test and evaluate new, more effective programs to care for female victims of violence and for their children. In addition, the Violence Against Women Office supports a number of state and local efforts that include components to provide mental health services to domestic violence victims and their children and victims of sexual assault. And in fiscal year 1998, the Office for Victims of Crime (OVC), through Victims of Crime Act (VOCA) funding, supported of over 4,000 victim assistance agencies throughout the nation.

Enforcing Civil Rights Law and Ensuring Proper Care in Our Public Residential Facilities. The Clinton Administration has worked hard to ensure proper care in our public residential facilities. The Civil Rights Division Special Litigation Section has ongoing work investigating allegations of inadequate care and treatment in public residential facilities (including mental retardation facilities and adult and juvenile correction facilities) under the Civil Rights of Institutionalized Persons Act. Since 1993, the Division has investigated mental health services and monitored remedial settlements to improve the mental health services in more than 300 facilities in 42 states. The Department of Justice's (DOJ) efforts also include an ongoing Working Group on Mental Health and Crime and a Suicide Prevention Program.

Addressing the Mental Health Needs of Youth. In fiscal year 1999, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) is funding a competitive grant to initiate a research and demonstration effort to substantially increase the quality of mental health services provided to detained and committed youth. In addition, a collaborative initiative between the Deputy Attorney General and OJJDP focuses on the needs of children exposed to violence, including on law enforcement and legislative reform, innovative programs, and raising public awareness.

Working to Improve the Justice System's Response. DOJ has supported studies that examine and analyze police response to emotionally disturbed persons and that study the use of force in the arrest of persons with impaired judgement, including people with mental illness. Other DOJ efforts include: an ongoing Working Group on Mental Health and Crime, a number of projects supported by the Bureau of Justice Assistance to improve the criminal justice system's response, and a Suicide Prevention Program conducted by the National Institute of Corrections' (NIC) Jails Division.

MYTHS AND FACTS ABOUT MENTAL ILLNESS
June 7, 1999

MYTH #1: **Mental illness is not a disease and 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 mental illness. Mental illness can happen to anyone.

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

FACT: Depression is a diagnosable, treatable illness that affects 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, schoolwork may suffer, normal family and peer relationships may be disrupted, and violent acts may occur. 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: Research shows that depression is *not* a normal part of aging, but that it is relatively prevalent among older people and can have serious adverse consequences. Nearly 5 million of the 32 million Americans age 65 and older suffer from clinical depression. While 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. And 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. 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 than other individuals to later commit suicide within four years. 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. At the same time, 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 action increased costs at all.

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

FACT: People with psychiatric disabilities face many barriers, but appropriate support services can help them to succeed. 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. It found that 55 percent of individuals receiving such employment support services were working after two years. Clearly, people with severe and persistent mental illnesses want to be employed and productive, and given appropriate treatment and support, they can be.

MYTH #9: **Homeless people suffering from mental illness have little chance of recovery.**

FACT: There are effective treatments for homeless people 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 provides them with appropriate medical treatment and connects them to housing and other supportive services. One study reported a 45 percent reduction in the number of days of homelessness after 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, which will affect one in five Americans, 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 and 70 percent or people treated for schizophrenia show positive responses to treatment—far higher rates than for many physical illnesses. The challenge is to ensure that Americans with mental illness recognize these disorders and get the help that they need.

FINAL

THE WHITE HOUSE

WASHINGTON

June 6, 1999

WHITE HOUSE CONFERENCE ON MENTAL HEALTH: *WORKING FOR A HEALTHIER AMERICA*

DATE:	June 7, 1999
LOCATION:	Blackburn Auditorium Howard University
BRIEFING TIME:	11:35am – 11:50am
EVENT TIME:	12:30pm – 1:50pm
FROM:	Bruce Reed, Audrey Tayse-Haynes, Marsha Scott

I. PURPOSE

To bring together a broad coalition of consumers, providers, advocacy groups, business leaders, state, local, and national elected officials, and leaders in the mental health research and pharmacology, service delivery and insurance coverage – as well as communities across the country through over 1,000 satellite sites – to increase awareness on issues surrounding mental illness and its impact on people of all ages.

II. BACKGROUND

Today, at the first-ever White House Conference on Mental Health, chaired by your 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.** You will announce 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 you 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.

I. PARTICIPANTS

Briefing Participants:
Bruce Reed
Audrey Tayse-Haynes
Chris Jennings
Marsha Scott
Sarah Bianchi
Neera Tanden
Jordan Tamagni

Event Participants:
The Vice President
The First Lady
Mrs. Gore
Bob Chase, President, National Education Association
Bill Vanderpoel, Vice President, EchoStar
Panel Participants (*see attached participants list)*

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

NOTE: *SUGGESTED DISCUSSION SEQUENCE OF EVENTS AND QUESTIONS ATTACHED*

- **YOU**, the Vice President, the First Lady, and Mrs. Gore will be announced onto the stage.
- Mrs. Gore will make brief opening remarks and lead the first group discussion.
- Upon conclusion of the discussion, Mrs. Gore will introduce the Vice President.
- The Vice President will make brief remarks and lead the second group discussion.
- Upon conclusion of the discussion, Mrs. Gore will introduce the First Lady.
- The First Lady will make brief remarks and lead the third group discussion.
- Upon conclusion of the discussion, Mrs. Gore will proceed to the podium.
- Mrs. Gore will make brief concluding remarks and introduce **YOU**.
- **YOU** will make remarks from the podium.
- **YOU** will introduce Bob Chase.
- Bob Chase will make brief remarks and introduce Bill Vanderpoel.
- Bill Vanderpoel will make brief remarks.
- **YOU** will conclude your remarks and depart.

VI. REMARKS

To be provided by speechwriting.

VII. ATTACHMENTS

-Panel Participants Bios
-Suggested Discussion Sequence of Events and Questions
-Mental Health Fact Sheet

WHITE HOUSE CONFERENCE ON MENTAL HEALTH:
WORKING FOR A HEALTHIER AMERICA

Panelist Biographies

Mike Wallace,
Co-Editor, CBS' *60 Minutes*
Mike Wallace has become an American icon as co-editor of CBS's *60 Minutes* and an award-winning journalist, whose career spans nearly 60 years. His incisive interviewing techniques and expansive knowledge of current affairs has enabled him to produce an impressive series of interviews with American and international leaders, including every President from John F. Kennedy through George Bush. More recently, Mr. Wallace has openly discussed his experience with depression with the same candor that he has demanded of his interviewees. His hour-long HBO documentary, "Dead Blue: Surviving Depression," has helped draw attention to the pervasiveness of depression and the ability to recover from it. He is a testament to the contributions that people living with mental illness can and do make in our society.

John Wong, Rosemead, CA
John Wong immigrated to the United States with his parents and two stepbrothers from Hong Kong in 1973 when he was seven years old. He first experienced symptoms of schizophrenia when he was 16 years old and had the first of his four psychiatric hospitalizations when he was about 18 years old. John's symptoms have been reduced gradually through medication and psychosocial rehabilitation treatment in the past 17 years. In fact, John is president of the Consumer Planning Council of Pacific Clinics Asian Pacific Family Center (APFC) where he is also a part-time employee. As part of his work duties, he teaches an "English as a Second Language" class to other Asian immigrant consumers. He also participates in home visits and outreach activities in collaboration with other agency staff. Jon's father, Mr. Hoi Wong, gave up his restaurant business in 1980 in order to take care of his two children- John with mental illness and another son with a heart disease.

Jennifer Gates, Scotch Plains, NJ
Jennifer Gates is a nineteen-year-old from Scotch Plains, NJ. She is a sophomore at the College of William and Mary in Virginia, hoping to double major in English and psychology. She has been recovering from an eating disorder for the past three years, and has always felt strongly about dispelling the misconceptions the public has about eating disorders. She hopes that by speaking about her struggle today she will be able to give a personal perspective and to increase understanding of this very debilitating disease.

Robin Kitchell, Franklin, TN
Robin is a parent and professional who has worked with children and families for ten years. She is married and is the parent of a thirteen-year-old son with bipolar disorder, ADD, and learning disabilities. She has been a passionate advocate for children and families with special needs. She believes that one of the challenges for parents of a child with mental illness is to navigate through the education and mental health system, and thinks it is critical for parents, teachers, and school district officials to work as a team. Mrs. Kitchell is also an advocate with Tennessee Voices for Children, and recently participated in a forum with Mrs. Gore at Vanderbilt University.

Karin

Wayne Burton, M.D., First Vice President /Corporate Medical Director
Bank One Corporation, Chicago, IL
Bank One is the 5th largest U.S. bank holding company with over 90,000 employees worldwide. The Medical and Benefits Units of Bank One have worked together since 1982 to strategically design health and wellness benefits programs and cost management strategies. To address the impact of depression on employees and Bank One, Dr. Burton with his colleague Dr. Conti, spearheaded a comprehensive effort to improve the company's ability to identify and get appropriate treatment for employees with depression in a timely manner. In addition to his duties at Bank One, Dr. Burton is an Associate Professor of Clinical Medicine and Psychiatry at Northwestern University Medical School.

support parity legislation

David Satcher, M.D., Ph.D.
Assistant Secretary for Health and U.S. Surgeon General
Department of Health and Human Services

Betty (Pfefferbaum), Child Psych. at UOK.

Dr. Satcher is the 16th Surgeon General of the United States, and only the second person to simultaneously hold the position of Assistant Secretary for Health and Surgeon General. Prior to this appointment, Dr. Satcher served four years as the Director of the Centers for Disease Control and Prevention (CDC) and Administrator for the Toxic Substances and Disease Registry from 1993 to 1997. Dr. Satcher will be joining the conference plenary session via satellite from the Carter Center in Atlanta, GA. He will be there with a number of community mental health leaders, and will be focusing on the ways communities can respond to crises or traumas.

Congresswoman Lynn Rivers (D-MI)
Congresswoman Lynn Rivers was born in Au Gres, Michigan, the daughter of a mailman and a homemaker. She is married with three children. While raising her children, working, and going to college at the University of Michigan, she became politically active. Representative Rivers ran for a seat on the school board in 1984 and won, serving for eight years. In 1992, she graduated from Wayne University Law School. In 1994, Representative Rivers ran for the United States Congress and won, becoming one of only 13 freshman Democrats to gain a seat that year, and she now serves on the Science Committee and the House Budget Committee. Though she was diagnosed with manic depression in her twenties, Representative Rivers accomplished a great deal because of her effective treatment.

Harold S. Koplewicz, M.D, New York, NY
Dr. Harold S. Koplewicz, founder and director of the New York University Child Study Center, is a nationally renowned child and adolescent psychiatrist. He is the Editor-in-Chief of the Journal of Child and Adolescent Psychopharmacology. He has written many scientific articles on the diagnosis and treatments of children and adolescents with behavioral disorders, anxiety disorders, and mood disorders. He is also the author of It's Nobody's Fault: New Hope and Help for Difficult Children And Their Parents. Dr. Koplewicz seeks to change the way we treat and deal with child mental illness so that no parent or child is ashamed to seek the help they need.

Steven E. Hyman, MD
Dr. Hyman is the Director of the National Institute of Mental Health, the component of the National Institute of Health charged with generating the information needed to understand, treat, and prevent mental illness. He was Professor of Psychiatry at Harvard Medical School and Director of Psychiatry Research as Massachusetts General Hospital. He was also the first faculty Director of Harvard University's Interfaculty Initiative on Mind, Brain, and Behavior. In addition to his many scientific writings, he has authored and edited several widely used clinical texts. He also serves on several review and advisory boards including the Riken Brain and Sciences Institute in Japan, the Max Planck Institute in Germany, and the Howard Hughes Medical Institute in the United States.

WHITE HOUSE CONFERENCE ON MENTAL HEALTH
PLENARY SESSION
SUGGESTED SEQUENCE OF DISCUSSION
June 7, 1999

Mrs. Gore's Panel

Q: **Mike Wallace:** And now, I want to introduce a man who also struggled with mental illness – and whose decision to come forward with his experience has inspired many Americans to do the same. Mike we have a broad audience here today, with varying levels of understanding about mental disorders. Will you tell us about your experience with depression?

Background: Recently, Mr. Wallace has openly discussed his experience with depression. His hour-long HBO documentary, "Dead Blue: Surviving Depression," has helped draw attention to the pervasiveness of depression and the ability to recover from it. He is a testament to the contributions that people living with mental illness can and do make in our society.

Possible follow-up: Tell us about the stigma associated with depression for men?

Possible follow-up: What do Americans need to know about depression?

Q: **John Wong** who came here today from California has been living with schizophrenia for over 13 years. John, when did you first realize you were experiencing a mental illness?

Background: Mr. Wong's illness started in adolescence. *(In men we know that schizophrenia usually appears in the late teens or early twenties.)* Initially John was very resistant to treatment, but for the past nine years he has managed his illness. He now does outreach with others to help them get the treatment and support they need when coping with a mental disorder.

POTUS POSSIBLE FOLLOW-UP: Was there a particular event or symptom that made you realize that you needed mental health treatment and how did you get help?

Possible follow-up: Can you tell us about your recovery and how you have reached out to help others?

Possible follow-up: I know your father is in the audience, and has been very supportive and helpful in your recovery. Tell us how he helped.

Q: **Jennifer Gates** is here to talk about her experience. Jennifer, you had a very serious experience with anorexia. Tell us when your illness started.

Background: Jennifer, who is now 19-years-old, was 15-years-old when her eating disorder began. She controlled her food intake as a way to lose weight and look "good" for the summer. After a few months the disease took control of her. She can speak to her obsessive thoughts of perfection in all aspects of her life (i.e., grades, weight), and how treatment, 3 years later, remains an important part of her recovery.

Possible Follow-up: With depression we talk about how we can't expect someone to pull themselves up by their bootstraps. I know you have mentioned the stigma you experienced when you were ill, how often family and friends didn't understand why you wouldn't just eat. As best as you can, will you tell us what you were experiencing at that time and the role treatment and support played in your recovery?

Possible Follow-up: What do you see in your future?

Vice President's Panel

Q: **Robin Kitchell,** from ~~Nashville~~ Frank Tennessee, has a son who suffers from bi-polar disorder. She recently met Tipper at an event like this one in Tennessee. Robin, tell us about some of the challenges and rewards of caring for a child with a mental illness?

Background: Mrs. Kitchell struggled with schools to assure her son received the support he needed to succeed. Robin is also an activist with Tennessee Voices for Children and fights to make sure that schools and other aspects of the community work effectively to help children with mental illness.

Possible follow-up: How can we help communities and schools do a better job of reaching and supporting kids with mental illness?

Q: **Dr. Wayne Burton** is the Corporate Medical Director of Bank One Corporation. Dr. Burton, tell us how the comprehensive mental health services Bank One offers has helped your business?

Background: In 1983, Bank One began to implement comprehensive mental health services for its employees including: (1) training managers to reduce stigma; (2) increasing employee awareness of services; and (3) enhancing covered mental health benefits. As a result, the costs of mental health have gone from 15 percent of health care costs in 1982 to 6 percent in 1996.

Possible follow-up: What are some of the things your program does to raise awareness among your employees?

Possible follow-up: Do your employees worry about discussing these issues in the workplace because of confidentiality? How do you all address this issue?

Q: I'd like to call on **Dr. David Satcher**, who is joining us from the Carter Center in Atlanta where he is leading a discussion on how communities can better respond to the short-term and long-term impact of crises, such as school violence or floods. Dr. Satcher, tell us about some of what you all are focusing on today?

Background: Dr. Satcher is with leaders who address mental health needs in their communities, including a woman from Oklahoma who helped set up comprehensive mental health services following the bombings.

POTUS POSSIBLE FOLLOW-UP: What are the long-term mental health effects of these types of crises?

VP possible follow-up: What can communities do to assure they can respond in times of crisis and address every day mental health needs?

Mrs. Clinton's Panel

Q: **Dr. Steven Hyman:** I'd like to talk with this distinguished group of panelists about the science of mental health and illness. We're happy to have Dr. Steven Hyman with us today, a distinguished scientist who directs the National Institute of Mental Health. NIMH is part of the National Institutes of Health.

Dr. Hyman, you are dealing with some very difficult diseases that affect millions of people. Over the last few years, what progress are we making and what have we really learned about these diseases?

Possible Follow-up: How have these scientific discoveries changed the way we as a society deal with mental illness?

Q: **Dr. Koplewicz** is an expert on mental health issues, particularly in children. What steps can we take as a nation to demystify mental illness?

Background: Dr. Koplewicz, founder and director of the New York University Child Study Center, is a nationally renowned child and adolescent psychiatrist. He has written many scientific articles on the diagnosis and treatments of children and adolescents with behavioral disorders, anxiety disorders, and mood disorders. He is also the author of It's Nobody's Fault: New Hope and Help for Difficult Children And Their Parents. Dr. Koplewicz seeks to change the way we treat and deal with child mental illness so that no parent or child is ashamed to seek the help they need.

Possible Follow-up: What are the particular issues associated with children with mental illness?

POTUS POSSIBLE FOLLOW-UP: What can we do to intervene early, before the mental illness causes a child to become violent to themselves or others?

Q: **Representative Lynn Rivers:** So all this offers us new hope about treatment of mental health, but also the importance of early diagnosis. Congresswoman Rivers, would you share with us your experience?

Background: Representative Rivers has been outspoken about her history of mental illness. Though she was diagnosed with manic depression in her early twenties, she has accomplished a great deal due to her effective treatment.

Possible follow-up: How did you decide to come forward?

The Numbers Count
Mental Illness in America

According to a recent study by the World Health Organization, the World Bank, and Harvard University, mental disorders account for 4 of the 10 leading causes of disability in established market economies worldwide. These disorders are: major depression, manic-depressive illness, schizophrenia, and obsessive-compulsive disorder. Other research has estimated that the cost of mental illnesses in the United States, including indirect costs such as days lost from work, was $148 billion in 1990, the last time the total bill was measured.

Depression

- More than 19 million adult Americans age 18 and over will suffer from a depressive illness—major depression, bipolar disorder, or dysthymia—each year. Many of them will be unnecessarily incapacitated for weeks or months because their illness is untreated.
- The onset of depression may be occurring earlier in life in people born in recent decades compared to the past.
- Nearly twice as many women (12 percent) as men (7 percent) are affected by a depressive illness each year.
- Depression is a frequent and serious complication of heart attack, stroke, diabetes, and cancer, but is very treatable.
- Depression increases the risk of having a heart attack. According to one recent study that covered a 13-year period, individuals with a history of major depression were four times as likely to suffer a heart attack compared to people without such a history.
- Depression costs the nation more than $30 billion per year in direct and indirect costs, according to the most recent data available.
- Major depression is the leading cause of disability in the United States and worldwide, according to a recent study by the World Health Organization, the World Bank, and Harvard University.

Manic-Depressive Illness

- More than 2.3 million Americans ages 18 and over – about 1 percent of the population – suffer from manic-depressive illness.
- As many as 20 percent of people with manic-depressive illness die by suicide.
- Men and women are equally likely to develop manic-depressive illness.

Suicide

- In 1996, approximately 31,000 people died from suicide in the United States.
- Almost all people who kill themselves have a diagnosable mental disorder, most commonly depression or a substance abuse disorder.
- The highest suicide rates in the United States are found in white men over age 85.
- The suicide rate in young people has increased dramatically in recent years. In 1996, the most recent year for which statistics are available, suicide was the 3rd leading cause of death among 15 to 24 year olds.
- Men are more than four times as likely as women to commit suicide.

Schizophrenia

- More than 2 million adult Americans are affected by schizophrenia.
- In men, schizophrenia usually appears in the late teens or early twenties. The disorder usually shows up when women are in their twenties to early thirties.
- Schizophrenia affects men and women with equal frequency.
- Most people with schizophrenia suffer chronically throughout their lives.
- One of every 10 people with schizophrenia eventually commits suicide.
- Schizophrenia costs the nation $32.5 billion annually according to the most recently available data.

Anxiety Disorders

- More than 16 million adults ages 18 to 54 in the United States suffer from anxiety disorders, which include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, social phobia, and generalized anxiety disorder.
- Anxiety disorders cost $46.6 billion in 1990.
- Anxiety disorders are frequently complicated by depression, eating

disorders, or substance abuse. Many people have more than one anxiety disorder.

Panic Disorder

- Panic disorder affects about 1.7 percent of the U.S. adult population ages 18 to 54, or 2.4 million people, in a given year.
- Panic disorder typically strikes in young adulthood. Roughly half of all people who have panic disorder develop the condition before age 24.
- Women are twice as likely as men to develop panic disorder.
- People with panic disorder may also suffer from depression and substance abuse. About 30 percent of people with panic disorder abuse alcohol and 17 percent abuse drugs such as cocaine and marijuana.
- About one-third of all people with panic disorder develop agoraphobia, an illness in which they become afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack.

Obsessive-Compulsive Disorder (OCD)

- About 2.3 percent of the U.S. adult population ages 18 to 54, approximately 3.3 million Americans, has OCD in a given year.
- OCD affects men and women with equal frequency.
- The nation's social and economic losses due to OCD totaled $8.4 billion in 1990.

Post-Traumatic Stress Disorder (PTSD)

- In the United States, about 3.6 percent of adults ages 18 to 54, or 5.2 million people, have PTSD during the course of a given year.
- PTSD can develop at any age, including childhood.
- PTSD is more likely to occur in women than in men.
- About 30 percent of men and women who have spent time in war zones experience PTSD. The disorder also frequently occurs after violent personal assaults, such as rape or mugging or domestic violence; terrorism; natural or human-caused disasters; and accidents.
- Depression, alcohol or other substance abuse, or another anxiety disorder often accompany PTSD.

Social Phobia

- About 3.7 percent of American adults ages 18 to 54, or 5.3 million people, have social phobia in a given year.
- Social phobia occurs in women twice as often as men, although a higher proportion of men seek help for this disorder.
- The disorder typically begins in childhood or early adolescence and rarely develops after age 25.
- Social phobia is often accompanied by depression and may lead to alcohol or other drug abuse.

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD is one of the most common mental disorders in children, affecting 3 to 5 percent of school-age children.
- Two to three times more boys than girls are affected.
- ADHD has long-term adverse affects on success at school, work, and in social relationships.
- National public school expenditures on behalf of students with ADHD exceeded $3 billion in 1995.
- As they grow older, children with untreated ADHD who have a coexisting conduct disorder often experience drug abuse, antisocial behavior, teenage pregnancy, and injuries of all sorts.

Autism

- Autism and related disorders (also called autism spectrum disorders or pervasive developmental disorders) represent chronic and severely disabling developmental disorders. There is no known cure.
- There are 1 to 2 cases of autism per 1,000 people.
- These disorders develop in childhood and are generally apparent by age three.
- Autism is three to four times more common in boys than girls. Girls with the disorder, however, tend to have more severe symptoms and lower intelligence.
- These disorders present families with financially and emotionally costly challenges over the lifespan of their affected children. About 60 percent of adults with autism will require continued care throughout their lives.
- The cost of health and educational services to those affected by autism exceeds $3 billion each year.

For More Information About NIMH

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