

The Florida Times-Union

Congress Begins to Tackle Mental Illness

Times-Union Editorial

April 21, 2015

Perhaps the most diabolical aspect of mental illness is the inability of patients to realize they are ill. This can be true even with the most severe forms, such as schizophrenia. The symptoms often show up out of the blue just after the age of 18. If the patients in their delusions refuse help, it can cause more trauma for parents and caregivers.

So when adults have mental illness, it may be difficult for people who care about them to have them committed for their own good — that is until some really extreme behavior takes place.

People with mental illness have diseases of the brain that affect their ability to make wise decisions in many cases.

It is possible to guard patient rights while still taking care of their illness.

Too much of the \$125 billion spent in federal funding for mental health treatment goes to the high cost of emergency care and not to lesser cost treatment that can help prevent illness from getting out of control.

Today we have 10 times the number of mentally ill people in jail — instead of mental hospitals — than 50 years ago.

As physician E. Fuller Torrey and attorney Mary Zdanowicz wrote, “The consequence of requiring treatment to be withheld until a person becomes a danger to themselves is predictable. By that time, they are likely to be either one of the 19 percent who attempt suicide or one of the 10 percent to 15 percent who eventually succeed.

“Suicide is the leading cause of death in jails, and 95 percent of those who commit suicide in jails have psychiatric illnesses.”

MENTALLY ILL ARE CRIME VICTIMS

In addition, people with mental illnesses are far more likely to become victims of violent crimes. It may be counterintuitive, but getting people help sooner will actually reduce hospital stays.

Now an important bill has been introduced in Congress to deal with these and other issues called the Helping Families in Mental Health Crisis Act.

The sponsor is Rep. Tim Murphy, a Pennsylvania congressman and Naval Reserve psychologist.

His bill includes this bold summary: “For the first time in 50 years, real solutions have been proposed to fix America’s broken mental health system.”

As he wrote in the Ripon Forum magazine, “My bill increases treatment options, integrated mental and physical care and reduces barriers and the stigma associated with mental illness.”

The legislation is based on a year of study and hearings, taking advantage of Murphy’s 30 years as a clinical psychologist.

Here are a few of the main aspects of the bill:

- States would be required to authorize assisted outpatient treatment in order to receive Community Mental Health Service Block Grant funds. Five states do not have these laws (Florida and Georgia have them).

This refers to court-ordered outpatient treatment, including medication for people who have a history of staying in treatment. This would be required in order for them to avoid hospitalization.

This is needed for people who tend to be stuck in a cycle of hospitalization, jail and homelessness.

Murphy notes that assisted outpatient treatment reduces crime and violence, and saves money by keeping people out of jail and institutions.

A study in Florida, like others, found hospital stays cut in half with this treatment regimen. Savings in hospital costs averaged nearly \$5,000 per patient.

A New York study showed a massive decrease in homelessness for patients in assisted outpatient treatment.

Other studies showed that patients were twice as likely to stay on their meds and show other healthy behaviors.

- Murphy's bill would modify the privacy aspects of HIPAA to permit a caregiver to receive health information when a mental health provider reasonably believes disclosure is needed to protect the health, safety or welfare of the patient. Often family members are helpless when an adult member of the family is in the midst of a mental health episode.

Caregivers have enough difficulty helping a loved one without being shut out of important medical information.

- The bill would prevent federally funded groups from engaging in lobbying and counseling activities regarding refusing medical treatment or acting against the wishes of a caregiver.

- The bill would get people help before a crisis occurs. A need-for-treatment standard refers to getting help for people before they have become a danger to themselves or others.

This is controversial because it is much easier to wait for a crisis before a commitment occurs. But with sophisticated treatment it can prevent useless pain and suffering. Under Murphy's bill, states would have to use need-for-treatment standards in their civil commitment laws in order to remain eligible for federal block grants.

- It would help communities set up systems of care for mental health so there are levels of treatment other than nothing and institutionalization. This is more efficient and saves money.

Murphy's bill would promote jail diversion programs, such as mental health courts and crisis intervention teams.

It's time for the federal government to act on this crisis.

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Observer-Reporter

Reforms to Mental-Health System Needed

The Editors

July 21, 2015

Amid tales of Dickensian cruelty and abject neglect, there was a rush to close mental hospitals in the 1960s and 1970s, and replace them with other forms of community-based care many advocates believed were more effective and safeguarded the dignity of individuals grappling with mental illness.

However, almost a half-century later, many wonder whether the pendulum swung too far in the other direction. The rush to close psychiatric facilities led to a flood of the deranged taking to city streets in the years after deinstitutionalization, where they were often left homeless and without any treatment at all. Concern for the privacy rights of patients today often means some caregivers are deprived of information they could use in the day-to-day management of their loved one's condition.

And some of the severely mentally ill often can't be compelled to seek treatment. The thinking often is people have the "right" to be bonkers, and intervention can only legally occur when that individual is on the verge of committing a crime, or after it happened. This led, in part, to our jails and prisons becoming defacto mental hospitals, with the nonprofit Treatment Advocacy Center estimating 20 percent of inmates in jails and 15 percent of those in prisons suffer from some form of serious mental illness. In many instances, police have taken on social-work roles when it comes to dealing with those who are mentally ill.

A bill introduced by U.S. Rep. Tim Murphy of Upper St. Clair seeks to bring the scales back into balance. The Helping Families in Mental Health Crisis Act of 2015, a slightly revised version of a measure he introduced in the last Congress, seeks to bring order to a chaotic, patchwork system of mental-health care across the country and apply commonsense revisions to how patient privacy is handled. We hope this time around, the measure makes it through the House, wends its way through the Senate and gets to President Obama's desk.

The proposal, which garnered bipartisan support, would fix a number of the most vexing problems within the mental-health system. Perhaps most urgently, it would provide additional psychiatric hospital beds, which are much needed when estimates have it the United States needs 100,000 more of them. It would also boost funding for research, allow families to have more information on a loved one's condition, such as medications they are taking and timetables for therapy, and increase crisis-intervention training for law-enforcement officials.

The bill would also address the shortage of mental-health professionals in rural areas by investing in tele-psychiatry, allowing someone in a remote location to speak to a therapist who could be located hundreds of miles away.

Murphy said if the Helping Families in Mental Health Crisis Act of 2015 becomes law, it would help prevent the tragedies we have seen in places like Newtown, Conn., Aurora, Colo., and, more recently, the shooting at the Navy Operational Support Center in Chattanooga, Tenn. We would

point out reasonable gun-control measures and taking steps to keep guns out of the hands of the mentally ill would also go some way toward reducing the frequency of these mass shootings.

Something like that happening seems unlikely in the current political climate. But something resembling Murphy's bill could become law. We hope it does.

NATIONAL REVIEW

Congress Is Waking Up on Mental Health

The Editors

August 14, 2015

Fervent gun-controllers and cynical political observers sometimes deride efforts to reform America's mental-health system as a distracting, even unhelpful, answer to the problem of mass shootings. This is unfair, as no small number of young men who commit unspeakable acts of violence do indeed have diagnosable serious mental illnesses. But it is also ignorant, because fixing our mental-health system is also a response to everyday mass suffering — to the burden that serious mental illness presents for the 7 million or so Americans, many of them on the streets or in prison, who have serious illnesses, and the families and communities that want to help them.

Thankfully, Congress seems to be coming around. There is not just one bill currently floating around that would improve the mental-health system, but several, all of which would move public dollars toward treating serious mental illness (schizophrenia, bipolar disorder, etc.) and away from trying to diagnose and treat mental-health problems across the whole population.

The best bill is the one that Republican representative Tim Murphy, a psychologist from Pennsylvania, has been pushing for a couple of years now. Murphy's bill, which has substantial bipartisan support, attacks some of the most perverse aspects of our laws regarding mental illness. It will finally change the Health Insurance Portability and Accountability Act so that family members of people with serious mental illness can know what medications they have been prescribed, when they are scheduled to see their doctors, and other crucial information. Murphy's bill will also use federal mental-health grants to encourage the use of assisted outpatient treatment, which, unlike most of the work the federal mental-health bureaucracy supports, has been proven to be effective. The bill will require the Centers for Medicare and Medicaid Services to reconsider whether Medicaid should be paying for long-term hospitalization for the mentally ill. More broadly, the bill would reform the federal mental-health bureaucracy, pushing it toward supporting the seriously mentally ill and reducing support for "patient advocates" efforts that actually hamper effective treatment.

A companion bill in the Senate, introduced by Senators Chris Murphy (D., Conn.) and Bill Cassidy (R., La.) includes many of the same reforms Tim Murphy's bill does, though they are generally weakened. Another bill, by Senator Lamar Alexander (R., Tenn.) and Patty Murray (D., Wash.) is a much narrower effort, though still an improvement; Senator John Cornyn (R., Texas) also has a sound bill that would boost evidence-based treatment and improve the coverage of mental-health history in the national background-check system.

There is one powerful interest group in the way, the mental-health industry, which prefers treating mild problems across wide swaths of the population rather than focusing on the toughest cases, which directly affect many fewer Americans. Partly because of the industry's efforts, mental-health policy has been well-funded but woefully ineffective for decades.

Finally, the dam seems to be breaking — decades of leaving the seriously mentally ill in our prisons and on the streets, it seems, have finally pricked the conscience of Congress. This is an issue conservatives should enthusiastically take up: It is in large part a matter of spending right, not spending more, and while it may not look like mental illness should be the concern of the federal government, federal funding for this issue is here to stay, and the current policies are unhelpful or counterproductive.

Some states have done admirable work improving their mental-health laws; it's time Washington did, too. We would rather the bill be even more sweeping, but for now, Energy and Commerce Committee chairman Fred Upton ought to bring Tim Murphy's bill to a vote as soon as Congress returns from recess, and fight any attempts to weaken it.



Perhaps Congress Will Address Mental Health Care
The Editorial Board
August 9, 2015

John Russell Houser, a man with a long history of mental illness, shot to death two people and wounded nine others at a movie theater last month in Louisiana.

In Colorado Friday, after seven hours of deliberations, a jury ruled that James Holmes, who had been hospitalized because of suicide attempts, should serve life in prison without parole for killing 12 people in a movie theater in 2012.

We could go on: Jared Loughner, Adam Lanza, Elliott Rodger. The first 204 days of 2015 alone saw 204 mass shootings. Not all were committed by severely mentally ill people, but no one in their right mind commits a mass shooting. The statistic underscores the gaping holes in the mental health care safety net.

“Mental illness can strike like cancer, without regard to your background, without regard to your status in life, without regard to how intelligent you are. And when James Holmes was born, he had this psychotic mental illness in his blood,” Holmes’ attorney, Tamara Brady, told jurors.

Slowly, California and some of this state’s municipalities are confronting the problem by spending more and insisting that severely mentally ill people receive care. While the gun violence debate has resulted in a hardening of positions, mental health measures may be on Congress’ radar.

In July, House Energy and Commerce Committee Chairman Fred Upton, R-Mich., and New Jersey Rep. Frank Pallone, the senior Democrat on the committee, agreed to focus on the disjointed and dysfunctional mental health care system. Energy and Commerce has jurisdiction over the issue.

Upton told the National Journal that he and Pallone simultaneously had the same idea: “I said, ‘I want to talk to you a little bit about mental health and what I want to do with it, and work with you.’ ... He said, ‘That’s exactly what I was coming over here to talk to you about.’”

It’s a meeting of the minds that Congress should build on. This past week, members celebrated the 50-year anniversary of the creation of Medicare. Earlier this summer, Democrats rejoiced when the U.S. Supreme Court affirmed the Affordable Care Act. Now, Congress should turn their attention to people with diseases of the brain and bring the mental health care system into the 21st century. It could be a historic step.

Rep. Tim Murphy, a Pennsylvania Republican, wants to overhaul the federal system in several ways, including altering antiquated rules that have the perverse effect of denying payment for hospitalization of the most seriously ill people. He also seeks to coordinate the many agencies involved, and give states incentives to care for severely mentally ill people in their homes.

For this year's version of his bill, HR 2646, Murphy has the support of 26 Democrats, including Rep. Ami Bera of Elk Grove, and 76 Republicans, among them Jeff Denham of Turlock and Doug LaMalfa of Richvale. That's good but not enough. "We'd love to have more Californians," Murphy told the Sacramento Bee. "You have a huge homeless population."

Only 11 of the 53-member California delegation have joined as co-sponsors of Murphy's bill.

Rep. Doris Matsui, D-Sacramento, has offered legislation to address one part of Murphy's bill, patient privacy provisions in the Health Insurance Portability and Accountability Act of 1996. Health care providers refuse to provide any information about severely mentally ill people to those who care most about them, immediate family members. Many providers won't listen when parents or siblings try to impart information that might be helpful, believing the act forbids contact with relatives.

Murphy contends privacy protections must be loosened. Matsui says the law provides sufficient flexibility but that mental health care providers need to be taught that it's not overly rigid.

Murphy, a psychologist, and Matsui, who has a sister who has schizophrenia, clearly care about the issue and should work together. Mental illness doesn't care about party affiliation. It's time to address it with bipartisanship.

The Florida Times-Union

Florida's Inept System for Mental Health Leads to Tragedies

Times-Union Editorial

August 20, 2015

It was Janette Harriford's misfortune that Florida was incapable of dealing with her schizophrenic son.

People knew that Sean Harriford was a danger either to himself or others.

The police knew it. They took him to a psychiatric hospital 34 times.

His family knew it. His mother, Janette, obtained a protective order against Sean in 2010.

Since Florida is incapable of dealing with all kinds of mental illness, Sean bounced from jail, the streets and brief stays in psychiatric facilities.

Now Sean is finally getting the attention he needs in a state mental hospital. But it took killing his mother to put him there.

Times-Union Staff Writer Derek Gilliam wrote powerfully about the terrible and preventable death of Janette Harriford last Sunday.

Tragedies like this happen in Florida because mental illness is simply not dealt with seriously in this state.

THE NATIONAL SCENE

In the 1960s America shut down institutions for the mentally ill because they had become shockingly bad. But the replacements never really took effect.

Finding help for a mentally ill person in a system that overstretched is incredibly difficult.

As a story in the Economist noted, "A large number of people with mental illness are still being treated scandalously badly, sometimes no better than during the asylum era."

For the larger society, these gaps are not recognized until there is a tragedy involving a person with a gun.

For instance, the person involved in the theater shooting in Lafayette, La., had a history of mental illness, violence and arrest. His wife removed all weapons from the house and sought help from the courts.

Though the federal government spends billions to deal with mental illness, there is little coordination, little oversight and little accountability for results.

The Government Accountability Office identified 110 programs over eight agencies. Yet the GAO reported that agencies had different definitions of mental illness and didn't even track people getting help.

Another GAO report revealed sloppy record keeping and no meaningful criteria or standards for grants issued by the Substance Abuse and Mental Health Services Administration (SAMSHA).

"It is no wonder the federal government is failing at every metric to help families in mental health crisis," said Rep. Tim Murphy.

The congressman from suburban Pittsburgh is a commander in the Navy Reserve Mental Health Service Corps, a psychologist who treats wounded warriors for PTSD and traumatic brain injuries.

His bill to reform the federal government's wasteful and inefficient approach to mental illness is titled "The Helping Families in Mental Health Crisis Act of 2015."

This is his second attempt with the bill. He already has 105 cosponsors including seven from Florida.

In a telephone interview with the Times-Union editorial page, Murphy explained how his bill would make a difference.

FEDERAL BILL DESERVES SUPPORT

First, it would make it easier for family members to help a member who is mentally ill. Once people become adults, they have rights under federal law to protect their privacy. That's good in most cases.

But if these people are mentally ill they may not have the capacity to take care of themselves alone.

Murphy's bill would provide a carefully crafted way for caring family members to help a loved one who is mentally ill.

Second, his bill would force more accountability and coordination among the many federal agencies dealing with mental health. No new funds should be appropriated until the current funds are proven to be used wisely.

Third, federal funding would be provided to support evidenced-based local programs to treat the mentally ill. There already are notable examples in Miami and San Antonio that involve moving mentally ill prisoners out of jail into less costly and more effective treatment centers.

Jacksonville, based on our city's interest in mental health, ought to be first in line to receive those funds.

Fourth, Murphy's bill would provide additional psychiatric beds.

Fifth, because there are many underserved areas without psychiatrists, it would support more tele-medicine consultations. Jacksonville has a shortage of child psychiatrists, for instance. Pediatricians are being trained to recognize mental health symptoms and consult with child psychiatrists.

Murphy's bill has earned bipartisan support as shown by Florida cosponsors Rep. Corrine Brown, D-Jacksonville, and Rep. John Mica, R-Winter Park.

TALLAHASSEE'S FAILURES

While the nation faces similar issues, Florida's combination of low funding and the lack of a system for dealing with the mentally ill guarantees that family tragedies will continue.

Florida's elected leaders need to construct a real system of mental health care that treats people better and saves money. What we have now is a wasteful mess.

They can start by using a version of triage. Deal with the most dangerous mentally ill people, a tiny minority in numbers, but still a public safety concern. Provide long-term institutional care.

Until that system is constructed and funded properly, many Floridians will needlessly suffer and die.

A l a m o g o r d o
DAILY NEWS

Mental health reform effort deserves support

Editorial Board

September 25, 2015

The U.S. federal government spends about \$5.7 billion annually to help people with serious mental illness, according to a recent investigation by the U.S. Government Accountability Office.

What does all that money buy? It pays for 112 distinct programs spread across eight federal agencies. But more than half of the programs specially targeting serious mental illness don't even evaluate their effectiveness, according to the GAO.

In that cacophony of bureaucratic dysfunction, an estimated 40 percent of people with serious mental illness don't even get care. And when many do ultimately get some level of treatment, it is provided in prison.

Congress can change that — and change it this year. There is growing momentum behind a landmark mental health reform bill sponsored by U.S. Rep. Tim Murphy, R-Pa., the only practicing psychologist in Congress. Murphy has the support of a key committee chairman, and 118 co-sponsors on his bill.

Murphy notes that the nation's annual deaths to suicide (about 41,000) and drug overdose (about 44,000) equal all combat deaths in Korea, Vietnam, Afghanistan and Iraq combined.

"You have to ask, what are we doing wrong here?" Murphy said.

These are not new facts. Congress has failed to respond to the need for mental health reform, again and again, as it became tied to gun-control proposals.

The Helping Families in Mental Health Crisis Act separates the two and refocuses fractured federal resources on treating serious mental illness. It would end an antiquated Medicaid rule that banned funding for psychiatric hospitals larger than 16 beds. It gives families more tools to be involved in the care of a suffering loved one. It encourages telemedicine to improve psychiatric care in rural areas, where psychiatrists are scarce, and pays for mental health training for police officers.

Grand Rapids Business Journal

Behavioral health care: We can do better than this

Mark Eastburg

October 2, 2015

Imagine that your 19-year-old son is having an acute mental health crisis that requires hospitalization. He has thoughts of harming himself, or members of your family. His thinking is disturbed so he believes you're the enemy.

He lives in your home. You provide him with health insurance and will pay the bills for his care over the next several months. You will be the one to make sure he gets to his doctor's appointments, gets what he needs to finish schoolwork when he comes home, and so on.

But when your son enters the hospital, he refuses to allow the staff to provide you with any information about his care. You can't know the diagnosis, how he's doing, the treatment plan, or even when the hospital staff is planning to discharge him. You're not allowed to visit. You're completely shut out.

Now imagine this parent is your employee. How productive will he or she be at the workplace with this kind of life distraction and drama unfolding?

We can do better than this.

Thanks to the Grand Rapids Business Journal for highlighting the need for improved access to behavioral health care in Carole Valade's Aug. 7 editorial, "Mental health illness deserves the same support as cancer."

There are few health care situations more desperate than when a loved one suffers from a mental illness. But even though the effectiveness of our treatment models are the best in history, disturbing gaps remain in our behavioral health system that limits access to the most effective care for citizens of Michigan.

Fortunately, there is serious bipartisan momentum and agreement in Washington, D.C., about ways to fix the system. For example, the Helping Families in Mental Health Crisis Act (HR 2646) offers common-sense solutions to persistent problems in the mental health system. This

bill gives health care professionals flexibility to communicate select clinical information to caregivers in certain situations.

This comprehensive legislation also incentivizes providers and researchers to develop programs that are best practice, evidenced-based and can pass scientific muster. It supports the development of care providers to fill some of the huge gaps that exist today — gaps that can cause three-month waiting lists for care, and emergency rooms boarding persons in psychiatric crisis for hours or even days. In addition, it prioritizes research and strategies on mental health issues that cause the greatest risk of harm to self, others and children.

While national in scope, the bill would support local West Michigan solutions to problems that are unique to West Michigan — problems that decrease our quality of life, and create unnecessary health care costs and present challenges in our workplaces.

Congressman Bill Huizenga, R-Michigan, understands these local issues and is helping champion comprehensive mental health reform on the national level. Rep. Huizenga recently became a co-sponsor to the Helping Families in Mental Health Crisis Act and is diligently working to make sure the local, West Michigan perspective is shared and helps inform national policy reform.

Passage of the act will reduce the number of headlines we see linking mental illness to tragic events, and will increase the headlines describing breakthroughs of care, access and innovations, and improved quality of life in West Michigan. Let's support our national legislators who are working hard to find consensus around common-sense solutions to this fixable problem of inadequate access to quality behavioral health services.

The Dallas Morning News

Congress can rewrite mental illness stories by doing this

Editorials

October 21, 2015

Congress failed two North Texas men, one of whom wound up dead and the other imprisoned.

Now Washington is vowing to unite and pass constructive mental health legislation.

No law will ever prevent every tragedy like the one last week on the White Rock Creek trail in Dallas. In a fit of madness, 21-year-old Thomas Johnson allegedly hacked to death David Stevens, an engineer out for his regular morning run.

Despite years of bizarre and delusional behavior — and escalating arrests — Johnson appears to have never received the kind of mental health help he so desperately needed.

Two bills in Congress seek to write different endings to horror stories like Johnson's. And to similar murderous insanity that has unfolded in South Carolina, Virginia, Oregon and Arizona.

Is it too much to hope that we've finally reached the turning point on getting more help for fellow Americans who suffer diseases of the brain?

If we're overly optimistic, we are in good company. Matt Roberts, president of Mental Health America of Greater Dallas, and many more advocates nationwide describe Washington's fast-evolving attitude as a sea change.

"Seven or eight years ago, lawmakers didn't want to even hear about mental illness, but now they do — and they want to act," Roberts says.

Like this newspaper, Roberts and his peers know that the foundation of mental health care must be to bring help to — not brand with stigmas — people who suffer from it.

Despite recent headlines of mentally ill individuals committing heinous crimes against others, the fact remains that those who live with conditions such as bipolar disorder or schizophrenia are far likely to be the victims of crimes than the perpetrators.

Lawmakers seem to understand that. So there's much to like in the comprehensive legislation that both parties pledge to support: Prevention and early identification efforts, better access to care and new intervention methods.

Bipartisan support is one thing; working out the details and finding the money will be an arduous job. But at least the work is starting in earnest.

Rep. Tim Murphy, R-Pa., a child psychologist, introduced the House bill back in 2013, but only in recent weeks did his effort pick up any traction. The Senate's companion effort, by Bill Cassidy, R-La., and Chris Murphy, D-Conn., will get a hearing next week.

Incredibly, it's the first Senate hearing on the topic since a mentally ill 20-year-old man killed 26 children and staffers at Sandy Hook Elementary in Connecticut in December 2012.

The country has waited too long for action, but we're now at a pivotal moment. While it's unfortunate that it took a saturation of news about mentally ill individuals becoming violent to create the momentum, what's important is that the spotlight is now shining on gaping deficiencies in the system.

A momentum of political will and national attention is building. Let's call on Congress to capitalize on that to provide better lives for those with mental health needs.

San Francisco Chronicle

Crime, punishment and mental health

Editorials

October 22, 2015

Top cops' call this week for a new approach to crime and punishment echoes themes found in two congressional bills that seek to reform our nation's mental health system. First, what we are doing now isn't working. And second, lockup in jail or prison has become the de facto treatment for mental illness for far, far too many. We can't address violent crime and mass shootings until we change how we are ministering to too many with mental illness.

The horror stories are familiar, frequent and nearby. Three former Santa Clara County sheriff's deputies have been charged with murder after they allegedly beat an inmate to death when he refused to take his medication. An undocumented immigrant with a history of drug abuse and mental issues is released to the streets of San Francisco, where he finds a gun and fatally shoots a 32-year-old woman walking arm in arm with her father.

The House bill, introduced by Reps. Tim Murphy, R-Pa., and Eddie Bernice Johnson, D-Texas, seeks to focus care on the 4 percent of individuals with mental illness who are seriously ill. This bill would reorganize the 112 mental health programs and federal agencies around treatment, not bureaucracies.

It would appropriate funds for early intervention for teens and young adults, the years when symptoms of mental illness generally become evident — and before their illness lands them in jail. It seeks to deliver care to those most likely to go without it. "Our mental health system is abusive and neglectful to those with a serious mental illness. Worse yet, those policies disproportionately impact minorities and the poor," Murphy said.

The Senate bill, introduced by Sens. Christopher Murphy, D-Conn., and Bill Cassidy, R-La., seeks, among many things, changes in the Health Insurance Portability and Accountability Act, whose privacy protections are blamed by many families for keeping them in the dark about the nature and treatment of their loved one's illness.

Both bills take on the highly contentious political issues of privacy, involuntary treatment and expansion of Medicaid to pay for inpatient treatment in hospitals (an idea fought by mental health advocates who fear it will take money away from the community-based treatment they champion).

"We needed to get rid of asylums. But a modern plan of care can do a heck of a lot to help," Murphy said.

We need to find the political will to create one. These bills are a start.



Dealing with Mental Illness in a Dysfunctional Society

Editorial

October 28, 2015

Recently, we have been bombarded with the media's coverage of Dallas County District Attorney Susan Hawk's battle with depression. (First of all, we want to commend the DA for her courage in sharing her diagnosis. And, moreover, extend our well wishes and encouragement to her in going forward with her treatment.)

However, we are a bit taken back by the response of her colleagues and some in the community. Some have even called for her resignation and others have petitioned signatures to have her removed from office. These actions taken, in our opinion, are harsh and seem to lawfully carry no weight in light of the illness' protection under the Americans with Disabilities Act. Nor, are their harsh actions unrecognized or unchallenged by her committed backing of the National Mental Health Association.

As we know, Susan Hawk is more than capable of successfully executing her duties of the position in which she has been elected to carry out. We know this because she has successfully tried cases as an attorney, and has successfully sat on the bench as a judge for Dallas County for many years. Yet, when she became brave enough to share an illness that has plagued her since her adolescent years, now...all of a sudden...she is being labeled, belittled and said to be incapable of fulfilling her duties as district attorney.

We ponder, why?, especially, since our very intricately entwined, tightly woven threads of the red, white, and blue boast of a history of a free society, cap-stoned and sealed by the notion of equality, for every citizen. Even the man whom penned the Emancipation Proclamation, and is forever etched in America's history as the freer of the Africans, made American slaves, is also recorded as being diagnosed with depression, along with many other political officials, past and present.

Recently Patrick Kennedy, heir of our beloved Kennedy clan, has taken heat for the exposure of his family's history of dysfunction, stemming from the root of mental illness and addiction, in his newly published book, "A Common Struggle: A Personal Journey Through the Past and Future of Mental Illness and Addiction."

Astronaut Buzz Aldrin is not only celebrated for his contributions to NASA, science and being the second man to grace the surface of the moon, but he is also recognized for being the former chairman of the National Mental Health Association, after his personal struggle with depression and alcoholism.

Even still, artistic creators of our past and present, such as J.K Rowling, James Baldwin, Beethoven and Hemmingway, have also been recorded as suicidal or manic depression bearers.

To name these few, to hopefully, bring awareness and understanding that there are many among us, past and present, who suffer with mental illness, and those same people have made positive impacts in our society. Even so, we still ponder “why?” the DA’s story has claimed such uproar.

We believe in many cases as a society, we continue to try to shame, or ignore, or to discriminate, or lockup mental illness because we refuse to deal with it. Or even more disgracefully, we label our mental ill in order to limit them, although, our history has proven time and time again an individual who struggles with mental illness can (and has) contributed successfully to our society. So, we answer “why?” the same way society has responded to race, religion, LGBT, gender, etc. Some find it easier to generate labels from ignorance and fear which subsequently cause them to discriminate, hate, or abuse the labeled.

Therefore, the shame lies within the dysfunction of our society, not the disease of mental illness. We offer this for conversation because if the Dallas DA had a diagnosis of a physical ailment, rather than mental, we believe those same colleagues and community petitioners would have rallied behind her, maybe even, coordinated some type of fundraiser to support her during her time of need. Shamefully, instead she is being labeled as weak and incapable.

Certainly, the challenges of dealing with mental illness is tough to bear for the mental ill in their daily lives. But, the public’s misinformation and reaction to those who suffer struggle with mental illness becomes more detrimental to our society when we refuse to deal with it as a whole.

Maybe our refusal to deal with mental illness as a society can lay some claim to the roots stemming from our country’s mass incarceration dilemma. Politicians in Washington, D.C., including Congresswoman Eddie Bernice Johnson, believe this to be true, and she has taken action by supporting HR-2646 – the Helping Families in Mental Health Crisis Act sponsored by Congressman Tim Murphy (R-PA). This bill would make the necessary criminal justice and healthcare reforms to enable individuals with mental illness to have access to treatment before making the decision to become violent. Unfortunately, we’ve witnessed time and again the cause that warrants the need for this bill. Individuals like Dylann Roof, the Charleston Church shooter, and recently the former Texas Aggies’ football player, Thomas Johnson, who confessed to randomly attacking and killing a jogger in Dallas.

Perhaps our refusal to deal with mental illness can even take most of the blame for our drug infested communities around every corner of this country. Individuals who rely on self-medicating with illegal drugs, more often than not, find themselves in the criminal justice system or homeless, instead of in treatment for their mental illness.

The very shameful core of this is these “individuals” are our sons, daughters, sisters, brothers, mothers and fathers. Should we not as a community begin to help these individuals, and not label

them? Regardless of the current laws in place and the legislation in progress deemed to protect the mental ill, we must do our part as a community.

We believe it's time for all of us to recognize the need to deal with mental illness and move to act in order to create a better, more healthy, society for everyone. So, again we commend the DA, and all others who have shared their struggles and victories in dealing with mental illness. We hope their stories and courage will continue to encourage others with mental illness to get the treatment they need. Mostly, we hope our dysfunctional society heals so that we may learn to embrace everyone, and we may all be encouraged to live to our full, healthy potential.

THE DAILY COURIER

Seeking to help people before they pull the trigger

Editorial

October 29, 2015

It seems that after every high-profile shooting in a public place, the nation divides itself into two camps. In the first camp are those demanding tighter restrictions on guns, especially assault-type rifles. In the other camp are those who point out that law-abiding gun owners should not be threatened or punished because of the actions of a person who goes off the rails.

Often, these shooters are dismissed as "criminals" and, in some cases, that's exactly what they are. But there is increasing recognition that many of these people suffer from debilitating mental illness — which raises the next question: How do we reach these people before they open fire?

For U.S. Rep. Tim Murphy, R-Pa., this is not a rhetorical question. He has introduced House Resolution 3717, legislation that would streamline the nation's mental health system in an effort to reach people before they become a danger to themselves and others.

The legislation aims to break down barriers to allow families to work with doctors and mental health professionals, and to help parents who want to be on the front lines when it comes to caring for their children. It would also provide funding for more psychiatric hospital beds, to treat people in an atmosphere that is both more effective and less expensive than a hospital emergency room.

If approved, the bill would also reach out to under-served rural areas (possibly including Southern Oregon) and would promote community-based programs. Most importantly, it would expand crisis intervention training for police and other law enforcement officials, so that people with mental health issues can receive treatment rather than being sent into the criminal justice system, where they may go undiagnosed and untreated.

Rep. Greg Walden, whose 2nd Congressional District includes the Grants Pass area, has announced his support for HR3717. "I am proud to support this bipartisan bill," Walden said in a news release. "Together, we can work to make sure that the millions of Americans suffering from mental illness, and their families, get the care they need before the worst occurs."

Although high-profile incidents like the Oct. 1 shooting at Umpqua Community College are what people think of when they hear the phrase "before the worst occurs," the reality is that far more tragedies take place quietly, out of the media spotlight. According to numbers from the federal Centers for Disease Control, suicides involving firearms were nearly double the number of gun-related homicides in 2013, the most recent year for which statistics are available. Reaching these people with the mental health services they need is literally a matter of life and death.

HR3717 has the potential to make a real difference. According to the National Institute of Mental Health, patients with mental illness who receive treatment are 15 times less likely to commit violent acts — with or without guns — than those who go untreated.

Murphy's proposal may not be a panacea, but it is a step in the right direction and deserves support from lawmakers on both sides of the political aisle.

The Washington Post

Movement on mental-health care

Editorial Board

November 1, 2015

MASS SHOOTING after mass shooting, Democrats call for more gun regulations while Republicans stress the importance of improving mental-health care. Both are necessary. Yet the depressing result of this partisan routine has been that nothing happens on either issue.

That might soon change, at least on the mental-health front. Solid, bipartisan mental-health bills are poised to move in both chambers. They should be passed, reconciled and signed into law.

The House's version is the stronger of the two. Championed by Rep. Tim Murphy (R-Pa.), it would start by reforming the way Medicaid treats mental-health care, making it easier to reimburse hospitals for treatment and removing a rule blocking payment for mental and physical health care delivered on the same day. It would then offer more money to states that adopt "assisted outpatient treatment" — essentially, mandatory care for people with severe mental illnesses, such as schizophrenia, monitored outside mental-health facilities. It would relax privacy standards that have served to keep families dangerously in the dark about the condition of their sick loved ones. It would insist the federal money go to programs that have some evidence to suggest they would help those with mental illness. And it would invest in community mental-health centers.

Some advocates for those with mental illness dislike the bill, arguing that forcing people into treatment is unduly coercive and that the government should stick to the sort of assistance many people really need, such as housing aid. Yet the whole point is to help people most in need — the severely mentally ill, particularly those who may not understand they have problems. These people may not be willing to take necessary medications or accept housing subsidies, and their families might not know much about their illnesses. The state has good reason to step in.

There are still several outstanding questions for lawmakers to work out. Among them is how to merge the House version with the Senate's, which focuses more on funding several grant programs than on pressing for things such as assisted outpatient treatment. The question of how much to tell families is also open, though lawmakers appear to be wisely steering clear of opening therapy notes or reducing penalties on doctors who break patient confidentiality. Lastly, there is the issue of cost. Removing barriers to mental-health care coverage in Medicaid, for example, could well cost large amounts of money. It's unclear if lawmakers will be able to keep costs manageable or to find additional funding to offset the price tag.

Any of these issues could sink the bill somewhere in the legislative process. That would be a shame. The Affordable Care Act has gone a long way to increase access to mental-health services in a landmark moment for psychiatric care. But the government has every reason to insist that the billions it spends on mental-health services are well-targeted and effective.

NATIONAL REVIEW

Rep. Murphy's Mental Health Bill Set for Markup

Ian Tuttle

November 2, 2015

After months of delays, the House Energy and Commerce Subcommittee on Health is set to markup Pennsylvania congressman Tim Murphy's Helping Families in Mental Health Crisis Act (H.R. 2646) on Tuesday afternoon.

Last month, National Review's editors wrote that Rep. Murphy's bill "would do much to overhaul our ineffective, oft-corrupt mental-health bureaucracy" — if you need reminding, a \$130 billion-per-annum black hole, the money-sucking center of which is the failed Substance Abuse and Mental Health Services Administration. For years, SAMHSA has doled out funds to grantees without imposing any meaningful requirement that they provide independent evidence of improved outcomes — or even serve the seriously mentally ill. Murphy's bill would eliminate SAMHSA and replace it with an assistant secretary for Mental Health, who could redirect federal funds toward proven programs that focus not on "behavioral wellness" but on serious mental illness. Murphy's bill would also modify the Health Insurance Portability and Accountability Act so that family members of people with serious mental illness can be involved in their loved one's care; reduce the influence of SAMHSA-promoted "patient advocates"; advance early-intervention programs with proven success; and much more.

Murphy's bill has broad, bipartisan support. More than 150 representatives from both parties have signed on as cosponsors, and the legislation has widespread grassroots support from a host of organizations, including the American Psychiatric Association, Mental Illness Policy Org., the National Sheriff's Association, the International Association of Chiefs of Police, and more. On Sunday, the Washington Post editorial board announced its support.

Less than 5 percent of the total population is directly affected by serious mental illness, but its consequences are manifest in our prisons and on our streets. Tim Murphy's bill is a hugely important effort to assist the several million persons whose lives are burdened by schizophrenia, bipolar disorder, and other serious mental illnesses.



Another view: Movement on mental health care

The Washington Post

November 2, 2015

MASS SHOOTING after mass shooting, Democrats call for more gun regulations while Republicans stress the importance of improving mental-health care. Both are necessary. Yet the depressing result of this partisan routine has been that nothing happens on either issue.

That might soon change, at least on the mental-health front. Solid, bipartisan mental-health bills are poised to move in both chambers. They should be passed, reconciled and signed into law.

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Some advocates for those with mental illness dislike the bill, arguing that forcing people into treatment is unduly coercive and that the government should stick to the sort of assistance many people really need, such as housing aid. Yet the whole point is to help people most in need — the severely mentally ill, particularly those who may not understand they have problems. These people may not be willing to take necessary medications or accept housing subsidies, and their families might not know much about their illnesses. The state has good reason to step in.

There are still several outstanding questions for lawmakers to work out. Among them is how to merge the House version with the Senate's, which focuses more on funding several grant programs than on pressing for things such as assisted outpatient treatment. The question of how much to tell families is also open, though lawmakers appear to be wisely steering clear of opening therapy notes or reducing penalties on doctors who break patient confidentiality. Lastly, there is the issue of cost. Removing barriers to mental-health care coverage in Medicaid, for example, could well cost large amounts of money. It's unclear if lawmakers will be able to keep costs manageable or to find additional funding to offset the price tag.

Any of these issues could sink the bill somewhere in the legislative process. That would be a shame. The Affordable Care Act has gone a long way to increase access to mental-health services in a landmark moment for psychiatric care. But the government has every reason to insist that the billions it spends on mental-health services are well-targeted and effective.

NORTHWEST ARKANSAS Democrat Gazette

Others say: Movement on mental-health care

The Washington Post

November 3, 2015

MASS SHOOTING after mass shooting, Democrats call for more gun regulations while Republicans stress the importance of improving mental-health care. Both are necessary. Yet the depressing result of this partisan routine has been that nothing happens on either issue.

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The OKLAHOMAN

A review of state, federal mental health laws is justified

The Oklahoman Editorial Board

November 8, 2015

NUMEROUS acts of violence committed nationwide by individuals with untreated mental illness have prompted state and federal officials to consider making it easier to force those individuals into treatment. We hope those efforts succeed.

Members of the Oklahoma Senate recently discussed allowing courts to order adults with serious mental illness to be placed in outpatient treatment when those individuals have refused to take medication. Under existing state law, such orders can be issued only when a person has first been hospitalized at an inpatient psychiatric facility.

At the federal level, Rep. Tim Murphy, R-Pa., a clinical psychologist, has authored the “Helping Families in Mental Health Crisis Act” to refocus federal mental health programs, reform associated grant programs and remove federal barriers to care.

The federal government has 112 programs dealing with mental health issues that spend about \$130 billion annually. Murphy notes that officials with those programs haven't met to coordinate services since 2009. A Government Accountability Office report found federal grant programs for mental health have few accountability mechanisms. The government often fails to ask exactly how the money is spent or even what (if any) positive results are achieved.

While the federal Substance Abuse and Mental Health Services Administration has funded workshops on making collages or masks to describe one's feelings, and a website to help people in Boston deal with snow anxiety, Murphy notes that “in the 40,000-word document describing this organization, not once did they mention the words schizophrenia or bipolar.”

In addition to improving efficiency in government services, Murphy's bill amends privacy laws to make it easier for families to confer with doctors and mental health professionals regarding the treatment of a loved one.

Families of mentally ill individuals have spoken before Congress in support of Murphy's legislation, including Tanya Shuy of Maryland, who lost a 26-year-old daughter to suicide. Although her daughter had received inpatient treatment for suicidal ideation, Shuy said federal privacy law prevented her from conferring with those treating her daughter. “No doctors would speak to me,” Shuy said. “The hospital won't speak to me ...”

As in Oklahoma, Murphy's legislation allows courts to order treatment for some seriously mentally ill individuals who otherwise resist it.

The Substance Abuse and Mental Health Services Administration estimated 40 percent of adults with severe mental illness had not received treatment in 2009. And even those who received treatment did so, on average, after more than two years had passed since the onset of symptoms.

While many people with mental illness do not represent a threat to others, a 2014 U.S. House staff memo cited research indicating those with untreated severe mental illness are two times more likely (or greater) to carry out acts of violence than are other individuals.

Yet one study, which examined more than 80,000 subjects who had been prescribed antipsychotics and mood stabilizers, found violent crime fell by 45 percent among patients receiving antipsychotics and 24 percent for those on mood stabilizers compared to periods when those same individuals were not taking medication.

Murphy's bill has strong bipartisan support. Yet his past efforts have been stymied by some Democrats who preferred to tout gun control rather than address the root cause of many mass shootings: untreated mental illness.

Given that those with extreme mental illness may not realize the severity of their affliction — and can therefore become a threat to the safety of others — allowing greater use of involuntary treatment makes sense. So do efforts to ensure family members are included in and informed about the process.

Grand Forks Herald

OUR OPINION: Support U.S. House's mental health care reform

Tom Dennis

November 4, 2015

There's news on the issue that the Herald flagged on our Sunday edition's front page.

The issue is the huge number of people with serious mental illnesses who wind up in jail, and usually in jails woefully ill-equipped to treat their condition ("[Locked out](#)," Page A1, Nov. 1).

And the news:

Surprisingly, it's good news. And what a welcome development that is for an issue that poses such a tough policy challenge.

The news is that reforming America's mental health system is one of those rare issues that actually has bipartisan support in Congress. As evidence, a notable reform—the House's Helping Families in Mental Health Crisis Act of 2015—has moved through the hearing stage and now has reached mark-up, the last step in the committee process before a bill reaches the House floor.

In fact, mark-up of the bill actually begins in the House today.

The Helping Families in Mental Health Crisis Act already boasts 158 co-sponsors. They include 45 Democrats and 113 Republicans, significant bipartisan support that bodes very well for the bill's prospects of becoming law.

Those co-sponsors include both Reps. Collin Peterson, D-Minn., and Kevin Cramer, R-N.D., the congressmen from both sides of the Red River in the northern Red River Valley.

Minnesotans and North Dakotans likewise should rally, while taking heart in this example of the political process at work.

The bill "is the most far-reaching and serious attempt at mental-health reform in recent memory," write Drs. Sally Satel and E. Fuller Torrey, both psychiatrists, in the current issue of *National Review*.

That's because the bill reins in the policy "over-reaches" that helped bring about the current problems.

For example, a big reason why there are "10 times as many mentally ill people in jails and prisons as there are in hospital beds," as the physicians acknowledge, is the deinstitutionalization of the mentally ill that began in the 1960s and 1970s.

Two movements put thousands of Americans with serious mental illnesses in homeless shelters and in jails, rather than in long-term treatment. The first was the closure of most of the nation's mental hospitals.

The second was the civil-rights effort that now prevents the involuntary commitment of any but the most threatening people with serious mental illnesses.

The House bill, like its companion bill in the Senate, tackles both of those changes. For example, the bill supports assisted outpatient treatment, "a cost-saving and effective form of civil-court-ordered community treatment," Satel and Torrey describe.

AOT is "aimed at individuals who have an established pattern of falling into a spiral of self-neglect, self-harm or dangerousness when off medication. ... Data from multiple AOT programs indicate they reduce crime, violence (including suicide attempts) and victimization of the mentally ill when diligently enforced."

Likewise, a 1965 law blocks Medicaid from paying for the treatment of most adults in mental hospitals. As a result, "from a nationwide peak of around 560,000 psychiatric beds in 1955, the total has been whittled down to about 35,000 today, half the number experts estimate is needed," the authors write.

The House bill corrects this Medicaid disincentive. The change should ease the shortage of both beds and money for the treatment of patients with serious mental illness.

The bill has the support of the American Jail Association, the National Alliance on Mental Illness, the American Academy of Child and Adolescent Psychiatry, the American Psychological Association and the American Psychiatric Association, among other groups. It stands a good chance of becoming law, and that would be a welcome development in an area in which such milestones are too few.



Bill targets mental health crisis

Editorial

November 22, 2015

The lack of a cost-effective mental health care system in the United States results in outcomes that are both painfully hidden and obvious.

We wrote those words in August 2014, after a leading advocate of reforming that system visited Sarasota. Rep. Tim Murphy, a Republican from Pennsylvania, used the occasion to tout the "Helping Families in Mental Health Crisis Act."

The bill didn't pass, and the system's outcomes have become even more painfully obvious.

- Local governments in Manatee and Sarasota counties have increasingly cited mental illnesses, and inadequate care, as substantial contributors to chronic adult homelessness. Some experts estimate that, nationwide, at least one-third of homeless adults have a mental illness.

- Reports in the Herald-Tribune underscored the problems. A project on schizophrenia, led by Carrie Seidman, included accounts from family members who have struggled to help relatives receive and coordinate the treatment they need. A series by the Herald-Tribune and Tampa Bay Times focused on patient abuse and management shortcomings in some of Florida's remaining mental health hospitals.

Fortunately, Murphy -- the only member of Congress who is a clinical psychologist -- has persisted in his pursuit of reform.

In June, Murphy and Eddie Bernice Johnson -- a Texas Democrat who is a psychiatric nurse -- filed H.R. 2646, which revised last year's legislation. To date, 117 Republicans and 46 Democrats have signed onto the bill. In Florida, 10 Republicans -- including Vern Buchanan, R-Longboat Key -- and three Democrats are co-sponsors; in California, 12 Democrats and seven Republicans are co-sponsors. Clearly, there is potential for bipartisanship.

The new bill and its predecessor were filed after Murphy, chairman of the Oversight and Investigations Committee, held extensive hearings and community meetings on mental health policies and practices. His calls for sweeping reforms, including restructuring federal agencies, were buttressed by a critical report issued in February by the Government Accountability Office.

The GAO cited, among other deficiencies, a lack of coordination among the eight agencies that run more than 100 federal programs involved in mental health. Programs are inadequately reviewed, the report said. The founder of a mental illness policy organization summarized an

important part of the report, telling USA Today that it showed "no one is in charge of reducing homelessness, arrest, suicide and violence by people with serious mental illness."

Murphy's bill seeks to streamline programs, promote interagency collaboration and force the Substance Abuse and Mental Health Services Administration to more actively assess and coordinate programs. It calls for re-enforcing the work of effective, affordable community-based programs while, at the same time, increasing the number of inpatient psychiatric-care beds. The legislation would remove impediments that prevent Medicaid and Medicare from covering certain forms of cost-effective treatment.

Perhaps most important, H.R. 2646 would make two other substantial changes. It would:

1. Create limited exemptions to patient-privacy laws that currently can prevent family members from obtaining basic information about a mentally ill relative's diagnosis, medicines, appointments and other chronic illnesses -- even if the patient's condition is deteriorating and threatening. Privacy and the protection of rights are vital but currently there are too many barriers for caregivers who are essential to recovery.
2. Provide incentives for states to fund "assisted outpatient treatment." AOT programs allow judges to order patients incapable of caring for themselves to undergo treatment in the community, rather than in a jail or hospital.

Implementation of these changes would require oversight, but they seem necessary and beneficial.

Murphy does not understate the challenge when he calls reform a "national emergency." He has placed the equivalent of a 911 call to Washington, D.C. Will Congress respond?

TBO THE TAMPA TRIBUNE

Confront Our Mental Health Crisis

Editorial

December 1, 2015

President Obama obviously is going to push another futile effort to enact stronger gun laws in the aftermath of last week's shooting at a Planned Parenthood clinic in Colorado Springs. His time would be better spent working with Congress on mental health legislation, where progress could be made.

But that won't happen if Obama's initial reaction is any indication. He immediately focused on guns after the shooting that killed three people, including a police officer: "We can't let it become normal. If we truly care about this — if we're going to offer up our thoughts and prayers again, for God knows how many times, with a truly clean conscience — then we have to do something about the easy accessibility of weapons of war on our streets to people who have no business wielding them. Period. Enough is enough."

Some revised regulations may be justified, but new gun laws are not going to get anywhere with the country divided over their necessity and the Republican Congress opposed to them.

In contrast, consensus might be reached on a critical issue related to mass shootings: mental health.

Yet Obama and the Democrats, so far, have not rallied to adopt the Helping Families in Mental Health Crisis Act proposed by Rep. Tim Murphy, a Pennsylvania Republican.

In many of the nation's mass shootings, the killers were mentally deranged. There are few cases of average citizens suddenly going on a rampage because they have access to guns.

The suspect in the Colorado shooting is a case in point. He was an eccentric loner who babbled incoherently about government plots.

Murphy, who visited the Tribune editorial board last year with U.S. Rep. Gus Bilirakis to talk about the bill, told us he began studying the nation's flawed mental health system after Adam Lanza gunned down 20 first-graders and six adults at Sandy Hook Elementary School in 2012. Lanza was mentally ill but refused to take his medication.

Mental illness was a factor in the shootings at the Aurora movie theater; Virginia Tech; the Tucson shooting that severely wounded former Rep. Gabrielle Giffords; Columbine and many others.

The proposal by Murphy, a psychologist, would lift a 16-bed cap in cases where Medicaid funds the care. It would promote “tele-psychiatry” to connect pediatricians and other physicians with mental health professionals in areas where patients have no or limited access to such care. It would increase brain research funding.

The legislation would encourage, with increased grants, states to adopt standards to allow for the involuntary commitment of the mentally ill who are a threat to others.

Murphy also would reform the Substance Abuse and Mental Health Services Administration, bringing more accountability and seeking to ensure tax dollars were spent on effective therapies.

Improved mental health care won’t eliminate the threat of mass shootings. Racism, religious prejudice and religious zealotry, domestic violence, political extremism and many other factors contribute to the violence. But providing treatment for those with serious mental issues would undoubtedly prevent at least some individuals from reaching a murderous breaking point.

And as Murphy points out, improving mental health treatment also would reduce the rates of suicide, crime and homelessness.

Washington’s partisan divide shouldn’t stop members of both parties from seeing that the Helping Families in Mental Health Crisis Act would be good for the country.



Full U.S. House should get a vote on Rep. Tim Murphy's mental health bill

Editorial Board

December 14, 2015

Amid a seemingly paralyzed national conversation on how to combat mass shootings, legislation sponsored by Congress' lone mental health practitioner could offer a way forward.

A bill sponsored by U.S. Rep. Tim Murphy, R-18th District, attacks what some believe is a key symptom of the nation's gun violence epidemic: The lack of mental health services for those most likely to become violent and to act out on those impulses.

According to The Pittsburgh Post-Gazette, Murphy's bill would, among other things, reduce the shortage in-patient beds for psychiatric patients; provide faster intervention for people with schizophrenia; create a grant program for mentally disturbed children; reauthorize a suicide-prevention program and, critically, improve the coordination between government agencies that serve mentally ill people.

In an interview during last weekend's Pennsylvania Society gathering in Midtown Manhattan, Murphy said he hopes his legislation will reach the House floor by year's end.

The bill cleared a critical House subcommittee in November, amid objections by the panel's Democrats that it would negatively impact patient privacy and would inadequately fund addiction and other services.

"I'm addressing what's in their heads, not what's in their hands," Murphy said of his approach to gun violence. "This will address a significant problem by reducing [their] capacity for violence."

It is preferable to a competing proposal advanced by U.S. Sen. John Cornyn of Texas that, cloaked in the language of mental health reform, would actually make it easier to obtain weapons and weaken background checks, Politico reported.

That Cornyn's bill has the backing of the National Rifle Association, is a sure warning sign.

Murphy, a psychologist, has been working on the bill since the deadly 2012 shootings at Sandy Hook Elementary School in Newtown, Connecticut. It has attracted bipartisan support.

The bill is a priority of U.S. House Speaker Paul Ryan, R-Wisc. And it deserves a full airing before the U.S. House. Differences between the House and Senate can, and should, be worked out.

It is too important a proposal to fall prey to Washington's customary partisan games, as was the case when Congress last tried to address the issue in 2013.

Backers of Murphy's proposal point out that even though the federal government spends a staggering \$130 billion a year on mental health services, the effectiveness of that spending is hobbled by an outdated federal bureaucracy.

For instance, Murphy's legislation would replace the U.S. Substance Abuse and Mental Health Services Administration and replace it, as The National Review notes, with an assistant secretary for mental health who would be tasked with identifying duplicative programs and with channeling more money toward those with the most serious mental health issues.

Supporters also argue that Murphy's legislation would uphold HIPAA privacy protections "while recognizing that patients whose families are involved in treatment normally have better long-term outcomes, and that current privacy strictures put families in untenable, even dangerous situations," The National Review observed.

According to The Post-Gazette, Murphy said he has tried to address critics' concerns about privacy by including language crafted by U.S. Rep. Doris Matsui, D-Calif., that would provide training for doctors and patients on the information they can share with caregivers.

Critics correctly argue that great care should be taken not to directly tie those suffering from mental illness to gun violence. Millions of Americans suffer quietly every year from such afflictions. It is an issue all too often pushed to the shadows. And they should not be stigmatized.

While Murphy's legislation provides a way forward and should receive an affirmative committee vote and an airing before the full U.S. House, it should not be considered a replacement for other anti-gun violence measures, which include the universal background checks advanced by U.S. Sens. Joe Manchin, D-W.Va., and Pat Toomey, R-Pa.

Those opposed to such measures like to argue that no existing law would have prevented deadly shootings in Oregon, Colorado Springs and San Bernardino.

But they have steadfastly rejected proposals that would have prevented those shooters from obtaining the weapons and magazines that are so often used in those tragedies.

Murphy's bill also seeks to address the underlying symptoms of what causes someone to become violent and to act out on those destructive impulses.

Too often in our agonized national conversation about firearms, the best method of stopping such incidents from happening in the first place has been framed as a discussion of "*either/or*."

As in "*Either gun control Or mental health*."

It must be both.

SCRANTON Times Tribune

Retool mental health system

The Editorial Board

December 16, 2015

Whether improved mental health care can help to diminish gun violence is an open question. But it's pretty clear that mental health treatment access is inadequate for millions of Americans who need it, regardless of whether or the degree to which they might pose a risk to others.

There have been many documented cases in which people with mental illnesses have committed mass shootings. A Mother Jones magazine analysis of 99 such shootings, for example, found that 43 of the shooters had mental health problems and that such issues were suspected in another nine cases.

U.S. Rep. Tim Murphy, an Allegheny County Republican and the only clinical psychologist in Congress, reintroduced in June a revised Helping Families in Mental Health Crisis Act. He first introduced it following the mass murder of first-graders in Newtown, Connecticut, in 2012.

The bill has been controversial because it gives states greater power to compel treatment for mentally ill individuals. But Mr. Murphy has revised the bill to meet some of the concerns of mental health advocates, and it has garnered greater support in its current form.

For nearly 50 years, the trend has been to close inpatient psychiatric institutions in favor of community-based treatment. But that has been only a partial success, in that many people who need treatment instead end up in jail or on the streets. The bill would increase federal funding for in-patient treatment and more psychiatric hospital beds.

States, through their court systems, could order in-patient treatment for patients who fail to comply with outpatient treatment regimes.

The bill also creates specific circumstances under which doctors may share information about patients with their families, which is complicated now because of privacy laws.

The bill should not be taken as a substitute for smarter gun regulation. But it would be valuable first as a means to generally improve mental health care access and effectiveness, and second, as a preventive measure, in some cases, to help diminish gun violence.

THE CITIZENS' VOICE

Improve access to mental health care

Editorial Board

December 16, 2015

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DAILY NEWS

Sane law promises mental health treatment for the dangerously insane

Editorial Board

January 28, 2016

This time, in this fit of madness, the horrors were unspeakable.

Carmen Torres-Gonzalez died in a pool of blood, one hand hacked off and the other nearly so, for having starred in the paranoid nightmares of machete-wielding neighbor Angel Felix-Volquez.

The killer's mother, Santa Volquez, told authorities her son had been in and out of institutions and took psychiatric medication, but only occasionally.

She joins a cruel club that includes the family of Kari Bazemore, who committed two recent stabbings after loved ones had tried unsuccessfully to get him psychiatric care following his release from mental wards.

Relatives have an often unused power to petition a court to place a potentially dangerous individual into mandatory treatment using a New York statute, called Kendra's Law.

Judges have granted 98% of those requests, leading to significantly reduced chances of violence. But families like Volquez' and Bazemore's need expert support to invoke Kendra's Law before it's too late.

That starts with helping family members to adequately understand their loved one's mental condition and care.

Absurdly, a federal medical-privacy law, called HIPAA, prohibits mental health professionals from informing family members about details of care unless they have the express consent of patients — even of dangerously deranged individuals incapable of making sound judgments.

Bipartisan legislation on Capitol Hill would amend HIPAA to open what co-sponsor and psychologist Rep. Tim Murphy calls “a keyhole” through which psychiatrists or other health professionals could share with caregivers of severely mentally ill people basic information about treatment or lack thereof.

The Pennsylvania Republican's sound measure has the support of the American Psychiatric Association and the National Alliance on Mental Illness, as well as of Speaker Paul Ryan.

The bill would also fund expansion of Kendra's Law-like programs and redirect federal mental health dollars to programs with proven results.

Additionally, it would end the absurdity of prohibiting Medicaid funding for state psychiatric hospitals, a factor driving New York's dangerous dwindling of institutional beds.

The bill has favorable prospects to pass the Republican-controlled House, but the Senate has been inexcusably set on denying doctors the critical power to share basic facts with family members as a matter of public safety.

That's perilously crazy.

NATIONAL REVIEW

A House Committee Should Stand Up for Mental Health
Editorial Board
June 10, 2016

Serious mental illness – including such afflictions as schizophrenia and bipolar disorder — directly affects less than 5 percent of the American public. But these illnesses are in part responsible for some of our most incorrigible social problems, and their consequences are evident in our prisons and on our streets.

Next Wednesday, Representative Tim Murphy’s Helping Families in Mental Health Crisis Act (H.R. 2646), which aims to refocus our wasteful, woefully misdirected federal mental-health bureaucracy on serious mental illness, is scheduled for markup in the House Energy and Commerce Committee. His colleagues should send the full House the strongest possible version of the bill.

The agencies responsible for setting federal mental-health policy — the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Mental Health Services (CMHS) — have long focused on treating the many millions of Americans suffering mild mental illness (low-level depression, anxiety, “trauma,” and other, sometimes nebulously defined, conditions) rather than the severely mentally ill, many of whom are dangers to themselves and to their fellow citizens. Murphy, a Pennsylvania Republican and Congress’s only psychologist, first conducted a multi-year investigation of the federal mental-health bureaucracy and then crafted a bill that aims to reverse those priorities.

At its heart are two transformational — and commonsensical — changes. For years, SAMHSA has distributed money to grantees without imposing any meaningful requirement that they provide independent evidence of improved outcomes. It has made no difference to SAMHSA whether a program actually makes a difference in reducing suicides or homelessness or repeated hospitalization. The Murphy bill would create a National Mental Health Policy Laboratory that would establish objective outcome measures, so that policymakers could know which programs are actually serving the seriously mentally ill.

Murphy’s bill would also install, at or near the head of the federal mental-health apparatus, an Assistant Secretary for Mental Health and Substance Use Disorders, who would be an actual medical professional with psychiatric experience. The federal mental-health agencies inexplicably remain the only federal medical agencies not led by qualified medical professionals.

These two changes alone would do much to overhaul a failed, unaccountable bureaucracy. But Murphy's bill features other important reforms as well. The bill would force the Department of Health and Human Services to revise the overly restrictive privacy rules, written under the authority of the Health Insurance Portability and Accountability Act, that keep family members of people with serious mental illness from being able to obtain crucial information about their loved ones; it would help to rectify the widely acknowledged shortage of psychiatric beds by revising Medicaid funding rules for institutions for mental diseases, or IMDs, which are stand-alone psychiatric treatment centers; it would encourage and increase funding for assisted outpatient treatment, which has proven effective in reducing rates of violence, substance abuse, and incarceration; and much more.

The chief opponent of these changes is the mental-health industry, which has many reasons to maintain the status quo, not the least of which is financial. The legions of easy-remedy programs are staffed by legions of public employees; many people are invested in keeping the government's funding streams flowing to them. It's likely that the bill's opponents will try to steer the appropriations toward the usual quarters and, by doing so, neutralize its reforms.

But they'll face stiff headwinds. There is widespread support for Murphy's legislation from the medical community — the American Psychiatric Association and Mental Illness Policy Org. back the bill — and from law enforcement, it being an indisputable fact that our prisons have become de facto mental institutions. The National Sheriffs' Association, the International Association of Chiefs of Police, and many others have endorsed Murphy's bill.

The Helping Families in Mental Health Crisis Act has 191 sponsors — hailing, notably, from both parties — and the full support of Speaker Paul Ryan. The Energy and Commerce Committee should send him the most vigorous version of Murphy's bill that they can, then help him get it onto the president's desk. This bill is not a panacea; no bill would be. But it is a crucial, long-overdue step toward reforming a bureaucracy that, competently run, could be a key resource in alleviating the suffering of millions of Americans, and in mitigating some of our most pressing social problems.

HOUSTON CHRONICLE

Mentally invisible

Editorial Board

June 10, 2016

It's mid-morning on a week day, and an African-American woman in a turquoise-colored floral print dress is lying on her side, presumably asleep, on a grimy concrete shelf beneath an Interstate 45 overpass near downtown; left-turn traffic passes within a few feet in a perpetual stream. About noon on the same day, a gaggle of men and women of various ages and races is sprawled on the trash-strewn grass or sitting on benches in Tranquillity Park across Walker Street from City Hall; their belongings are heaped in messy piles beside them or in purloined grocery carts stacked to overflowing. At evening rush hour on the U.S. 59 access road at Wesleyan, a weathered older man in cut-off khakis and a soiled t-shirt holds up a hand-scrawled cardboard sign; now and then, drivers waiting for the light to change respond to his sign and his twisting, pleading grin; they reach toward him through their open window, a dollar bill between their fingers.

These people we see every day are our fellow Houstonians. They're homeless, perhaps, but even if they have a roof over their heads at night, there's no question they're suffering from a mental illness of one kind or another. They're so ubiquitous their presence doesn't register; they're unseen, so to speak, but they're not the only ones. Most whose lives have been shattered by serious illnesses of the brain - some 11 million nationally - are unseen, literally. Often with family members trying desperately to get them the help they need, they suffer in private.

Chronicle staff writer Emily Foxhall told the story last week of Warren Muldrow, a young man whose mental state has become so precarious that his mother makes the agonizing decision to ask authorities to detain him. That decision transports Shelia Muldrow into the immensely frustrating bureaucratic maze almost impossible to navigate, as she seeks help for a young man who has struggled since his teenage years with bipolar disorder. Now 22, he pled guilty in a Fort Bend County courtroom last fall to making a terroristic threat during what seemed to be a psychotic episode. Now and then he lives on the streets.

Texas is not a good place to be mentally ill (as if any place could be). Despite the best efforts of caring and dedicated professionals and volunteers, this wealthy state has never provided anywhere near the level of comprehensive support we need for public mental health services, despite increased attention to the need during the last two legislative sessions.

Instead of funding community health centers, we choose to throw people in jail, usually for public nuisance violations or other minor crimes. Instead of providing sustained treatment with a range of services for those who cannot cope for themselves, we choose to spend between \$90 and \$200 daily per inmate in an atmosphere guaranteed to make their problems worse. Texas isn't unique in its inability or unwillingness.

Norman Ornstein, a resident scholar at the American Enterprise Institute and an expert on the American political system, has written recently about the accidental death of his mentally ill adult son, whose psychotic break at age 24 began what Ornstein, writing in the New York Times, describes as "a difficult decade-long journey for him and for his family and friends." Although it's too late for his son, Ornstein is hopeful about a bipartisan piece of legislation in Congress that's designed to improve the financing, treatment and delivery of services across the mental-illness spectrum. Called the Helping Families in Mental Health Crisis Act, its sponsors include U.S. Reps. Tim Murphy, a Pennsylvania Republican who's the only clinical psychologist in Congress, and Eddie Bernice Johnson, a Dallas Democrat and psychiatric nurse.

It's a bit ironic that Ornstein, whose recent book explores the chronic dysfunction in Congress, now finds reason for hope under the Capitol dome. He cites a component of the bill that provides incentives to fund expanded outpatient treatment, or A.O.T., for those with a long history and pattern of proving a danger to themselves or others. With A.O.T., judges can order patients to undergo treatment while they live in the community instead of in a prison or hospital.

The bill has broad support, but Ornstein reports that a majority of the Democrats on the House committee that will take up the legislation, Energy and Commerce, are opposed on civil liberties grounds. In his view, they fail to grasp "the deeper traumas that can destroy lives."

Passage of the Murphy-Johnson bill could make a real difference in the lives of the Muldrow family, maybe even for that anonymous woman sleeping under the I-45 overpass. Perhaps a dysfunctional Congress getting something done for a change can provide a model for Texas lawmakers too often focused on petty ideological matters and willfully oblivious to the real-life concerns of their constituents.

THE EXPRESS-TIMES

Important. Interesting. Useful.

Don't Give up on Background Checks, Mental Health Reform

Express-Times Opinion Staff

Decemeber 15, 2013

The one-year anniversary of the school shootings in Newtown, Conn., was observed Saturday — a time to recall the tragedy, to try to put in perspective the deaths of 20 first-graders and six adults at the hands of a deranged man who barged into the Sandy Hook Elementary School with a semi-automatic rifle.

We've had a year to think about what can be done to prevent such tragedies and we're left with the realization that the American people are as divided as ever on many gun issues. But on some — such as background checks and addressing the needs of the mentally ill — there is strong public support for change.

As reported Saturday by The Express-Times' Sara Satullo, school districts throughout our area are taking steps to fortify schools and train staff on anti-violence measures. They're hiring security officers and installing swipe-card entry systems, cameras and enclosed vestibules at doors.

Administrators have met with law enforcement officials to learn about lockdown and public communication procedures. In a time of extreme budget pressure, districts are spending to protect students and staff even as they concede that no combination of safeguards can be foolproof.

Still, these measures are worth the investment.

Legislative efforts to curb gun violence have met with resistance in Congress and many states. The Brady Campaign to Prevent Gun Violence reports that eight states passed tougher gun laws in the year since Sandy Hook. Some instituted background checks or tightened up licensing; others decided gun owners must report lost or stolen weapons to the police. Four states took aim at military-style assault weapons while five put limits on the capacity of ammunition clips.

Yet of 1,500 changes proposed in state gun laws, only 109 were adopted, according to a New York Times report, and 70 of those relaxed gun restrictions with several states acting to liberalize right-to-carry laws.

The most eye-opening setback was the U.S. Senate's refusal to take up a bill for federal background checks for sales at gun shows and on the Internet, sponsored by Sens. Pat Toomey, R-Pa., and Joe Manchin, D-W. Va. — despite the fact that 80 to 90 percent of the

American public supports these checks. Other restrictions, such as restoring the federal ban on sales of assault-style weapons and outlawing the sale of large-capacity clips, were rejected in earlier votes.

Despite the protests of the National Rifle Association, expanded background checks wouldn't infringe on gun owners' rights. Neither would additional funds for school security and tougher sanctions for gun trafficking, yet those provisions died with the Toomey-Manchin bill.

Toomey, Manchin and like-minded lawmakers should continue to press for tougher background checks. Now that Senate Democrats have removed the 60-vote requirement for debate, a background-check bill could be discussed and draw majority support.

While some states continue to push right-to-carry and stand-your-ground laws as the best responses to gun violence, both sides in this debate should be able to agree on constitutionally acceptable restrictions to help keep felons, people with mental-health issues and others from purchasing guns without background checks.

Last week, U.S. Rep. Tim Murphy, R-Pa., introduced a bill to address shortcomings in the country's mental health system, focusing on the needs of children and teenagers, increasing access to treatment, beefing up court-ordered programs and funding for research, preventative programs and training for first responders. Many see this as a critical assessment of the connection between mental illness and crime, but others, including advocates for the disabled, say the bill would replace effective programs with higher-cost fixes and infringe on people's rights.

Meanwhile, the shootings continue — at the U.S. Navy Yard in Washington, at Los Angeles International Airport, and just two days ago, at a high school in Colorado. These killings are just the most newsworthy events, obscuring the deaths that occur daily as a part of drug wars, domestic disputes, accidents, etc. — about 10,000 gun-related deaths in all since Newtown a year ago.

Rather than retreat from legislative defeats, we should be looking at reforms that have majority support — such as expanding background checks and reforming mental health laws without stigmatizing those who need help — and pressing our elected representatives to act.

Observer-Reporter

Murphy's Bill a Step toward Mental Health Reform

The Editorial Board

December 21, 2013

In the year since Adam Lanza opened fire on innocents at Sandy Hook Elementary School in Newtown, Conn., the need to reform our nation's gun laws has been clear and, unfortunately, been met with indifference by our elected representatives. But the necessity to revamp our approach to mental health care has also been painfully evident, so that the unhinged and homicidal, like Lanza and all too many others, can be spotted and treated before they can harm themselves or others.

U.S. Rep. Tim Murphy, the Upper St. Clair Republican and trained psychologist, has introduced a promising, comprehensive bill that would increase the federal stake in combating mental illness and make treatment more widely available. While the inertia of this Congress should not be underestimated, Murphy's measure, dubbed the Helping Families in Mental Health Crisis Act, belongs near the top of lawmakers' agenda.

When he introduced it at a Washington, D.C., news conference Dec. 12, Murphy pointed out that "those who need help the most are getting it the least because the nation's mental-health system is broken." To help repair it, Murphy's bill would place a new assistant secretary in the Department of Health and Human Services who would deal exclusively with mental health and substance abuse problems and allow families greater access to information while a loved one is undergoing treatment. Over a four-year span, \$60 million would go to outpatient treatment programs administered by courts, counties and cities, and \$50 million would be targeted at 10 states to improve community health clinics. Medicaid rules would also be modified so that it would cover a greater number of doctor visits and some types of medication. Nine million dollars would go to pilot programs in select states to improve psychiatric care in rural areas, done in part through telepsychiatry, where tools like videoconferencing and email are used to assess and treat patients in remote locations.

While Murphy's promise that all this would be paid for by, in the words of The Wall Street Journal, "redirecting funds that are going to programs that aren't working" is fairly vague, there's a great deal of evidence that we are spending copious amounts of money as it is on the mentally ill, except it's going to incarcerate them. As the Journal reported earlier this year, jails and prisons are now serving the function that state hospitals did before deinstitutionalization in the 1960s and 1970s released thousands of mentally ill individuals out onto the streets. Close to 1 in 10 inmates in the Illinois and Michigan state prison systems are believed to suffer from serious mental illnesses, while that number stands at 15 percent in Montana. The National Alliance on

Mental Illness estimates that \$9 billion comes out of our wallets annually to treat mentally ill prisoners across the country. Of course, if they had received treatment earlier, or in a setting more appropriate to intensive treatment, they might not have landed behind bars in the first place.

Mental illness has long been shrouded in shame, secrecy and mystery. But ignoring it, or offering substandard treatment, can have severe consequences. Murphy's proposal would be a positive step toward creating a mental health care system that is equal to the problem. As the congressman said, "I don't want to wait until the next crisis. I don't want to wait until the next headline or the next set of funerals."

HOUSTON CHRONICLE

Dealing with it The Editorial Board

January 15, 2016

A year ago the nation was caught up in a deeply emotional and contentious debate about gun control in the wake of a mass shooting of first-graders in Newtown, Conn. Although that debate withered away without expanded background checks or other significant - and sensible - measures at the national level, a related discussion continues and, we're happy to say, seems to be getting results.

That discussion has to do with fixing a mental health system that, in theory, could have headed off such tragedies as Newtown, the 2011 attack on then-U.S. Rep. Gabrielle Giffords and last year's Washington Navy Yard rampage.

Thirty-six states and the District of Columbia increased funding for mental health after the Newtown shootings, according to a report released last month by the National Alliance on Mental Illness.

The NAMI report noted that Texas boosted mental health funding by \$259 million, the largest increase in state history. In a state that ranked 49th in the nation for mental health funding, that's a significant development. Texas also passed a law requiring teachers and students to undergo training in how to recognize and respond to symptoms of suicide or mental illness. Meanwhile, the White House last month promised \$100 million to improve mental health facilities and community centers. And last week the White House proposed a new regulation clarifying the circumstances that would bar a person with mental problems from purchasing or possessing a firearm. Last week's new regulation, issued by the Department of Justice, would expand the criteria for barring firearms sales and possessions to people ordered by a judge to undergo outpatient mental health care. Under current law, only people deemed mentally "defective" or involuntarily committed to an inpatient mental health facility can be denied a firearm. According to mental health experts, the gap between inpatient and outpatient care has been a significant loophole allowing dangerous persons to gain access to guns.

It's not always easy to determine who should not have guns, although it's easy to see how the system has at times broken down. In 2007, for example, Virginia Tech shooter Seung-Hui Cho was able to buy two handguns he used to kill 32 people, even though a judge had ordered him into outpatient care. Under Virginia law at the time, outpatient care wasn't a sufficient

reason to submit a person's name to the FBI's National Instant Criminal Background Check System, or NICS.

It's important to note that the vast majority of people dealing with mental health issues are not prone to violence, and efforts to identify those who might be a danger should not add to the stigma of mental illness. Fortunately, professionals have more tools than ever to make that determination.

"This nation has moved forward in knowledge of what it takes to help, but has moved backwards in getting that help done. And where there is no help there is no hope," said U.S. Rep. Tim Murphy, R-Pa., in a recent CNN interview.

Murphy, who spent three decades as a psychologist before being elected to Congress, has introduced legislation to increase funding for mental health initiatives. Fortunately, he's not the only elected official who has arrived at the same conclusion about the importance of dealing with mental health issues.

WALL STREET JOURNAL

The Definition of Insanity

Editorial Board

April 1, 2014

Every time a mass shooting happens in the U.S.—Sandy Hook, Virginia Tech, Aurora—we have the same national discussion: Why can't we identify and treat the dangerously mentally ill *before* they kill? Here is one infuriating answer.

Inside the U.S. Department of Health and Human Services sits an agency whose assignment since its creation in 1992 has been to reduce the impact of mental illness and target services to the "people most in need." Instead the Substance Abuse and Mental Health Services Administration, known as Samhsa, uses its \$3.6 billion annual budget to undermine treatment for severe mental disorders.

Health professionals agree on the need to provide medical intervention for serious psychiatric disorders—schizophrenia, bipolar disorder, severe depression. The National Institute of Mental Health does evidence-based research and promotes medically driven models of care, including early intervention, intense psychiatric treatment and drugs. Doctors have promoted reforms such as "need for treatment" standards in civil-commitment laws, or assisted-outpatient laws so courts can require the mentally ill to receive treatment to avoid hospitalization. These reforms help the mentally ill and reduce crime, incarceration and homelessness.

Instead of being part of this solution, Samhsa is in the vanguard of the legal-advocacy and anti-psychiatry movement that sprang to life in the 1980s, and it continues to waste taxpayer dollars on programs that undercut efforts to help the world's Adam Lanzas.

Known generally as the "consumer/survivor" movement (as in having "survived" psychiatric treatment), this movement largely opposes drug treatment, psychiatric care, civil-commitment laws or even the reality of mental illness. Samhsa pushes the "recovery model," an approach that puts the patient in charge of crafting his own recovery plan and stresses "empowerment" and coping rather than medical intervention.

For instance, Samhsa's Guide to Mental Illness Awareness Week suggests schools invite as speakers such radical organizations as MindFreedom, which rejects the existence of mental illness and stages "human rights" campaigns against drug treatment and commitments. Or the National Coalition for Mental Health Recovery, which "holds that psychiatric labeling is a pseudoscientific practice of limited value in helping people recover."

Samhsa underwrites the Alternatives conference, which in 2013 included a session titled "Dance Your Way to Wellness and Recovery" and a presentation from the "Hearing Voices Network," which "believes that hearing voices is a part of human experience."

The recovery model can help people with minor mental illness. But Samhsa's allegiance to it neglects or harms individuals with severe psychiatric disorders. Most of Samhsa's annual \$460 million in grants goes to community mental-health centers aimed primarily at the "worried well."

Samhsa's grants prioritize "prevention"—though there is no known way to prevent severe mental illness. Samhsa spends millions on anti-bullying coloring books and online kids games and pamphlets on how to handle emotional distress after floods: "Take care of pets . . . Nature and animals can help us to feel better when we are down."

E. Fuller Torrey, who runs the Treatment Advocacy Center devoted to helping the severely ill, has noted that Samhsa's most recent long-term planning document is 42,000 words but contains not one reference to bipolar disorder, schizophrenia or schizoaffective disorder.

Sally Satel, a psychiatrist who served on an advisory committee to Samhsa, told a House committee last year that her review of the 288 programs on the agency's registry of "evidence-based" programs turned up only four aimed at severe mental illness. Most were aimed at helping substance abusers, or enhancing parenting skills, or helping kids recognize "anxiety." Samhsa had even refused to put assisted outpatient therapy on the list, though this is the most-effective program for severe illness.

Ms. Satel told the House how Samhsa leadership routinely rejected advice from the medical professionals on its advisory council. Jeffrey Geller, the director of public sector psychiatry at the University of Massachusetts Medical School, related to Dr. Satel: "Most members who served [on the Samhsa advisory council] during the years I served gave up attempts for meaningful input and left in disgust."

Pennsylvania Rep. Tim Murphy spent a year reviewing federal mental-health policies and in late 2013 introduced a thoughtful overhaul. One proposal would create a new HHS assistant secretary for mental health to streamline federal programs and take over Samhsa's grant-making—requiring that money go to evidence-based practices. The position would have to be filled by a medical professional.

Some conservatives oppose this new government position, but the status quo is worse—and dangerous. Samhsa is out of control and would be better off abolished. But if that can't be done, the Murphy bill would reorganize government to make it more effective and accountable. And as long as the government spends billions on mental health, it needs someone to streamline and make more effective its dozens of programs.

At the very least, someone needs to assure Americans that their tax dollars aren't feeding a culture of nontreatment. The risk to society from untreated mental illness is tragically obvious. It's well past time for Washington's politicians to clean up HHS's absence of oversight at Samhsa.

Pittsburgh Post-Gazette®

Worthy of support: Murphy's mental health bill faces the critics

Editorial Board

April 6, 2014

U.S. Rep. Tim Murphy, the Republican from Upper St. Clair who is a clinical psychologist, has been hailed in the press for undertaking the most comprehensive reform in years of the nation's ailing mental health system. His legislation, the product of a yearlong investigation, addresses the problem of better treating the subset of mentally people who may commit violence, especially with firearms.

But on Thursday, House Bill 3717 — the Helping Families in Mental Health Crisis Act — had its most important legislative hearing to date before the House Energy and Commerce Subcommittee on Health and this time the praise was disputed by some mental health advocates. Is that a problem?

Not necessarily, because controversy is to be expected. Such a reform is bound to offend some mental health advocacy organizations that will lose funding under the Murphy bill, which does reallocate money for the purpose of better utilizing resources. Although their point of view needs to be considered, it should not be considered the last word. Other experts in the field unequivocally favor the bill.

At the hearing, alarm was expressed over efforts to force mentally ill patients to get treatment. While patients' rights are worthy of respect, there are some cases in which patients can't be their own advocates. This was pointed out Friday in a poignant letter to the editor of the Post-Gazette from a reader in Richland who supports the Murphy bill. Her mentally ill son killed her mother because he didn't meet the "imminent danger" standard for treatment.

Mr. Murphy's bill would help in situations like that — and do much other good besides. The note of controversy struck last week should not be the legislation's death knell. Congress needs to advance HB 3717 and Democrats need to help.

THE BLADE

One of America's Great Newspapers

Worth of Support
Pittsburgh Post-Gazette
April 9, 2014

U.S. Rep. Tim Murphy, the Republican from Upper St. Clair who is a clinical psychologist, has been hailed in the press for undertaking the most comprehensive reform in years of the nation's ailing mental health system. His legislation, the product of a yearlong investigation, addresses the problem of better treating the subset of mentally people who may commit violence, especially with firearms.

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The Washington Post

Mental health care in the U.S. needs a check-up

Editorial Board

April 16, 2014

THE COUNTRY'S inadequate mental health system gets the most attention after instances of mass violence of the sort that the nation has seen repeatedly over the past few months. Not all who commit these sorts of atrocities are mentally ill, but many have been. After each, the national discussion quickly, but temporarily, turns toward the mental health services that may have failed to prevent another attack.

Mental illness usually is not as dangerous or dramatic. Nearly 23 million Americans live with schizophrenia, bipolar disorder or major depressive disorder, according to the National Institute of Mental Health. Very few of these men and women are potential mass-murderers; they need help for their own well-being and for that of their families. A few, though, need services that will keep them from harming themselves or others. The nation's health system needs to do better at treating all types.

The Affordable Care Act has significantly increased insurance coverage for mental health care. But that may not be enough to expand access to sparse mental-health-care resources. Besides, the government is already spending billions on mental illness treatment; it has an interest in making sure taxpayers get results.

Rep. Tim Murphy (R-Pa.) has a bill that would do so. The Helping Families in Mental Health Crisis Act is more comprehensive than other recent efforts to reform the system and perhaps has the brightest prospects in a divided Congress. The bill would reorganize the billions the federal government pours into mental health services, prioritizing initiatives backed by solid evidence and tracking their success. It would change the way Medicaid pays — or, in this case, underpays — for certain mental health treatments. It would fund mental health clinics that meet certain medical standards. And it would push states to adopt policies that allow judges to order some severely mentally ill people to undergo treatment.

Not everyone is satisfied. Some patients' advocates have condemned Mr. Murphy's approach as coercive and harmful to those who need help. The government should not be expanding the system's capability to hospitalize or impose treatment on those going through severe episodes, they say. It should instead be investing in community care that heads off the need for more serious treatment.

We do not see those aims as mutually exclusive, and neither do the bill's backers. It makes obvious sense for the government to back community-based clinics that promise to prevent individuals' mental illnesses from spiraling out of control, when possible. But some people with very severe disorders do not know or do not admit that they are sick. For a small class who will not accept treatment between hospital visits or repeat arrests, states have good reason to require them to accept care, under judicial supervision.

Mr. Murphy's reform package may not prevent the next Sandy Hook or Franklin Regional. But the changes would help relieve a lot of suffering that does not make the front page.

ORANGE COUNTY
REGISTER

A mental health fix that merits a chance

Editorial Board

April 21, 2014

After every mass shooting, every inexplicable attack by one stranger on another, and every time a mentally ill person dies at the hands of law enforcement, we are reminded that we are in the midst of a nationwide mental health crisis. The federal Substance Abuse and Mental Health Services Administration reports that one in five families is dealing with mental illness. More than half of prison inmates are mentally ill, as are half of those fatally shot by police, according to the Bureau of Justice.

But we can do something about it.

Laura's Law, which passed in California in 2002, authorizes court-ordered, assisted outpatient treatment for mentally ill individuals with a history of arrests, violence, and mental health hospitalizations that failed to solve the problem. And it works.

The law is named for Laura Wilcox, a 19-year-old clinic worker shot to death in 2001 when a mentally ill man resisted treatment and went on a rampage.

Laura's Law does have a flaw; California counties have to voluntarily opt in. Until just recently only one of the 58 counties did. Nevada County implemented the law as part of a legal settlement, but has since seen jail sentences reduced 65 percent, hospitalization reduced 46 percent, homelessness reduced 61 percent, and emergency responses reduced 44 percent, according to a report mandated by the bill.

When it was just a victim's rights issue, California governments didn't care enough to implement the law. In the aftermath of the death of Kelly Thomas after a confrontation with Fullerton police, activists are making the argument that this is also a desperately needed, potentially life-saving intervention for the mentally ill themselves.

In fact, the Orange County Board of Supervisors is scheduled to consider Laura's Law at its May 13 meeting.

The seriously mentally ill, especially those who suffer from schizophrenia and paranoia, frequently view treatment of any kind with great suspicion. Voluntary treatment programs with no force of law behind them are never going to help these individuals, and the parents and family members of the disturbed are left with nowhere to turn.

Dustin Kinnear, a transient suspected of stabbing a young woman to death on Hollywood Boulevard, for example, had been arrested at least 46 times prior to the attack, including seven

arrests for assault with a deadly weapon. He reportedly was bipolar, paranoid, schizophrenic and suffered from epilepsy.

His mother, a police detective, told the Los Angeles Times last summer that although she tried desperately to intervene in his obvious downward spiral, “I always knew I would get a call about him being dead or doing something awful.”

Aurora, Colo., theater shooting suspect James Holmes frightened his psychiatrist so badly that she reported him as an imminent danger a month before the rampage in which 12 people were killed and 70 more injured, according to reports.

These incidents, and many others, have resulted in a flurry of new gun laws, nationally, but comparatively few changes to our grievously broken mental health system. And they may have been prevented by the kind of assisted outpatient treatment intervention made easier under Laura’s Law.

So why are counties resisting implementation? Cost is a factor, as local governments cut services during years of fiscal crisis. But California has recently clarified rules that allow funds from Proposition 63, the Mental Services Health Act, to be used. Laura’s Law can also be an enormously important cost-saving measure, particularly at hospitals, jails, and for emergency services. And it would reduce the number of lawsuits over police encounters with the mentally ill. The Kelly Thomas case cost Fullerton and Orange County taxpayers huge amounts to both defend and prosecute, and untold further costs from civil litigation are inevitable.

The law also faces vehement opposition. Yolo County has launched a pilot program, and counties – including Los Angeles and Orange – that are looking into Laura’s Law are threatened with lawsuits for doing so.

Foes, among them the eloquent Ann Menasche, staff attorney with Disability Rights California, say involuntary treatment often only further traumatizes the mentally ill, and voluntary treatment is more successful.

Ms. Menasche says of the law, “It is based on irrational fears and stereotypes of the ‘violent’ mental health client that are inconsistent with the facts. Studies have shown that mental health clients without symptoms of substance abuse are no more prone to violence than anyone else.”

She further argues that assistance, including housing, is not available for all who seek it and those who ask for help are turned away because of a lack of sufficient funding.

We are certainly sympathetic to this view – taking away any person’s freedom of self determination is a grave decision and must be undertaken cautiously. But it is foolish to pretend that mental illness is the same as any other disability. Despite those who wish otherwise, the stigma of mental illness exists because the mentally ill can be both unpredictable and dangerous. Substance abuse and mental illness are also inextricably intertwined; we cannot remove one from the equation and expect to uncover the true risks of the other.

The people who most love these worst-case individuals, their own family members, are begging for help. This is not a problem that can legally be solved by any entity other than local governments working with law enforcement and health care agencies.

Laura's Law has yet to be implemented fully enough in heavily populated urban areas to really know if it will work, but from the preliminary results in Nevada County, and how badly our current system is failing the mentally ill, their loved ones, and the people of California, we would be ill-advised not to try it.

The Seattle Times

Mental Health Reform to Consider in Light of Santa Barbara Shootings

The Seattle Times Staff

May 28, 2014

In the months leading up to the killing of six innocent bystanders near Santa Barbara last week, the parents of the assailant, Elliott Rodger, were so alarmed by their son's mental health that they called both police and his therapist, seeking an intervention.

Why those pleas failed is a question that will haunt them, the victims' families and local authorities for years to come. The pleas, and what appears to be yet another example of treatable mental illness ending in mass bloodshed, should haunt the nation.

The political response to episodes of mass violence too often gets high-centered on the gun question. Three of the victims were shot, three others stabbed to death — a fact that underscores that the problem is about more than guns.

Rational gun control — including background checks to keep firearms out of the hands of people with serious mental illness — is important. But chaining mental-health reform to gun control, a strategy advanced by Democratic leadership in Congress, has ensured neither happens.

Congress has an opportunity, once again, to break the link. The only clinical psychologist in the House, U.S. Rep. Tim Murphy, R-Penn., spent a year investigating the mental-health system after the Sandy Hook shootings, and in December introduced the Helping Families In Mental Health Crisis Act.

Murphy's proposal offers sober, thoughtful and proven reforms of the nation's crisis-response psychiatric system, which is itself in crisis. It would help ease a crisis in inpatient psychiatric care that plagues Washington state, and would allow parents, such as Elliott Rodger's, to pierce the veil of federal health and education privacy laws with regard to mental-health care.

The House's only psychiatrist, U.S. Rep. Jim McDermott, D-Seattle, is a co-sponsor, and describes Murphy's proposal as the biggest federal mental-reform bill in his memory. It deserves a close look from the rest of Washington's delegation.

Given Congress' dysfunction, reform is more likely closer to home. The Legislature in January should revisit its decision not to pass Joel's Law. The law would allow family members to ask judges to intervene if their loved one was spiraling out of control with no other recourse.

The state and nation demand a better mental-health system, for themselves, for loved ones suffering from untreated illness, and for the potential victims of the next preventable tragedy.

BRADENTON HERALD

Manatee County's Newspaper since 1922

Bill in Congress a Solid Overhaul of America's Broken Mental Health System

The Editorial Board

August 21, 2014

Americans rarely witness common-sense, taxpayer-friendly, good-government legislation introduced in Congress -- and with bipartisan support. The Helping Families in Mental Health Crisis Act qualifies on all counts.

Introduced by Pennsylvania Rep. Tim Murphy and cosponsored by Manatee-Sarasota Rep. Vern Buchanan, the two Republicans held court in the region to discuss the issue at various meetings, including a town hall at New College and a discussion with this Editorial Board on Tuesday.

The United States has fallen into a mental health care crisis with the nation's shortcomings evident for years.

Murphy, a practicing psychologist, launched a close examination of the country's mental health system in January 2013 as a member of a House committee. That investigation uncovered a "chaotic patchwork of antiquated programs and ineffective policies across numerous agencies."

Almost 23 million Americans suffer a severe mental illness, including schizophrenia, bipolar disorder and major depression, yet millions lack medical treatment. Many wind up homeless or incarcerated, but emergency rooms, jails and prisons are ill equipped to treat the mentally ill and the costs are far higher than psychiatric care.

This comprehensive legislation would overhaul the system by shifting priorities and resources to focus on providing effective psychiatric care. Federal dollars would be aligned to programs proven to be successful in patient outcomes and societal savings. Contractors and agencies would be required to prove the value of the programs with hard data in order to retain tax money.

Taxpayers will appreciate the act's goal of placing federal spending under a microscope of accountability without adding new costs. The federal government pours \$125 billion annually into mental health programs yet requires little evidence of success.

Private enterprise could not survive without proving to customers and clients that its products and services are worthwhile, yet the public sector all too often operates without the checks and balances that demonstrate value.

The legislation also eases the restrictions imposed under Medicare and Medicaid in order to rebuild the nation's crumbling infrastructure.

Seventy years ago, the county had 600,000 inpatient psychiatric beds; today, the number stands at less than 40,000 -- a shameful indictment of society's shortsightedness.

The cost of mental illness is now somewhat hidden among the bills due from hospital ERs and prisons -- which we all end up paying one way or another.

That decline in beds is also an indication of the social stigma that surrounds mental illness. One of the act's provisions directs the Department of Education to work with mental health stakeholders to implement a national campaign designed to reduce that stigma among students.

One key element aims to increase the number of assisted outpatient programs that allow courts to compel certain mentally ill patients — those with a record of arrests and hospitalizations and whose conditions will worsen — to resume treatment programs. Such non-compliant patients quit their medications. Current privacy law restricts families from helping these individuals back into treatment.

One such program in New York cut incarcerations, homelessness and psychiatric hospitalizations quite dramatically — by 74 percent and higher. Another new model shows the success of early intervention that includes low-dose medication and support services for individuals at risk of developing full-blown schizophrenia, thus reducing suicide rates and helping patients become functional.

The legislation would also break down a major block to parents and caregivers, allowing mental health professionals to discuss their loved one's case should the mental illness prevent a person from making an informed decision about the need for treatment. That has met political opposition, but empowering families is vital to treatment.

In addition, contractors are resisting the requirement for metrics to prove program value.

Florida's large congressional delegation is one of the keys to passage of The Helping Families in Mental Health Crisis Act. Since Buchanan chairs the delegation, his support for the legislation is vital.

Murphy's uncompromising position -- he refuses to negotiate a watered-down bill -- is admirable. The sweeping measure is an attempt to repair the nation's broken mental health care system, minimized for far too long. Congress should strongly consider passage and begin to place patients and families first and fend off the political opposition

The News & Observer

Pennsylvania Congressman has Ideas to Address Mental Health Care

The Editorial Board

August 28, 2014

The history of mental health care reform in North Carolina is an agonizing one. A so-called overhaul of the system was nothing short of disastrous, a costly failure in 2001 plagued by inefficiency and virtually no improvement in treatment.

The state's crisis has been mirrored in other states as well, with fewer psychiatric beds in treatment centers and a large number of mentally ill people in jails or on the streets, undiagnosed, untreated and getting worse.

U.S. Rep. Tim Murphy of Pennsylvania, a practicing psychologist, came to North Carolina this week with Republican Rep. Renee Ellmers of North Carolina's 2nd District to tout his own mental health care reform package. Murphy, a Republican, believes the \$130 billion or so in government money that goes toward mental health treatment is virtually unaccounted for and that those who receive the money are focused on retaining their funding rather on finding better options for care.

Reform, he says, isn't just about funding. It's about examining "systems that work and what doesn't work," he said in a meeting with News & Observer reporters and editors.

Murphy's ideas – which Ellmers, a nurse, endorses – have virtue. Among them are focusing government funding on the most seriously ill patients and using treatment programs that have demonstrated positive results. He also wants to make it easier for patients to get the medicines doctors want to prescribe.

The congressman says he was spurred to action by the Sandy Hook Elementary School shootings in Newtown, Conn., in 2012, when 26 people, including 20 children, were killed by a 20-year-old man with a history of mental illness. With intervention and care, Murphy believes, that incident and others, so many others, might have been prevented.

One aspect of the congressman's proposal has run into some opposition. He wants to require states that receive federal money for community mental health treatment to establish "assisted

outpatient treatment” laws, under which judges would be allowed to order people into treatment. Opponents object to forcing people into medical treatment.

Frankly, Murphy has a pretty good answer for them: “Why would we say, ‘We know you have a deteriorating brain disease, but we’re not going to help you until you kill someone?’” Murphy said. “Why would we have that standard? It’s a perverse and inhumane standard to have for people.”

Indeed, at Duke University, one of the places Murphy visited while in the state, researchers have shown that in North Carolina, patients who were required to have treatment had 57 percent fewer hospital readmissions than others who were not required to have care. Duke also found that in New York City, the costs for mental health care patients dropped by half in the first year that assisted outpatient care began.

Vicki Smith, a powerful advocate for Disability Rights North Carolina, makes a salient point, however: It doesn’t do any good for judges to have the ability to order people into treatment if there’s inadequate treatment to be had. The state, she says, doesn’t have enough help for people who aren’t in a crisis yet but might be.

Exactly. Murphy has some good ideas here. But state officials have to do more to commit to solving this problem, and the efforts ought to be, as is Murphy’s bill, bipartisan. We know that there are too many mentally ill people in jails who ought to be in treatment or mental health facilities. We know that there is a substantial number of mentally ill people among the homeless. We know that this problem seems to be getting worse. We know that something must be done. To his credit, the congressman is trying to do something. But state officials and others with an oar in this issue need to pull harder.



Our View: Mental Health-Care Overhaul Bill Worth Attention
The Editorial Board
August 28, 2014

The nation's mental health-care system is broken, say many providers. Families of patients with severe mental illness often agree. So do police.

A proposed federal law would target state and federal policies for the most troubled patients, those who cycle in and out of jail cells and emergency rooms, refusing the treatment they need.

Rep. Tim Murphy, a Pennsylvania Republican and the only clinical psychologist in Congress, wrote the Helping Families in Mental Health Crisis Act.

Dunn Republican Renee Ellmers backs the legislation and joined Murphy in a visit to Fayetteville this week. So far the bill has 96 co-sponsors, from both parties. The reform package is expected to be debated in Congress this fall.

The bill links federal funding to state rules allowing judges to order treatment - something North Carolina already has, but many states don't. It would direct a larger percentage of federal mental-health dollars to treating those in severe crises. Treatments with proven results net more federal support. It assures that patients receive prescribed medications.

The bill also gives families information to make wise decisions about care.

Despite bipartisan support, Murphy's approach has critics. Patient-rights advocates dislike forcing anyone to get treatment. They also point to families hiding children with embarrassing illness in sometimes-abusive asylums for years without adequate oversight.

While serious abuses did occur in the mental health field, which was in its infancy throughout the 20th century, legal reforms since the 1970s have tipped the scales in the other direction. This bill attempts to find a balance.

Murphy says his bill focuses on the most serious illnesses and was inspired by incidents like the 2012 shooting in Sandy Hook, Connecticut, in which a mentally unstable man attacked a school. Attackers in several other violent incidents in recent years had untreated mental-health issues.

Severely ill people are not held responsible when they commit a crime. So why would we hold them responsible for their own care decisions, including staying on their medications?

Improving our mental-health system could help reduce risk for many overlapping problems, including homelessness, drug addiction, chronic unemployment and domestic violence.

Murphy's bill deserves serious consideration. It may need additional tweaking. But it could a big step toward remedying this problem.

THE TAMPA TRIBUNE

Nation Needs to Treat Mental Illness as a Crisis

The Editorial Board

December 21, 2014

What will it take to get this country to treat mental illness as the national crisis it has become?

Throughout the United States, more than 50 million Americans experience some form of mental illness a year — 11 million are considered severely mentally ill.

Beds in treatment centers are being replaced by beds in county jails and prisons. Homeless people with mental illness are roaming the streets. Millions of residents with mental illnesses aren't in treatment. Federal and state laws have become a barrier to people who need help the most.

And mass killings carried out by people with mental illnesses are becoming far too common.

A major reform is greatly needed. U.S. Rep. Tim Murphy of Pennsylvania offers one in The Helping Families in Mental Health Crisis Act. Congress should approve it, and President Obama should sign it.

Murphy, a Republican, has been studying the nation's shoddy mental health treatment networks and laws since Adam Lanza gunned down 20 first-graders and six adults at Sandy Hook Elementary School in 2012. Lanza, who killed himself, was mentally ill but resisted therapies and wouldn't take his medication, reports show.

Murphy knows what he is talking about. He is a mental health professional — a psychologist — who chairs the House Energy and Commerce Subcommittee on Oversight and Investigations. He is being assisted in his calling for national awareness of mental illness by U.S. Rep. Gus Bilirakis, R-Palm Harbor, among others.

The legislation, which so far has garnered 115 cosponsors from both sides of the aisle, would put the focus back on where it should be — providing treatment for people who need it, instead of criminalizing mental illness.

The legislation would address a shortage of inpatient beds by lifting a 16-bed cap in cases where Medicaid funds care. It would advance "tele-psychiatry" to connect pediatricians and other doctors with mental health professionals in areas where patients have no or limited access to such care. Brain research funding would be increased.

The federal privacy law known as HIPPA, which often prevents critical exchanges of information, would be amended to free up mental health professionals and relatives of the mentally ill to discuss a patient's background and issues. This would allow quicker treatment.

Medical malpractice insurance issues would be addressed to allow more physicians to volunteer at mental health centers and clinics, enabling more people to be treated.

The Substance Abuse and Mental Health Services Administration — which has been criticized for poor accountability for mental health funding — in the U.S. Department of Health and Human Services would be reformed. A new high-level position would be created — assistant secretary for mental health — to elevate awareness of mental illness and have a point person to lead a national effort.

Funding for mental health programs would be reviewed for effectiveness. Training for law enforcement officers would be expanded, and “mental health courts” advanced so patients with mental illnesses aren’t warehoused behind bars.

Treatment options would be increased as alternatives to institutionalization.

And states would be encouraged to update laws regarding involuntary commitment of the mentally ill so they can be treated. In Florida and several other states, that step only can be taken if individuals pose an imminent threat to themselves and others. Although due care must be taken, it makes sense to allow for a reduced standard in certain circumstances to protect the public from mentally ill persons who may become violent — and to prevent them from harming themselves.

The Helping Families in Mental Health Crisis Act would reform how the country treats mental illness and the mentally ill. It also would have a cumulative effect. Lives would be saved. Taxpayers would save money, Murphy believes, and the rates of suicide, homicide and homelessness would go down.

“We need to change the system,” says Murphy. We agree.