



*The Vice President
and Mrs. Gore*

*invite you to a reception
on the occasion of
The White House Conference
on Mental Health*

*on Monday, the seventh of June
at five-thirty o'clock
in the evening*

*The Vice President's Residence
34th Street and
Massachusetts Avenue, N.W.
Washington, D.C.*

*08/19
Rsvp. 202-456-7077*

In recognition
of your efforts
on the
White House Conference
on Mental Health

Outline of Breakout Session # 1

1. Advances in Science and Research

Clinton Administration Chair: *Dr. Steven E. Hyman (NIMH)*
Congressional Members: *Representative Brian Baird (D-WA)*
 Senator John Chafee (R-RI)
Facilitator: *Steve Galloway, Consultant, ADL*

During the last several decades, research into the nature of the brain and innovations in pharmacology and psychotherapy have dramatically altered the landscape of mental health service delivery. Instead of viewing mental illness as a permanent condition that precludes an individual's participation in society, we now recognize that mental illnesses are treatable and that people with mental illnesses can make tremendous contributions to society. What are some of the most recent scientific discoveries about the brain? What are the results of recent research on how psychosocial factors help facilitate recovery? What are the possibilities for the future? How does this research affect our approach to clinical treatment?

- I. **Welcome - Facilitator, Dr. Floyd E. Bloom (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. **Framing of the Issues - Administration Chair, Dr. Steven E. Hyman (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. **Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)
- IV. **Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)
- V. **Open Discussion - Moderated by Facilitator, Dr. Floyd E. Bloom (45 minutes)**
(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Richard Nakamura, Ph.D.

Deputy Director, National Institute of Mental Health

Expert on research on brain function.

2. Robert J. Ursano, M.D.

Col USAF, MC, FS (Ret)

Professor and Chairman, Department of Psychiatry

Uniformed Services University of the Health Sciences

Dr. Ursano is widely published in the areas of Post-Traumatic Stress Disorder, military psychiatry, and the psychological effects of combat, trauma, and disasters. His research group completed the follow-up studies of the United States Air Force Vietnam-era prisoners of war. Dr. Ursano and his team have served as consultants and completed studies on military members and their families involved in the Gander, New Foundland Army plane disaster, the Ramstein Flugtag air show disaster, the USS Iowa gun turret explosion, Hurricane Andrew, and returning Desert Storm veterans.

Questions for Dr. Ursano:

- How can we integrate findings from neuroscience research with psychosocial research and clinical practice?
- How can we better understand the effects of trauma on the brain and mental health and develop interventions to help persons exposed to trauma?

3. John Fuessner, M.D.

Chief Research & Development Officer, Department of Veterans Affairs

Supports VA research efforts including mental health basic and Health Services Delivery Research.

Question for Dr. Fuessner:

- Describe/comment on VA's basic research in mental health and its relationship to services delivery and research and practical applications.

Non-Administration Persons to be Called Upon:

4. Dr. Gillian Einstein

Assistant Research Professor in the Department of Neurobiology at Duke University Medical Center.

FINAL 6-04-99 8:00am (FOR INTERNAL USE ONLY -- NOT FOR PUBLIC RELEASE)

Dr. Einstein's lab focuses on the anatomical and functional organizations of the human and other mammalian brain regions mediating cognition. Her research focuses around Alzheimer's disease, her laboratory uses the same methods to study the effects of estrogens in animal models of aging and Alzheimer's disease.

Question for Dr. Einstein:

What have you learned about the relationship between estrogen and Alzheimer's disease?
What does that mean for the future of pharmacology and psychotherapy?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session # 2

2. Mental Health and the Criminal Justice System

Clinton Administration Chair: *Attorney General Janet Reno (DOJ)*
Congressional Member: *Representative Ted Strickland (D-OH)*
Facilitator: *Dr. John Monahan, University of Virginia School of Law*

A growing number of people with mental disorders are cycling in and out of jail with minimal or no treatment, often having committed minor offenses. A number of complex issues contribute to this, including inadequate community mental health services, lack of insurance coverage, unemployment, and homelessness. How can we dispel public misconception about the relationship between violence and mental disorder? How can the criminal justice system -- working in partnership with community mental health, substance abuse treatment, and other support systems -- improve its response to persons with mental illness who come in contact with the justice system? What are the mental health needs of juvenile offenders, and how can we do a better job in diagnosing and treating mental health problems early on?

- I. **Welcome - Facilitator, Dr. John Monahan (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).

- II. **Framing of the Issues - Administration Co-Chair, Attorney General Janet Reno (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)

- III. **Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)

- IV. **Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)

- V. **Open Discussion - Moderated by Facilitator, Dr. John Monahan (45 minutes)**
(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Dr. Jan M. Chaiken,

Director, Bureau of Justice Statistics (BJS), Department of Justice

The BJS collects statistics related to the prevalence of mental illness and services in correctional settings.

Question for Dr. Chaiken:

- What is the Bureau's current estimates for the prevalence of offenders with mental illness in the criminal justice system? In what areas do we need to know more?

2. Joseph Coccozza

Specialist, Juvenile Mental Health, GAINS Center

Question for Dr. Coccozza:

- What do we know about the relationship between mental illness and violence? (This question really needs to be addressed early on the discussion because it relates to family violence issues.)
- What are the mental health needs of juveniles, particularly youth offenders? What additional research is needed?
- How can we get information about research on mental illness and criminal justice out to the public?
- What do we currently know about the relationship between mental illness and the juvenile justice system?

3. Terri J. Rau, Ph.D.

Supervisor, Policy and Prevention Section
Counseling, Advocacy and Prevention Branch
Navy Personnel Command (NPC-661)

Dr. Terri Rau is a leading expert in family violence, and has first-hand experience with private practice, private non-profit, and governmental modes of inpatient and outpatient service delivery. She is concerned about the conflicting demands of effective intervention with complicated problems (e.g., family violence), within a managed care climate. As such, she has recently chosen to work in the area of family violence policy development for the Department of the Navy.

Questions for Dr. Rau:

- What is the role of mental illness and substance abuse in family violence?
- How can mental health services and the criminal justice system work together to deal with family violence?

4. Lt. Sam Cochran

Coordinator of the Crisis Intervention Team Program, Memphis Police Department

He works with mental health professionals in training police officers to respond to mental health crisis calls. The program is being used as a model for developing similar programs nationally.

Question for Lt. Cochran:

- Lt. Cochran, would you briefly describe how has your program has made a difference in the way the special needs of people with mental illness are addressed?

5. Judge Ginger Lerner-Wren

Presides over the nation's first mental health court that helps to steer nonviolent mentally ill defendants into treatment instead of jail.

Question for Judge Lerner-Wren:

- How does your court address the needs of mentally ill defendants?

6. Dr. Renee Bradley

Special Assistant, Office of Special Education and Rehabilitation Services

Question for Dr. Bradley:

- The juvenile and adult justice systems serve many children, youth and adults with disabilities; youth with emotional disturbance and mental health problems are over represented in the criminal justice system. What is the Department of Education doing to improve outcomes for individuals with disabilities in correctional systems?

7. Bruce Kamradt

Director, Milwaukee County Mental Health Division

Question for Mr. Kamradt:

- How do we integrate mental health services into the criminal justice system?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #3

3. Mental Health as a Public Health Issue

Clinton Administration Chair: Secretary Donna E. Shalala (HHS)
Congressional Members: Representative Rosa DeLauro (D-CT)
Representative Sherrod Brown (D-OH)
Facilitator: Dr. Howard Goldman, Professor of Psychiatry, University of MD School of Medicine & Senior Scientific Editor, Surgeon Generals Report on Mental Health

Although in any given year approximately 50 million people will experience a mental illness, mental health affects everyone. How can we more effectively integrate mental health services into the traditional settings of elementary and secondary education, general health care, and social services for people on government assistance? What are the potential aggregate benefits to society in maximizing the potential of every citizen? As recent reports indicate, failure to address depression as a widespread social issue can lead to a tremendous waste of human resources and potential. And failure to make early investments in mental health care can lead to much higher costs – both to the individual and society -- in the long run.

- I. **Welcome - Facilitator, Dr. Howard Goldman (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. **Framing of the Issues - Administration Co-Chair, Secretary Donna Shalala (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. **Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)
- IV. **Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)
- V. **Open Discussion - Moderated by Facilitator, Dr. Howard Goldman (45 minutes)**
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programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Kevin Hennessy, Ph.D.

Public Health Policy Analyst, Health Policy, ASPE, Department of Health and Human Services

A clinical psychologist responsible for coordinating health/mental health policy development with HCFA, CMHS, NIMH, CDC. Major role in developing policy for this conference.

2. Lt Gen Charles H. Roadman II

Surgeon General, United States Air Force
Headquarters, United States Air force

Lt. General Roadman serves as functional manager of the United States Air Force Medical Service. He advises the Secretary of the Air Force and Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs, on matters pertaining to the health of Air Force personnel. He directs, guides and provides technical management of more than 52,000 personnel assigned to 87 medical facilities worldwide. General Roadman chairs the Air Force's suicide prevention team (1996 to present). Suicide rates among airmen are now down 80 percent, to a level less than half that of anytime in the past 20 years.

Questions for General Roadman:

- The Air Force has approached suicide prevention with a community view. How can communities be activated to respond to the threat of mental health related public health concerns such as suicide?
- How do community leaders help change cultural beliefs and norms in a community to support and protect members who seek mental health care?
- What is the Air Force's experience in forming alliances between community-based providers of personal services, such as mental health, family protective services (family advocacy), and chaplains? What is the effect on the community?
- The Air Force has concentrated on bringing primary preventive mental health services to the workplace. How would you assess the benefits of this approach?

3. Kim Hamlett, Ph.D.

Associate Director, AIDS Prevention Service, Department of Veterans Affairs

A psychologist who works on issues of prevention, clinical care, research and education.

Question for Dr. Hamlett:

- Describe mental health issues and initiatives for persons who are HIV positive or AIDS sufferers.

4. Robert Rosenheck, M.D.

Director VA Northeast Program Evaluation Center

Developed and coordinates VA's program evaluation activities including those for the Homeless Care and PTSD programs. Also VA's National Mental Health Report Card on performance of all our mental health programs. His group is often consulted by and coordinates on projects with non-VA organizations such as States.

Question for Dr. Rosenheck

- What are some of the major public health issues facing mental health in an era of managed care and widespread decreases in mental health funding?

Non-Administration Person to be Called Upon:

5. Dr. Jean Endicott

Professor Clinical Psychiatry at Columbia University

Question for Dr. Endicott:

- How can we better integrate mental health services for women into the public sector?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #4

4. Access to Employment, Housing, Transportation, and Community Supports

Clinton Administration Chair: Secretary Alexis M. Herman (DOL)
Congressional Member: Representative Marcy Kaptur (D-OH)
Facilitator: Caryl Stern-LaRosa, Director of ADL (Anti-Defamation League) Education Division

People with psychiatric disabilities have the same needs, aspirations, rights, and responsibilities as other citizens, and should be treated with dignity and respect. Employment opportunities are indispensable in addressing mental health needs: being gainfully employed builds self-esteem and promotes mental well-being. But to obtain and hold jobs, many people need access to affordable housing, accessible public transportation, vocational training, and other community services and supports. What can be and is being done to increase opportunities for people with psychiatric disabilities? What is the current implementation and enforcement status of anti-discrimination laws relating to employment and housing?

- I. Welcome - Facilitator, Caryl Stern-LaRosa (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. Framing of the Issues - Administration Co-Chair, Secretary Alexis M. Herman (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)
- IV. Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)
- V. Open Discussion - Moderated by Facilitator, Caryl Stern-LaRosa (45 minutes)**
(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Nuria Fernandez, Deputy Administrator for the Federal Transit Administration (DOT)

The Department's interest in this session is that we want to ensure public transportation is available for anyone with any disability - mental or physical. As FTA Deputy Administrator, Ms. Fernandez plays a large role in developing policy and working with local transit providers.

**2. Paul Steven Miller, Commissioner
U.S. Equal Employment Opportunity Commission**

Commissioner Miller serves as one of five members of the EEOC and participates in all matters before the Commission including enforcement policy, litigation authorization and others functions authorized by law, regulation, or order. The EEOC is responsible for enforcing Title I of the Americans with Disabilities Act and the Rehabilitation Act, which prohibit discrimination against individuals with mental and physical disabilities. He also serves on the Executive Committee of the President's Committee on Employment of People with Disabilities and is a member of the President's Task Force of Employment of Adults with Disabilities. Formerly, Mr. Miller served as Deputy Director of the U.S. Office as Consumer Affairs and the White House liaison to the disability community. He also served as Director of Litigation for the Western Law Center for Disability Rights.

Question for Commissioner Miller:

- What are some of the workplace discrimination issues facing people with psychiatric and mental disabilities, and what role does the EEOC play in enforcing these rights?

3. Walter Leginski, Ph.D.

Branch Chief, Homeless Programs, Center for Mental Health Services, Department of Health and Human Services

Dr. Leginski is an expert regarding policy and programmatic issues concerning access to housing for consumers.

Questions for Dr. Leginski:

- What are the barriers in finding affordable and safe housing for consumers?
- What kinds of housing options are currently available to consumers?

4. Paolo del Vecchio

Policy Analyst, Center for Mental Health Services

Paolo del Vecchio was first consumer **affairs specialist** hired at the Center for Mental Health Services. Paolo brings a unique **perspective** regarding consumer concerns related to the topics in this breakout session.

Questions for Mr. del Vecchio:

- What are the top concerns voiced by members of the community?
- How do consumers view current policy regarding housing, employment, and the broad array of community supports needed to facilitate recovery in the community?

5. Cardell Cooper

Assistant Secretary for Community Planning and Development

Under Assistant Secretary Cooper's direction, CPD is responsible for an array of housing, community development, economic development and homeless programs, all of which serve all low income people, include low income people with mental illness. Some programs also target housing and supportive services directly to meet the needs of homeless individuals with psychiatric disabilities.

Question for Mr. Cooper:

- What are HUD's goals for serving people with mental illness in its employment, housing and supportive services programs?
A: In its Economic Development Initiative (EDI) program, and through the designation of particular jurisdictions as Empowerment Communities and Empowerment Zones, HUD serves as a partner for the creation of jobs and infrastructure that lead to stable employment, individual self-sufficiency and community economic health. HUD expects all its grantees to include people with mental illness in these local programs, and requires that they have equal access to the opportunities created with HUD funds. In addition, HUD's Office of Fair Housing and Equal Opportunity vigorously enforces the right of all individuals to be free from discrimination in housing.
- Are there HUD programs that meet the special needs of people with mental illness?
A: People with disabilities, including people with mental illness receive special attention HUD's homeless programs. Some programs, for example, the Supportive Housing program, make it possible for grantees to utilize program funds to provide training and other economic opportunities. In addition, recipient communities may utilize as much as 15% of Community Development Block Grants for social and supportive services for low income people. HUD thereby gives state and local jurisdictions the flexibility to provide additional employment-related supports to people with mental illness.

Non-Administration Persons to Call Upon:

6. Judith Johnson

Executive Director, The Green Door (clubhouse environment)

Question for Ms. Johnson

- What kinds of supports are available in the community? How do you do outreach?

7. Michael Hogan

Director, Ohio Department of Mental Health

Question for Mr. Hogan

- How do we provide access to services and support for children?

8. Randee Chafkin

Program Manager, Project EMPLOY

Question for Ms. Chafkin

- How do we encourage employers to hire persons with mental disabilities?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #5

5. Children's Mental Health

Administration Chair: Secretary Richard W. Riley (Education)
Congressional Members: Representative Sheila Jackson Lee (D-TX),
Representative George Miller (D-CA)
Facilitator: Dr. Laurie Garduque, The John D. & Catherine T. MacArthur Foundation

While as many as 13.7 million of the nation's children have a diagnosable mental illness, only about one-third of these children receive mental health services. Even though advances have been made in treatment development for some childhood disorders, the prevalence of child and adolescent mental illnesses, the usage rates of mental health services, and the gap between them have remained essentially the same for almost 15 years. What ingredients are paramount to ensure that America's children maximize their opportunity to grow up mentally and emotionally healthy? What are the major barriers? What kinds of prevention and intervention programs, services and supports are most effective for children? What role can pediatricians play? How can our communities best support children with emotional and mental health illnesses and their families? How do we address the needs of special youth populations?

- I. Welcome - Facilitator, Dr. Laurie Garduque (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. Framing of the Issues - Administration Co-Chair, Secretary Richard W. Riley (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)
- IV. Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)
- V. Open Discussion - Moderated by Facilitator, Dr. Laurie Garduque (45 minutes)**
(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to

call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Dr. Tom Hanley

Senior Research Analyst, Office of Special Education and Rehabilitation Services

Question for Dr. Hanley:

- What is the Education Department's "National Agenda to Improve Results for Children and Youth with Emotional Disturbance?"

2. Dr. Kelly Henderson

Education Program Specialist, Office of Special Education and Rehabilitation Services

Question for Dr. Henderson:

- How are the needs of children and youth with emotional disturbance addressed under the Individuals with Disabilities Education Act (IDEA- the federal special education law)?

3. Sandra G. Rosswork, Ph.D.

Head, Counseling, Advocacy and Prevention Branch
Navy Personnel Command (NPC-661)

Dr. Sandra Rosswork is the head of all child and spouse abuse programs for the U.S. Navy worldwide. She provides oversight for the Navy's Sexual Assault Victim Intervention Program (the only one of its kind in DoD) and for the clinical counseling policy relative to services offered by family centers. She is an elected member of the Board of Directors of the American Professional Society on the Abuse of Children (APSAC) and has initiated research in areas of spouse abuse intervention and sexual assault prevention, which have received national attention.

Questions for Dr. Rosswork:

- What is the role of family violence in mental health problems in children?
- What is the effect of exposure to family violence in childhood on mental health in adolescence and adulthood?
- Can support programs for new parents decrease the risk of child abuse?

4. Peter Jensen, M.D.

Associate Director for Child and Adolescent Research, National Institute of Mental

Health

Internationally recognized authority on mental disorders in children, especially attention deficit hyperactivity disorder (ADHD)

Non-Administration Persons to be Called Upon

5. Matthew E. Melmed

Executive Director, Zero to Three (Early Intervention)

Question for Mr. Melmed:

- How early can we tell that a child is suffering from depression?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #6

6. Education and Training for Health Care Providers

Clinton Administration Co-Chairs: Secretary Togo D. West, Jr. (Veterans Affairs)

*Congressional Members: Representative Lois Capps (D-CA)
Representative Nancy Johnson (R-CT)*

Facilitator: Dr. Ellen Frank, University of Pittsburgh

How do we translate advances in research and clinical innovations to therapists, psychiatrists, physicians, nurses, and others who work closely with those who have mental illnesses? This applies not only to mental health professionals, but also other general practitioners, medical specialists, nurses, and non-traditional professionals – such as teachers and clergy -- who interact, knowingly or unknowingly, with people with psychiatric disabilities. What can be done to incorporate new approaches to mental health service delivery into training and academic curriculums?

- I. Welcome - Facilitator, Dr. Ellen Frank (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. Framing of the Issues - Administration Co-Chair, Secretary Togo D. West, Jr. (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)
- IV. Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
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- V. Open Discussion - Moderated by Facilitator, Dr. Ellen Frank (45 minutes)**
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Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Colonel Ann E. Norwood, MC, USA

Associate Chair, Department of Psychiatry
Uniformed Services University of the Health Sciences

COL Norwood is the Assistant Chairman of the Department of Psychiatry at the Uniformed Services University of the Health Sciences. She is nationally known as a clinical and research expert in the mental health effects of trauma and disasters. In addition, she is very interested in military women's health issues. Most recently, she has been active in examining psychiatric responses to weapons of mass destruction. She is also an experienced medical educator who has taught and designed curricula for every level from the beginning of medical school through residency and continuing medical education.

Questions for Dr. Norwood:

- How can new approaches to the treatment of mental disorders and the delivery of mental health services be most effectively integrated into medical school and residency curricula?
- How can continuing medical education be used to help practicing physicians and other providers learn about new research findings and innovative approaches and to incorporate these advances into their practice?

2. Nancy Valentine, RN, Ph.D., MPH

Special Assistant to the Secretary, Department of Veterans Affairs

Consults on policy and program development in the area of mental health and innovative practice and provider patterns including those involving mental health.

Question for Ms. Valentine:

- What are some of the unique educational initiatives for nurses in the areas of mental health and how can they improve the care of patients?

3. Virginia Betts

Senior Advisor on Nursing Policy, OPHS/Office of the Surgeon General

Engaged in promotion of Surgeon General's Action Plan for Suicide Prevention. This has recommendations for health professional teachers to play role.

Non-Administration Persons to Call Upon:

4. Kay Jamison

FINAL 6-04-99 8:00am (FOR INTERNAL USE ONLY – NOT FOR PUBLIC RELEASE)

Professor of Psychology, Johns Hopkins University

Question for Professor Jamison:

- How do we convey new advances in research to college students?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #7

7. Barriers to Effective Mental Health Services

Clinton Administration Co-Chairs: Director Janice R. Lachance (OPM)
Commissioner Kenneth S. Apfel (SSA)
Congressional Members: Senator Paul Wellstone (D-MN)
Representative Marge Roukema (R-NJ)
Facilitator: Dr. Richard G. Frank, Harvard Medical School

Mental health should be as accessible as services for any other medical illness. But because mental health care has not been a national priority, there are significant barriers to receiving quality services. These barriers may include the financing of services, health plan restrictions, limited information about treatment options, and poor proximity to service providers. What are other major barriers -- at the national, state, and local level -- to accessing services? What strategies can we pursue to improve access to quality mental health care?

- I. **Welcome - Facilitator, Dr. Richard G. Frank (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. **Framing of the Issues - Administration Co-Chair, Janice LaChance (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. **Congressional Perspective (2 minutes each)**
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- IV. **Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)
- V. **Open Discussion - Moderated by Facilitator, Dr. Richard G. Frank (45 minutes)**
(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. William E. Flynn, III

Associate Director for Retirement and Insurance, U.S. Office of Personnel Management

Ed Flynn manages the major fringe benefit programs - retirement, health and life insurance - for Federal employees, retirees and members of their families. Covering almost 10 million individuals, these critical components of the compensation package enable the Federal Government to attract and retain the talented staff needed to carry out the work of the Government. Annually, Mr. Flynn manages payments of \$60 billion in retirement, health and life insurance benefits to current and former employees of the Government and their families. Given the size and impact of these programs, they are often cited as models for other employers to emulate.

Questions for Mr. Flynn:

- Mr. Flynn, you manage the Federal Employees Health Benefits Program. I know you have been trying to increase access to mental health care for employees, retirees and members of their families. What have you found?
- Mr. Flynn, some pending legislation would mandate access to mental health care for certain major categories of diseases. This is one approach; are there others that might be more effective?
- Mr. Flynn, some have argued that the cost of mental health parity is prohibitive and will result in fewer people having insurance coverage. What do you think of these arguments?

2. Richard McGahey

Assistant Secretary for the Pension and Welfare Benefits Administration, Department of Labor

Mr. McGahey, whose agency has responsibilities under the Mental Health Parity Act, can discuss the Act and benefits provided through job-based health plans. Mr. McGahey's agency also handles many issues that overlap with social security.

Question for Assistant Secretary McGahey:

- What has the Department of Labor done to better educate individuals and employers about their rights and responsibilities under the Mental Health Parity Act?

3. Darrel Regier, M.D., M.P.H.

Associate Director for Epidemiology and Health Policy Research, National Institute of Mental Health

Expert on policy related to finance services for mental health treatment and development of policy on parity.

4. Susan M. Daniels, Ph. D.

Susan Daniels joined the Clinton Administration in 1994 with her appointment as Associate Commissioner of Disability at SSA. Today she serves as Deputy Commissioner for Disability and Income Security Programs at the Social Security Administration and is responsible for the direction and policy governing the Social Security programs millions of Americans with severe mental illness.

She is a nationally recognized spokesperson and opinion leader on disability policy. She has been a vigorous advocate for people with both mental and physical disabilities in public programs and private business. In roles ranging from teacher to administrator, from consultant to citizen, from researcher to public speaker, she has represented the true potential of people with disabilities and illuminated the barriers inhibiting their full independence, social integration and productive participation in American life. She has served on the board of directors, as a member or officer, of many community-based advocacy organizations. She is the author of numerous technical and lay publications.

Non-Administration Persons to Call Upon:

5. Mary Jane England

President, Washington Business Group on Health

Question for Ms. England:

- What is your vision of a quality health care system?

6. Ms. Susan Liss

Director of Health Issues at the National Women's Law Center

Questions for Ms. Liss:

- What special barriers to mental healthcare do you think that women face? How do we address and overcome these barriers?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #8

8. Ethnic and Cultural Issues in Mental Health Service Delivery

*Clinton Administration Co-Chairs: Secretary Dan Glickman (Agriculture)
Nelba Chavez, SAMHSA
Dr. Michael Trujillo, Director, Indian Health Service*

Congressional Member: Representative Ciro Rodriguez (D-TX)

Facilitator: Dr. Ivan C.A. Walks, ValueOptions Behavioral Health

Attitudes about mental health, as well as effective approaches to prevention, treatment, and recovery, vary by culture. How can we tailor mental health services, resources and treatments to meet the needs of a multi-cultural society more effectively? In what ways does discrimination – based on race, ethnicity, gender, sexual orientation, religion, and disability -- influence how we approach people with mental health needs? For example, is there a disproportionate level of diagnosis among minorities, and/or a greater level of involuntary treatment?

- I. Welcome - Facilitator, Dr. Ivan C.A. Walks (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. Framing of the Issues - Administration Co-Chair, Secretary Dan Glickman (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)
- IV. Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)
- V. Open Discussion - Moderated by Facilitator, Dr. Ivan C.A. Walks (45 minutes)**
(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Willie Hensley

Director, Center for Minority Veterans, Department of Veterans Affairs

Promotes programs for the many minority veterans who are served by VA.

Question for Mr. Hensley:

- What are some of the unique issues in mental health needs and care for persons who are members of ethnic and racial groups today?

2. Sherman L. Ragland, M.S.W.

Acting Associate Director for Special Populations, National Institute of Mental Health

Expert on the provision of culturally competent services for persons who are mentally ill and research on effectiveness of these services.

Non-Administration Person to Call Upon:

3. Ms. Mary Chung

Executive Director of the National Asian Women's Health Organization

Question for Ms. Chung:

- What are some of the cultural attitudes about mental health that affect the experiences of Asian women in mental health service? How can we best meet their mental health needs?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #9

9. Meeting the Mental Health Needs of People with Multiple Disabilities

Clinton Administration Co-Chairs: General Barry R. McCaffrey (ONDCP)
Dr. Kenneth W. Kizer, Under Secretary for Health - VA
Dr. Wesley Clark, SAMHSA/CSAT

Congressional Members: Representative Jim McDermott (WA)

Facilitator: Sandra Thurman, Director, National AIDS Policy

Many people go with their mental health needs unmet because their needs are more complex than the specialties of particular providers. Some individuals, for example, experience a "dual diagnosis" of mental illness and substance abuse; others have mental retardation as well as mental illness. In these and similar situations, people may be shortchanged both by mental health providers and specialists unfamiliar with mental health care. Too often, individuals are referred to multiple providers. As a result, individuals receive fragmented treatment -- or no services at all -- not comprehensive care. What can be done to integrate the delivery of services to people with overlapping physical, mental, and/or developmental needs?

- I. **Welcome - Facilitator, Sandra Thurman (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. **Framing of the Issues - Administration Co-Chair, General Barry McCaffrey (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. **Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)
- IV. **Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)
- V. **Open Discussion - Moderated by Facilitator, Sandra Thurman (45 minutes)**
(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss

specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Ronald Earl Smith, M.D., Ph.D.

CAPTAIN, MC, USN

Attending Psychoanalyst

Department of Psychiatry

National Naval Medical Center

Captain Smith is the psychiatric consultant to the Ramstad-Wellstone Bill for Parity in Substance Abuse. He is the only psychoanalyst in the Armed Services. He is board-certified in psychiatry, emergency medicine, and internal medicine. He has spent the last twenty years working with addiction medicine and alcoholism and has worked extensively with physician impairment nationally and internationally.

Questions for CAPT Ronald Smith:

- How does early infant care relate to later vulnerabilities to mental illness?
- How effective is substance abuse treatment in the population affected by mental illness?

2. Fred Karnas

Deputy Assistant Secretary for Special Needs Programs, Community Planning and Development

As CPD's Deputy Assistant Secretary for Special Needs Programs, Mr. Karnas oversees HUD's homeless programs, some of which provide services to people with mental illness. Mr. Karnas also has provided leadership in inter-agency initiatives to address the needs of individuals with multiple disabilities.

Question for Fred Karnas:

- How does the issue of dual diagnoses uniquely affect the homeless population?
- What is HUD doing to serve people with multiple disabilities?

A: HUD's aim is to create housing and economic opportunity for all people with disabilities, without regard to diagnosis. So, while HUD programs are available to people with mental disabilities, as well as other disabilities, as much as possible, HUD tries not to distinguish among diagnoses unless it is absolutely essential to do so to create greater opportunity for a person with disabilities. In 1996, HUD began a collaboration with HHS called the Multiple Diagnosis Initiative, focusing on the needs of homeless people living with HIV/AIDS. In 1997, HUD and HHS so-sponsored the Community Team Training on Homelessness. The five-city program brought together teams of consumers,

service providers and municipal officials to develop model plans for addressing the needs of homeless people with multiple disabilities.

3. Richard Suchinsky, M.D.

Associate Chief Consultant for Addictive Disorders, Department of Veterans Affairs

Promotes and develops policy for programs for veterans with addictive disorders and addictive disorders co-morbid with other mental and physical disorders.

Question for Dr. Suchinsky

- What are the challenges for the treatment of persons with addictive disorders today and how can we best address them?

4. Dr. John Dignam

Regional Psychological Services Administrator, Federal Bureau of Prisons

Dr. Dignam is at the intersection of substance abuse, mental health, criminal justice, and also runs BOP's dual diagnosis program.

Question for Dr. Dignam:

- What elements are necessary in developing effective comprehensive care programs for incarcerated persons with mental illness and substance abuse?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #10

10. Primary Care, Prevention, and the Lifecycle

Clinton Administration Co-Chairs: Dr. Sue Bailey, Assistant Secretary of Health Affairs, DOD
Dr. Margaret A. Hamburg, Assistant Secretary for
Planning & Evaluation-HHS

Congressional Members: Representative Donna Christian-Christensen (D-VI)
Representative Patrick J. Kennedy (D-RI)

Facilitator: Dr. Don Vereen, Deputy Director (ONDCP)

Primary care physicians are often the first point of contact for people with a mental illness. Too often, however, mental illnesses go unrecognized and therefore untreated. Studies show that only 40 percent of adults with depression can expect a correct diagnosis in routine primary care settings (as low as 20% for children), and only half will receive adequate treatment. The problem is especially acute for older persons who experience depression. Americans age 80-84 have the highest suicide rate – nearly double that of the general population. This occurs even though roughly 75 percent of older adults visit a primary care physician within a month before their death. How can we promote the effective integration of mental health services into primary care and other relevant community settings, including military hospitals? What more can be done to meet the mental health needs of older persons and men and women deployed overseas?

I. Welcome - Facilitator, Dr. Don Vereen (1 minute)

(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).

II. Framing of the Issues - Administration Co-Chair, Dr. Sue Bailey (2-3 minutes)

(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)

III. Congressional Perspective (2 minutes each)

(One or more of the Senators or Representatives will give their perspective on the issues.)

IV. Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs

(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)

V. Open Discussion - Moderated by Facilitator, Dr. Don Vereen (45 minutes)

(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2)

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consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Judy Salerno, M.D.

Chief Consultant, Geriatrics and Extended Care, Department of Veterans Affairs

Coordinates VHA's geriatric and extend care programs which provide clinical services for elder veterans across the range of care delivery venues. Promotes research and education on elder veterans and their care.

Question for Dr. Salerno:

- What are some of the unique challenges of meeting the mental health and physical needs of the elderly? What special risks are there?

2. Delores Parron, Ph.D.

Deputy Assistant Secretary for Program Systems, Office of the Assistant Secretary for Planning and Evaluation, DHHS

Author of Mental Health Services in Primary Care Settings -a guide to linking systems of care to serve mentally ill persons.

Non-Administration Persons to be Called Upon

3. Paul Samuels

Director/President, Legal Action Center

Mr. Samuels is a legal expert in substance abuse/mental health.

Question for Mr. Samuels:

- How has lack of parity for both mental health and substance abuse hampered a coordinated system for both conditions?

4. Melody Heaps

President, National Treatment Alternatives for Safer Communities (TASC)

Ms. Heaps is a mental health leader in the private sector.

Question for Ms. Heaps:

- How can mental health and substance care be better coordinated at the community

level?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #11

11. Individual Rights: Promoting Fairness and Respecting Privacy

Clinton Administration Co-Chairs: Acting Assistant Attorney General Bill Lann Lee, Civil Rights Division, Department of Justice

Congressional Members: Senator Joseph Lieberman (D-CT)

Facilitator: Jonathan Young, Associate Director for Public Liaison

Perhaps the most controversial aspect of mental health service delivery is how to respect individual rights. This concerns issues of privacy (e.g. confidentiality of medical records) as well as involuntary treatment (e.g. involuntary inpatient and outpatient commitment, physical and chemical restraint, and seclusion). Both issues, many advocates argue, can discourage people from seeking treatment. Some advocates argue that involuntary treatment can also be inappropriate and harmful. Other people argue that the sharing of medical information and involuntary treatment are sometimes necessary. How can we facilitate a better understanding of the concerns on each side of these issues? What laws currently address individuals' rights to privacy and refusal of treatment? What legislative and administrative initiatives are now under discussion?

I. Welcome - Facilitator, Jonathan Young (1 minute)

(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).

II. Framing of the Issues - Administration Co-Chair, Bill Lann Lee (2-3 minutes)

(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)

III. Congressional Perspective (2 minutes each)

(One or more of the Senators or Representatives will give their perspective on the issues.)

IV. Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs

(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)

V. Open Discussion - Moderated by Facilitator, Jonathan Young (45 minutes)

(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss

specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Marsha Martin, Ph.D.

Advisor to the Secretary, Department of Health and Human Services

Expert on provision of services in urban areas to persons who are mentally ill and homeless and persons with HIV-AIDS.

2. John F. Mazzuchi, Ph.D.

Deputy Assistant Secretary of Defense for Clinical and Program Policy

In his position as Deputy Assistant Secretary of Defense for Clinical and Program Policy, Dr. Mazzuchi has had a critical role in developing mental health policies within the Department of Defense. Under his leadership, the DoD developed policies and programs for Joint Medical Surveillance, which includes: Surveillance for mental health symptoms in active duty members before and after deployment; policy and guidelines for conducting mental health evaluations of Service members which protects members civil rights while also establishing guidelines for protecting the general public from potentially dangerous Service members; and, policy to establish Combat Stress Control Programs. Earlier in his career, Dr. Mazzuchi developed the Services Drug and Alcohol Rehabilitation Program that has been immensely successful.

Question for Dr. Mazzuchi:

- What are the special barriers to good mental health for military personnel and what initiatives are being pursued by the Department of Defense to overcome these barriers?

3. William Van Stone, M.D.

Chief Treatment Services Division, Department of Veterans Affairs

Promotes VA's programs for seriously mentally ill veterans and has addressed issues of involuntary treatment and patient rights.

Question for Dr. Van Stone:

- What are some of the considerations in terms of patient's rights vs. the need to care for persons who may harm themselves and others, and how can they be resolved for the benefit of the patient?

Non-Administration Person to Call Upon:

4. Ms. Martha Romans

Director of the Jacob's Institute of Women's Health

Question for Ms. Romans:

- How do you think women are most impacted by this type of discrimination?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #12

12. Peer Support, Consumer Advocacy, and Recovery

Clinton Administration Co-Chairs: *Dr. Bernie Arons (SAMHSA)*
Judith E. Heumann, Assistant Secretary, Department of Education

Congressional Members: *Representative Lynn Rivers (D-MI)*
Senator Harry Reid (D-NV)

Facilitator: *Deborah Batiste, Anti-Defamation League*

What does "quality of life" have to do with recovering from mental illnesses? For over two decades, people with psychiatric disabilities have joined the refrain of other civil rights movements in repudiating assumptions of biological inferiority, promoting self-determination, and claiming a place in the mainstream of society. They have developed and advocated for a holistic approach to mental health issues that focuses on the individual. This approach tailors peer support, community resources, research, and professional treatment to what helps an individual achieve the best quality of life. What can the consumer movement teach us about improving mental health treatment?

I. Welcome - Facilitator, Deborah Batiste (1 minute)

(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).

II. Framing of the Issues - Administration Co-Chair, Dr. Bernie Arons (2-3 minutes)

(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)

III. Congressional Perspective (2 minutes each)

(One or more of the Senators or Representatives will give their perspective on the issues.)

IV. Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs

(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)

V. Open Discussion - Moderated by Facilitator, Deborah Batiste (45 minutes)

(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model

programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Roseanne Rafferty, M.S.W.

Program Officer, Office of Special Education and Rehabilitative Services

Question for Ms. Rafferty:

- What exactly is meant by the recovery process for adults with long-term mental illness?

2. Joan Furey, R.N.

Director, VA Center for Women Veterans

Promotes and advocates for issues of women veterans care, research and education in VA.

Question for Ms. Furey

- What are some of the unique needs of women with mental disorders and what can be done to meet them?

3. H. James T. Sears, M.D.

Executive Director
TRICARE Management Activity
Department of Defense

Dr. Sears is the executive director of the Department of Defense's TRICARE managed healthcare program for active duty service members, their families, retirees and other eligible persons. Dr. Sears served previously as Director of Operations, and Director of Medical Management for Aetna Health Plans, taking a major role in the CHAMPUS Reform Initiative and the TRICARE Program in California. As a retired admiral and Navy psychiatrist, Dr. Sears has had a life-long interest in provision of mental healthcare within the Department.

Question for Dr. Sears:

- How can managed behavioral healthcare improve consumer advocacy for quality mental health treatment? How can managed behavioral healthcare facilitate consumer involvement in treatment planning?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

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(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #13

13. Community Responses to Youth At Risk

Clinton Administration Co-Chairs: Bruce Reed, Assistant to the President & Director of the Domestic Policy Council

*Congressional Members: Representative Jesse Jackson Jr. (IL)
Senator Arlen Specter (R-PA)*

Facilitator: Richard Socarides, Special Assistant to the President & Senior Advisor for Public Liaison

Recent tragedies in Littleton, Atlanta, and elsewhere have galvanized national attention on the subject of youth violence. How can a more effective and comprehensive national mental health policy address the underlying issues causing these crises? What role can mental health professionals and families play in preventing the outbreak of violence? What can mental health professionals, families, and communities do to respond to the emotional fallout resulting from school violence?

- I. Welcome - Facilitator, Richard Socarides (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. Framing of the Issues - Administration Co-Chair, Bruce Reed (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)
- IV. Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)
- V. Open Discussion - Moderated by Facilitator, Richard Socarides (45 minutes)**
(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Bill Modzeleski

Director, Safe and Drug-Free Schools Program, Department of Education

Mr. Modzeleski is involved in the design and development of drug and alcohol prevention programs, violence prevention programs and activities as they affect the school and in school health-related issues.

Mr. Modzeleski can answer any question in the area of school/community violence.

2. Kathryn Turman, Acting Director Office for Victims of Crime, Department of Justice

Kathryn Turman's expertise is in responding to the mental health needs of victims, including incidences of school violence and children exposed to violence. She has been involved in assisting a number of the communities that experienced recent school shootings in responding to the needs of the victims and of others. Her office supports a number of victim services efforts in state and local jurisdictions, including mental health services.

Questions for Ms. Turman:

- What have we learned about the mental health needs of the victims, such as the students, staff, and the community in the recent school shootings?
- What kind of programs show promise in addressing these needs?

3. W. Rodney Hammond, Ph.D.

Director, Division of Violence Prevention, Centers for Disease Control
National Center for Injury Prevention and Control

Oversees research, surveillance, and programs in intentional injury, homicide, suicide, youth violence. Expert on delivery of service to family and children.

Non-Administration Persons to be Called Upon

4. Marlene Wong

Director, Mental Health and Crisis Teams, Los Angeles School District (is working with Springfield, Oregon, school district)

Question for Ms. Wong:

- How is the Springfield, Oregon, community dealing with the aftermath of the school shooting? What interventions have been particularly helpful to them?

5. Kevin Dwyer

President-Elect, National Association of School Psychologists

Question for Mr. Dwyer

- What are some of the warning signs for youth at risk?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

Outline of Breakout Session #14

14. Mental Health Online

Clinton Administration Co-Chairs: Chairman William Kennard (FCC)
Dr. John M. Eisenberg, Administrator, Agency for Health
Care Policy and Research, HHS

Congressional Members: Representative Sam Farr (D-CA)

Facilitator: Ellen Hoffheimer Bettmann, Anti-Defamation League

What opportunities does the revolution in information technology create for mental health services? The anonymity of Internet use, for example, provides a greater degree of freedom in accessing sensitive and personal information. It can enable people in remote areas to access information commonly available in metropolitan centers. It can also be used to facilitate home-based work opportunities, which can be less stressful and result in greater productivity among consumers of mental health services. How can the Internet be used most effectively to educate people seeking resources relating to mental health and maximize employment opportunities? What other technologies can be used to improve mental health service delivery?

- I. Welcome - Facilitator, Ellen Hoffheimer Bettman (1 minute)**
(The facilitator will provide an introduction of the topics to be discussed and will also discuss the length and format of the breakout session).
- II. Framing of the Issues - Administration Co-Chair, Chairman William Kennard (2-3 minutes)**
(The lead Administration person will set the framework for the issues to be discussed and will outline the Administration's accomplishments in these areas.)
- III. Congressional Perspective (2 minutes each)**
(One or more of the Senators or Representatives will give their perspective on the issues.)
- IV. Highlighting of Specific Areas of Concern - Additional Administration Co-Chairs**
(If there are additional Administration co-chairs, the co-chairs could highlight a specific aspect of the issue at this time.)
- V. Open Discussion - Moderated by Facilitator, Ellen Hoffheimer Bettman (45 minutes)**
(During the open discussion, the Facilitator will call on additional Administration persons in the audience and other conference attendees to: (1) further lay out the issues; (2) identify barriers; and (3) discuss solutions. The Facilitator should make every effort to call upon a wide variety of people, including: (1) additional Administration people; (2) consumer advocates; (3) at least two persons who work with "Best Practices" model

programs; (4) a person who can address issues of stigma; and (5) persons who can discuss specific issues relating to children, the elderly, gender, and cultural issues.)

Administration Persons to Be Called Upon by the Co-Chair or Congresspersons

1. Robert Kolodner, M.D.

Associate Chief Information Officer, Department of Veterans Affairs

Promotes the development of technology to support mental health and other clinical service delivery.

Question for Dr. Kolodner:

- What are some of the ways information technologies can directly impact clinical care for the mentally ill?

2. Gemma Weiblinger, M.P.A.

Chief, Legislative Analysis and Development Branch, National Institute of Mental Health

Provides leadership on telemedicine initiatives for NIMH. She has played a key role in developing initiatives to serve mental health needs of persons living in rural America.

Non-Administration Person to Call Upon:

3. Joshua Freedman

Professor, University of California Los Angeles

Question for Mr. Freedman:

- How do we encourage the mental health system to use new technologies? What are the pros and cons?

VI. Concluding Comments - Facilitator, Administration Co-Chair, Congresspersons (5-10 minutes total)

(This discussion will provide a wrap up of all the issues that have been discussed during the session.)

White House Conference on Mental Health Meeting

Old Executive Office Building, Ceremonial Office
4:00pm-5:30pm/Wednesday, November 4, 1998

Meeting Requested by Audrey Tayse Haynes
Briefing Prepared by Melissa Preston

*We are still
waiting on bias,
but everything
else should be
OK!*

EVENT

You are attending a meeting that will discuss some ideas for the Administration's efforts in the White House Conference on mental health. (See Attached Background Information)

CLOSED PRESS

LOGISTICS

- Upon your arrival in the Ceremonial Office, you will take your seat at the table (Seats will be marked by place cards).
- You will welcome and thank guests for coming.
- You will inform guests that you have invited them here today because you welcome their thoughts and ideas and you would like them to be aware of your intent to have a White House Conference on Mental Health in mid to late May.
- You will introduce Audrey Tayse Haynes and she will have attendees introduce themselves.
- Audrey will discuss the confidentiality of the meeting and will talk about ways to get input from around the country.
- Audrey will introduce Chris Jennings.
- Chris will give an overview of the Administration's Mental Health accomplishments.
- Chris will proceed to facilitate discussion for approximately 1 hour.

↳ contemplating

YOUR ROLE AND CONTRIBUTION

You are discussing mental health issues with Audrey, Chris and other experts in the mental health field in preparation for the upcoming White House Conference on mental health.

PROGRAM NOTES

- The following are a list of the attendees for the meeting:
Dr. Bernie Arons, Director of Substance Abuse and Mental Health Services

David Beier, Chief Domestic Policy Advisor for the Vice President
Sarah Bianchi, Senior Advisor to the Vice President for Health Policy
Jennifer Devlin, Director of Communications for Mrs. Gore
Mary Jane England, President of the Washington Business Group on Health
Laurie Garduque, Senior Program Officer in the MacArthur Foundation's
Program on Human & Community Development
Al Guida, Vice President of Government Affairs at the National Mental Health
Association
Skila Harris, Former Chief of Staff for Mrs. Gore
Audrey Tayse Haynes, Chief of Staff for Mrs. Gore
Mark Hunker, Senior Advisor to Director and Director of Communications for
OPM
Chris Jennings, Deputy Assistant to the President for Health Policy
Chris Koyanagi, Director of Legislative Policy at the Bazelon Center for Mental
Health
Colleen Reilly, The Reilly Group
Trooper Sanders, Domestic Policy Advisor to Mrs. Gore

ATTACHMENTS

- Administration's Mental Health Accomplishments "Statement by Tipper Gore on Mental Health Victories in Budget Agreement"
- Proposed decision memo for White House Conference on Mental Health
- Biographies of Mary Jane England, Laurie Garduque, Mark Hunker, Chris Koyanagi, and Colleen Reilly.

BIOGRAPHY

Chris Koyanagi
Director of Legislative Policy
Bazelon Center for Mental Health Law
Office (202) 467-5730
Fax (202) 223-0409
Internet/e-mail: hn1660@handsnet.org.

Chris Koyanagi has twenty five years of experience representing both mental health advocacy and provider associations in Washington.

Currently, she serves as an Director of Legislative Policy at the Bazelon Center for Mental Health Law, a legal advocacy organization concerned about the rights of persons with severe mental illness. Her particular areas of responsibility are mental health financing and children's mental health services.

Chris acts as chair of several Washington coalitions on mental health issues and provides leadership for coordinated lobbying strategies by the mental health community on major federal policy issues. She also provides technical assistance to Congressional Committees, Members of Congress and their staff as they develop legislative proposals; and she works closely with key federal Executive Branch agencies responsible for mental health services and rights of persons with mental illness.

In addition, Chris has served on several advisory bodies for federal and private agencies, including:

- The Social Security Administration's SSI Modernization Project
- The University of South Florida Mental Health Institutes's Advisory Board for the Research & Training Center on Children's Mental Health
- The Federation of Families for Children's Mental Health Board of Directors
- Georgetown University, National Technical Assistant Center for Children's Mental Health Administrative Commission
- Center for the Study of Issues in Public Mental Health, National Advisory Board

She has also authored a number of publications and journal articles concerning mental health public policy.

Laurie R. Garduque
Biographical Information

Laurie R. Garduque is a Senior Program Officer in the MacArthur Foundation's Program on Human & Community Development. Her primary responsibilities focus on activities in mental health policy, and child and youth development.

Dr. Garduque joined the Foundation in 1990 after serving as the director of the National Forum on the Future of Children and Families, a joint project of the National Research Council and the Institute of Medicine. From 1984 to 1987, Dr. Garduque was the Director of governmental and professional liaison for the American Educational Research Association in Washington, D.C., working on federal legislative and regulatory issues affecting the conduct and support of educational research. This position followed the year Dr. Garduque spent from 1983 to 1984 as a Congressional Science Fellow in the U.S. Senate.

From 1980 to 1983, Dr. Garduque held a faculty position as an assistant professor in human development at The Pennsylvania State University. She received her bachelor's degree in psychology and her Ph.D. in educational psychology from the University of California at Los Angeles.

MARY JANE ENGLAND, M.D.

Mary Jane England, M.D., is president of the Washington Business Group on Health (WBGH). WBGH is a nonprofit national health policy and research organization whose membership includes the nation's major employers. The Washington Business Group on Health represents employers in promoting performance-driven health care systems and competitive markets that improve the health and productivity of companies and communities.

Dr. England served as the national program director of the Robert Wood Johnson Foundation's Mental Health Services Program for Youth, which worked with states to fund comprehensive home- and community-based services for young people with serious mental, emotional, and behavioral disorders. Dr. England serves on the executive committee of The Health Project and is the chair of the advisory committee for the Robert Wood Johnson Foundation's program, Making the Grade: School-Based Clinics. Dr. England also sits on the Board of Directors of Allina Health System in Minnesota.

Dr. England has been a featured guest on the MacNeil/Lehrer NewsHour on national legislative health care reform strategies. She is a prominent spokesperson for large employers on health care policy issues and is quoted regularly in the *Wall Street Journal*, *Washington Post*, *The New York Times*, and other national and local media outlets.

Dr. England was vice president, Group Medical Services at The Prudential Insurance Company of America from 1987-1990. She was responsible for the development of mental health policy and programs for the Prudential health care system.

Before joining Prudential, Dr. England was associate dean and director of the Lucius N. Littauer Master in Public Administration (MPA) Program at the John F. Kennedy School of Government, Harvard University. Dr. England was at the Kennedy School from 1983-1987.

As the first commissioner of the Massachusetts Department of Social Services (DSS) from 1979 to 1983, she helped establish and administer a new state agency for children and their families. Before her appointment at DSS, Dr. England served as the associate commissioner of the Massachusetts Department of Mental Health and Mental Retardation.

A psychiatrist with an M.D. from the Boston University School of Medicine, Dr. England received her psychiatric training at University Hospital in Boston and Mt. Zion Hospital in San Francisco, and completed a child and adolescent psychiatry fellowship at Boston University-Boston City Hospital Child Guidance Clinic.

In 1995, Dr. England served as president of the American Psychiatric Association. She is a past president of the American Medical Women's Association. She serves as the Vice President of the National Academy of Public Administration, the American College of Psychiatry, the American College of Mental Health Administration, and the Group for the Advancement of Psychiatry. Dr. England also served the Board of Overseers for the U.S. Department of Commerce, Malcolm Baldrige National Quality Award and currently serves on the DHHS Substance Abuse and Mental Health Services Administration National Advisory Council and the National Institute of Mental Health Advisory Council. She currently serves on the President's Quality Forum Planning Committee.

Dr. England is the chair of the Board of Visitors of Boston University School of Public Health and a member of the Board of Visitors of Boston University School of Medicine.

Dr. England holds honorary degrees from Regis College, the Massachusetts School of Professional Psychology and the University of Texas. She is also a recipient of the 1995 Boston University Distinguished Service to the Community Award.

May 25, 1999

Federal Workers Promised Gains in Mental-Health Coverage

By ROBERT PEAR

WASHINGTON -- The Clinton administration intends to require that **health** insurance plans for federal employees provide comparable coverage for severe **mental** illnesses and for physical ailments, according to administration officials and Tipper Gore, who is heading a White House conference on **mental health** next month.

Mrs. Gore, a longtime advocate for the rights of the mentally ill, disclosed this month that she was treated for clinical depression after her son was injured in an auto accident in 1989. She said Monday that a goal of the White House conference was to eliminate disparities in insurance coverage for **mental** and physical illnesses -- to "provide parity for all," while eliminating the stigma of **mental** illness.

The new standards for **health** benefits for federal employees, being drafted by the administration, are intended as an example for employers across the country, federal officials said. The administration has authority to act on federal employee benefits under existing law, without congressional action.

Under the new policy, **health** plans covering federal employees and their families could not set more stringent limits on the number of outpatient visits or days in the hospital for treatment of **mental** disorders than for the treatment of physical illnesses like heart disease or cancer. The policy would also bar higher copayments for **mental health** care than for the treatment of physical illnesses.

Chris Jennings, who coordinates **health** policy at the White House, said: "The president believes that the Federal Employees **Health** Benefits Program should serve as a model for the rest of the **health** care industry. Parity for federal **health** plans will not only provide better access to needed **mental health** services, but also illustrate that coverage of these services can be done affordably."

Jennings said that details of the new policy were being worked out with the Office of Personnel Management, which runs the **health** insurance program for federal employees.

Under a 1996 law, group **health** plans are already forbidden to set annual or lifetime dollar limits on **mental health** care that are lower than the limits for general medical and surgical services. But

insurers can get around the law by setting different limits on the number of covered outpatient visits or hospital days, or by charging different copayments and deductibles.

Administration officials said they expected to disclose details of the new policy at the White House conference on **mental health**, scheduled for June 7.

The federal employees' **health** plan is the largest employer-sponsored **health** insurance program in the United States. It covers 9 million people through 285 private insurance plans.

The standards would not affect the **health** benefits provided by private employers. Similar requirements for private employers have been proposed by members of Congress from both parties, including Sen. Pete Domenici, R-N.M., Sen. Paul Wellstone, D-Minn., and Rep. Marge Roukema, R-N.J.

In an interview Monday, Mrs. Gore said that comparable coverage for **mental** and physical disorders would have a very modest cost, and she predicted that it would not be abused by people seeking endless "talk therapy."

"There are just too many people who saw Woody Allen movies years ago," Mrs. Gore said. "Lying on the couch forever and ever, that's a stereotype, the Woody Allen syndrome. That's not what we're talking about. It's another myth to bust. Most people with **mental** illness are not out to rip off the system."

Moreover, Mrs. Gore said: "A number of companies are already providing parity, and it's costing about 25 cents a day, at the most. That is much less than the people who have been afraid to provide **mental health** coverage were predicting."

Twenty-five cents a day represents an increase of \$91 a year, or 3 percent of the \$3,000 spent by a typical employer on **health** benefits for an employee.

In recent years, employers, insurers and **health** maintenance organizations have found ways to provide **mental health** services at predictable costs. In many cases, they hire specialized managed-care companies to monitor the work of psychiatrists, psychologists and other **mental health** professionals, to make sure patients receive appropriate and effective treatment.

Psychiatrists often resent such second-guessing. But Dr. Jerome Vaccaro, medical director of Pacificare Behavioral **Health**, in Van Nuys, Calif., said the work of these companies often led to better outcomes for patients.

After the 1996 law took effect, some insurance companies and group **health** plans simply replaced the old dollar limits on **mental health** care with numerical limits on outpatient visits, treatment sessions or days in the hospital.

"The day and visit limits wind up being more restrictive in some cases than the dollar limits for which they substituted," said Ronald

Bachman, an actuary at the accounting firm of PricewaterhouseCoopers.

Mrs. Gore said she favored full equivalence, or parity, in coverage for "the recognized major **mental health** disorders." Those conditions, she said, include schizophrenia, bipolar (manic-depressive) disorder and major or clinical depression.

The Office of Personnel Management is seriously considering a broader policy that would require parity for many other **mental** disorders as well, administration officials said.

At least 19 states, including Connecticut, have laws that require the same or similar levels of coverage for **mental** and physical illnesses. A study by the U.S. Department of **Health** and Human Services found that the state laws had had "a small effect on premiums."

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A

One in five Americans suffer from mental illness at some point in their life.

Nearly twice as many women as men are affected by a mental illness each year.

More than 19 million Americans age 18 and over will suffer from depression.

Major depression is the leading cause of disability in the United States and worldwide.

A

1 in 5 w/ a mhd disorder don't get treatment
Approximately 4 out of 100 teenagers get seriously depressed each year.

A

Approximately 5 million of the 32 million Americans age 65 and older suffer from clinical depression.

More than 2 million Americans suffer from schizophrenia in a given year.

Children over the age of five can develop schizophrenia, but it is very rare before adolescence.

In men, schizophrenia usually appears in the late teens or early twenties; for women schizophrenia usually appears in the twenties to early thirties.

Schizophrenia affects men and women with equal frequency.

At least 2 million Americans suffer from bipolar disorder, also known as manic-depressive illness.

Bipolar illness has been diagnosed in children as young as 12 although it is not common in this age bracket.

Women are twice as likely as men to develop panic disorder

Roughly half of all people who have panic disorder develop the condition before age 24.

Approximately 30 percent of people with panic disorder abuse alcohol, and 17 percent abuse drugs.

Approximately 2.3 percent of Americans 18 to 54 in the U.S. have obsessive compulsive disorder in a given year.

Obsessive compulsive disorder affects men and women with equal frequency.

Approximately 3.7 percent of Americans ages 18 to 54, 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.

Social phobia typically begins in childhood or early adolescence and rarely develops after age 25.

VPOTUS

One in five children with a mental disorder do not receive treatment

Only 40 percent of adults with depression can expect a correct diagnosis in routine primary care settings. For children the recognition rate may be as low as 20%.

Recent studies indicate that about 60% of depressed teenagers will improve with modern antidepressants.

There is an 80 percent treatment success rate for adults with major depression who utilize medication, psychotherapy or a combination of both.

Appropriate treatment can relieve hallucinations or delusions for 70 percent of people with schizophrenia.

Appropriate treatment can relieve symptoms for 50 to 60 percent of people with Obsessive Compulsive Disorder.

As many as 20 percent of people with manic-depressive illness die by suicide.

Almost all people who kill themselves have a diagnosable mental disorder, most commonly depression or a substance abuse disorder.

In 1996, suicide was the 3rd leading cause of death among 15 to 24 yr. olds.

Men are more than four times as likely as women to commit suicide.

Schizophrenia occurs at equal rates regardless of education, socioeconomic status, or culture.

Depression is the strongest predictor of suicide in elderly Americans

Post traumatic stress disorder can develop at any age including childhood and is more likely to occur in women than in men.

Post traumatic stress disorder frequently occurs after incidents, such as rape, mugging, domestic violence, terrorism, natural or human caused disasters, and accidents.

Approximately 30 percent of men and women who have spent time in war zones, experience post traumatic stress disorder.

FLOTUS

Research in the last decade shows that mental illnesses are diagnosable disorders of the brain.

There is no known single cause of schizophrenia. Many diseases, such as heart disease, result from an interplay of genetic, behavioral, and other factors; this may be the case for schizophrenia.

A child whose parent has schizophrenia has about a 10 percent chance of getting the illness. By comparison, the risk of schizophrenia in the general population is about 1 percent.

Autism is a brain disorder that typically affects a person's ability to communicate, form relationships with others, and respond appropriately to the environment.

Research has made it possible to identify earlier those children who show signs of developing autism.

There are 1 to 2 cases of autism per 1,000 people.

Autism develops in childhood and is generally apparent by age 3.

Autism is three to four more times more common in boys than girls.

Attention deficit hyperactivity disorder is one of the most common mental disorders in children, affecting 3-5% of school age children.

For people with Attention Deficit Hyperactivity Disorder, the brain areas that control attention use less glucose and appear to be less active, suggesting that a lower level of activity in some parts of the brain may cause a lack of attention.

Anorexia nervosa is a syndrome characterized by body weight severely below normal, body-image disturbance, and an intense fear of and resistance to weight gain. Bulimia nervosa is a syndrome characterized by repeated episodes of binge-eating followed by a variety of purging or other compensatory behaviors.

Anorexia affects 1 percent of teenage and young women, bulimia affects one to three percent.

Women are 8 to 10 times more likely to suffer from anorexia or bulimia than men.

Approximately 10 percent of patients with anorexia nervosa will die from complications of the disorder.

Modern brain imaging technologies reveal that for individuals with depression, neural circuits responsible for the regulation of moods, thinking, sleep, appetite, and behavior fail to function properly, and that critical neurotransmitters are out of balance.

Recent research has shown that a combination of psychotherapy and antidepressant medication is extremely effective for reducing recurrence of depression among older adults.

Mental Health Clinic Home Conference

MEG Request

Burson-Marsteller

Healthcare Practice

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(202) 530-0400
(202) 530-4681 fax

Date: 11/30/98

To: Audrey Haynes
Phone:
Fax: 456-6298

From: Karen Waller
Phone: 202-530-4606

pages (including cover): 5

Burson-Marsteller

November 30, 1998

To: Audrey Haynes
From: Karen Waller
Re: Mental Health Issues and Activities Summary
Cc: Al Guida, Shela Halper - NMHA
George Guido -- Burson-Marsteller

As requested when we met together last month, I have prepared a brief overview of what we see as some of the key issues affecting mental health in the U.S., and beginning ideas of how Mrs. Gore could become involved (please see attached chart). This chart is based on information I received from Al Guida at the National Mental Health Association. Our goal was to "pare down" complex issues that often get bogged down by the details of competing interests.

Based on this issues overview, I also took a stab at outlining a process of issues and possible solutions. Please note, these are my ideas only, and don't reflect input from the National Mental Health Association or any other mental health group. But, they may serve as a beginning point for discussion.

Audrey, please call me or Al Guida if you have any questions or comments about these ideas. We look forward to working with you and Mrs. Gore on these important issues.

Key Mental Health Issues	Current Situation	Action Options
<p>Stigma/Negative Public Perceptions:</p> <ul style="list-style-type: none"> - difficulty in diagnosing mental illness - unlimited nature of treatment - used to justify criminal behavior - children have "bad behavior" - not "real" illness - "crazy" patients; fear 	<ul style="list-style-type: none"> - Much progress made, but many problems remain. Stigma prevents illness recognition and treatment; also prevents appropriate treatment/payment models. - NMHA & NAMI have public education campaigns that address misperceptions. - Compliance problems (patients not taking medications) exacerbate public perception of mentally ill & negatively distorts treatment success. 	<p>Public education paradigm has proved successful for other illnesses w/ stigma including AIDS and breast cancer.</p> <p>High-profile advocates like Mrs. Gore crucial in this kind of effort.</p> <p>Need to concretely define objectives and "success" so efforts are targeted, not "fuzzy"</p>
<p>Insurance Parity:</p> <ul style="list-style-type: none"> - Ensure that people receive same health insurance benefits for mental illnesses as physical illnesses. 	<ul style="list-style-type: none"> - Loophole in present federal law allows limits on visits even though lifetime \$\$ cap was expanded. - Nineteen states have passed some form of parity, but no federal legislative action expected soon. - Business community against federal/state parity for perceived cost issues. - Very divisive issue within mental health community -- cover only 8 "big" mental illnesses? If so, then children needing treatment for "severe emotional disturbances" won't be covered. 	<p>Push for immediate parity for federal employees insurance</p> <p>Re-open federal parity legislation</p>
<p>Managed Care:</p> <ul style="list-style-type: none"> - 50% of Americans under some form of managed care & rapidly increasing 	<ul style="list-style-type: none"> - Parity issue applies here: MCO's limit number of visits - MCO's often limit treatment to non-medical personnel (e.g. social workers) - MCO's not pro-active in identifying & managing mental illness treatment (e.g. screening for depression) - Drug formularies may restrict use of best, newest medications 	<p>Parity legislation can address care within MCO settings</p> <p>Promotion of appropriate "standards of care" for mental illnesses; MCO's must report compliance with standards</p>

Key Mental Health Issues	Current Situation	Action Options
Community-based Care: - Millions of Americans try to get treatment from mental illness from under-funded community mental health centers - Serve wide range - most severely ill (schizophrenia, bipolar) and those with other illnesses but no insurance	- Promise of community-based mental health care after state de-institutionalization never materialized. - Still, huge \$\$ resources spent on inpatient care for small number - Community mental health must fight for dwindling resources with other state needs - Strong evidence that targeted community programs can help even most severely mentally ill - Excellent, successful model programs available	Additional coverage (parity) by health plans, including Medicare & Medicaid of mental illnesses will take some strain off system by those eligible Additional funding for community mental health so treatment available for those not eligible Promotion of tested, effective community-based models of care
Children's Mental Health: - 3 million children w/ serious mental/emotional disorders	- Kids aren't priority for state services; most get no care. - Small number who get care get expensive in-patient care - Many kids end up inappropriately in juvenile justice system	Increased federal funding for the Children's Mental Health Services program (has received no fund increase for 6 years)
Prison System & Juvenile Justice: - Estimated that 200K in prisons have mental illness (17% of prison population) - 70% of kids in detention have mental disorder	- Issue has received renewed prominence with publicized crimes of mentally ill. - Potential of heightening stigma that mentally ill are violent or just trying to avoid crime responsibility	Early intervention in form of available community-based care Increased funding for mental health services in penal system Public education that penal system is inappropriately filled with mentally ill
Homelessness: - Estimated 30%-50% of homeless are mentally ill (usually w/ schizophrenia).	- Much homelessness is a direct result of our lack of investment in community-based mental health care - the face/symptom of a larger problem. - Public perception: this is intractable problem, OR solutions are too expensive. - Two federal programs now @ \$600 million funding level - Problem concentrated in major municipalities (largely Demo. Mayors & county execs)	Can be tied directly to the need for greater community-based care. Because of "intractability" perception, needs to be presented in tandem with solution. Need to decide: lead w/ homelessness issue OR present issue as a benefit to ensuring appropriate care?
Biomedical Research: - Federal govt.'s large investment here is paying off -- this is a success story.	Congress likely to approve additional funding; some advocates want more, but lack of research funding not seen as big problem.	NIMH Director Dr. Steve Hyman is good partner, very accessible. Greater understanding of brain/illness can help with stigma issues. Best use: research is part of broader story.

Key Issues in Mental Health:

- In the past decade (the Decade of the Brain), there has been a quantum leap in our understanding of the cause and treatments of mental illnesses. We now know a great deal about how to really help those with mental illness, and are even learning about how to help prevent some kinds of illness.
- However, low awareness and/or fear of what mental illness is and how it can be treated still keeps people from early, appropriate diagnosis.
- For those who are insured, mental health care is not comparable to the healthcare available to treat other illnesses, with limits on numbers of visits, types of care providers and drug therapies.
- For those who are not insured (both those with most severe mental illnesses and working poor), care if available is provided (if at all) by severely over-burdened community mental health system.
- Many problems associated with mental illness – homelessness, “warehousing” in penal or juvenile justice system, repeated expensive re-institutionalization – are caused by this poor/non-existent care.
- The solution: A national commitment that America has a responsibility to adequately and appropriately treat those with mental illnesses. When possible, for those with health insurance (or within Medicare), this means the same level of care as for other illnesses. For those without insurance (or with Medicaid), it means a comprehensive, adequately-funded community-based mental health system.
- The process: **Call to Action** with bold initiatives keeps eye on the end-goal, factions from in-fighting within the mental health community over details. “Problems” (e.g. homelessness, prisons) should be seen as reflections of failures of the current system, rather than intractable and too-complex. Steps can include:
 - Informing Americans that mental health care has made huge leaps in understanding causes and treatment – based in scientific research. Americans need to understand about the symptoms and treatments for mental illnesses just like they do for illnesses like cancer and heart disease.
 - Reforming health insurance and managed care with federal parity legislation (start with federal government) and clear standards of care.
 - Insuring that Medicare & Medicaid adequately & appropriately funds care.
 - Adequately funding (through federal grants to the states) community mental health efforts for those with mental health needs who don't have available health insurance.

G- FYI - SR

From Gore Polling, April 12

For each of these proposals, please tell me if Al Gore made them, would you be much more likely to vote for him, somewhat more likely to vote for him, somewhat less likely to voter for him, or much less likely to vote for hlm? AMONG ALL	Much More Likely	More Likely/ Less Likely
Use technology and science to find new cures to diseases such as cancer and heart disease and then make sure the cures are available and affordable.	51	81/14
Making sure that doctors put patients before profits with a strong patient's bill of rights that ensures that patients get the care they need, when they need it.	60	73/18
Expanding Medicare to cover some of the costs of prescription drugs, which are not now covered by Medicare	52	80/17
Expanding our services to the mentally ill to make sure that they receive the proper care and coverage under Medicaid and Medicare and are not let on the streets without proper care.	55	79/16
Making pensions and healthcare more portable from job to job	46	77/18
Passing a new law to ensure the privacy of medical and credit card records.	36	75/22
Forcing the drug companies to bring down the costs of new drugs	45	67/28
Using the surplus to save SS and to insure the future of Medicare	48	68/22
Expanding healthcare coverage to every American	47	68/26

From DNC Polling, Nov. 30, 1998

I am going to read you some things that President Clinton could announce in the coming months. Please tell me if this proposal would make you much more favorable, somewhat more favorable, somewhat less favorable, or much less favorable towards President Clinton.	Much More Fav	More Fav	D	R	F	D+H	D+R
Requiring Medicare to cover prescription drugs	61	88	98	80	88	92	106
Announcing support for a bill to provide health care services to individuals with disabilities that will help those individuals to become employed and independent.	54	85	91	79	86	88	98
Enabling more cancer patients to be included in cancer clinical trials by covering costs of experimental treatments	53	89	99	84	87	93	102
Providing better information to patients and doctors about the adverse effects some patients have to newly-approved medications	52	84	94	78	80	87	96
Allowing Americans between the ages of 55 and 65 without healthcare coverage to buy into Medicare early.	52	76	87	65	76	81	98
Encouraging small businesses to form purchasing cooperatives for health insurance	47	74	84	59	75	79	100
Increasing outreach for children's health insurance programs	47	79	89	66	81	86	104
Improving the emergency medical services in rural areas since the death rate from accidental injuries is over twice the rate for the largest city.	46	77	90	71	74	81	93
Announcing legislation that would prevent HMOs to pull out of Medicare without giving their beneficiaries notice	45	64	72	52	66	68	86
Expanding the Family and Medical Leave Act to cover businesses with 25 or more workers.	41	69	81	60	67	74	88
Announcing an initiative to educate Americans about resistance to antibiotics and to prevent further public health problems	35	71	88	60	64	75	92
Increasing investment in biomedical research	35	72	75	67	72	73	80
Announcing a mental illness initiative that will include a public-private partnership to improve access to prevention and treatment and delivery	34	76	88	61	79	83	106
Proposing legislation that would prohibit health care plans that provide a substance abuse treatment benefit from putting an annual or lifetime dollar limit at a lower level than for other medical benefits.	29	57	70	35	60	65	95
Announcing a proposal to expand programs that aim to prevent, manage and understand asthma	28	67	81	57	62	70	86

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

June 4, 1999

EXECUTIVE ORDER 13124

AMENDING THE CIVIL SERVICE RULES RELATING TO
FEDERAL EMPLOYEES WITH PSYCHIATRIC DISABILITIES

By the authority vested in me as President by the Constitution and the laws of the United States of America, including sections 3301 and 3302 of title 5, United States Code, and in order to give individuals with psychiatric disabilities the same hiring opportunities as persons with severe physical disabilities or mental retardation under the Civil Service Rules, and to permit individuals with psychiatric disabilities to obtain Civil Service competitive status, it is hereby ordered as follows:

Section 1. Policy.

(a) It is the policy of the United States to assure equality of opportunity, full participation, independent living, and economic self-sufficiency for persons with disabilities. The Federal Government as an employer should serve as a model for the employment of persons with disabilities and utilize the full potential of these talented citizens.

(b) The Civil Service Rules governing appointment of persons with psychiatric disabilities were adopted years ago when attitudes about mental illness were different than they are today, which led to stricter standards for hiring persons with psychiatric disabilities than for persons with mental retardation or severe physical disabilities. The Civil Service Rules provide that persons with mental retardation, severe physical disabilities, or psychiatric disabilities may be hired under excepted appointing authorities. While persons with mental retardation or severe physical disabilities may be appointed for more than 2 years and may convert to competitive status after completion of 2 years of satisfactory service in their excepted position, people with psychiatric disabilities may not.

(c) The Office of Personnel Management (OPM) and the President's Task Force on Employment of Adults with Disabilities believe that the Federal Government could better benefit from the contributions of persons with psychiatric disabilities if they were given the same opportunities available to people with mental retardation or severe physical disabilities.

Sec. 2. Implementation.

(a) The Director of the Office of Personnel Management shall, consistent with OPM authority, provide that persons with psychiatric disabilities are subject to the same hiring rules as persons with mental retardation or severe physical disabilities.

(b) Civil Service Rule III (5 CFR Part 3) is amended by adding the following new paragraph to subsection (b) of section 3.1: "(3) An employee with psychiatric disabilities who completes at least 2 years of satisfactory service in a position excepted from the competitive

service."

Sac. 3. The Director of the Office of Personnel Management shall prescribe such regulations as may be necessary to implement this order.

WILLIAM J. CLINTON

THE WHITE HOUSE,
June 4, 1999.

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