

**Opening Statement of the Honorable Tim Murphy  
Subcommittee on Oversight and Investigations  
Hearing on “Federal Efforts on Mental Health: Why Greater HHS Leadership is Needed”  
February 11, 2015**

*(As Prepared for Delivery)*

In December 2013, Laura Pogliano of Maryland sent to me a poem she wrote about the what it's like to raise a child with schizophrenia as opposed to other life-threatening conditions. Here's an excerpt:

Your child's illness is afforded the cooperation of caregivers and parents to attend to it.

My child's illness is left to the Right to Refuse Care Laws, leaving him to get as sick as he can possibly be, and choose suicide, death, starvation, continued illness with severe brain damage.

Your child is never arrested or jailed because he's sick

My child is almost always arrested at some point.

Your child can have any bed in any hospital in the country, across the board

My child can ONLY have a psychiatric bed, and there's an estimated deficit of 100, 000 beds in this country, and the wait for one can take 6 months or longer in some places.

Your child can tell people he's sick. My child cannot, or he won't get a job, or a date, or an apartment. Your child can get a fun trip sponsored by an organization that assists sick children.

My child can't go on any trips, usually, and neither can his family...

Despite her struggles getting Zac into care, Laura considered herself lucky, telling USA Today in November that “even though her son's mental illness has driven her to bankruptcy, sidetracked her career and left her clinically depressed.”

She called herself “lucky” even though Zac was in and out of the hospital 13 times in six years.

“Even though he has fantasies (he's rich), hallucinations (he's being followed) and delusions (Mom is a robot). Even though he's slept with a butcher knife under his pillow.”

Laura considered herself lucky that Zac wasn't in jail or homeless.

Last month, Zac was found dead in his apartment. He was 23.

Laura had dreams for her son Zac just like every parent does.

For countless parents, those dreams are tragically cut short.

She searched for help and to face barriers to care — federal laws, HIPAA laws, state laws. We've criminalized mental illness so you get help unless you are homicidal, suicidal, or well enough to understand you have a problem.

This has been a growing problem since states closed down their old asylums — as they should have. But what did the federal government do here?

Today, we'll hear how our mental health system is an abject failure for those families. Its failure is not a Republican or Democrat issue. It knows no party label and spans multiple Administrations.

The cost is enormous for the ten million Americans with serious mental illness.

Those with schizophrenia die 25 years earlier than the rest of the population.

40,000 die from suicide while another million will have attempted it in the last year alone, a trend that's getting worse

Rates of homelessness, incarceration, unemployment, substance abuse, violence, victimization, and suicide amongst those with serious mental illness continue to soar.

These are the very human, very tragic, and very deadly results of a very, very bad report card.

Today, thanks to a diligent year-long review of federal efforts related to severe mental illness conducted at the bipartisan request of this Subcommittee, the Government Accountability Office (GAO) has produced unassailable evidence that our mental health system is dysfunctional, disjointed, and a disaster.

No federal agency has had a more central role in the disaster than the Department of Health and Human Services (HHS). HHS is charged with leading the federal government's public health efforts related to mental health, and the Substance Abuse and Mental Health Services Administration (SAMHSA) is required to promote coordination of programs relating to mental illness throughout the federal government.

At the onset of our investigation two years ago, we found it troubling that no one in the federal government kept track of all of the federal programs serving individuals with severe mental illness. My colleague Diana DeGette and I asked GAO to take on this task. Following a survey of eight federal agencies, including the Departments of Defense, Veterans Affairs, and HHS, GAO identified at least 112 separate federal programs supporting individuals with severe mental illness.

Most damning in the GAO report were these two principle findings:

(1) interagency coordination for programs supporting individuals with serious mental illness, a key function of SAMHSA, is lacking

(2) to see whether programs specifically targeting individuals with serious mental illness are working, agencies evaluated fewer than one-third of them.

You can't manage what you don't measure, which is why HHS has given families and individuals who want and need treatment bureaucracy, burdens, and barriers instead.

We spend a lot of money and the term "evidence" is thrown around like candy — to prevent people from asking where the true proof that it really works.

GAO offered two recommendations to correct these failings; HHS rejected them both, in each instance dismissing GAO's concerns rather than presenting evidence to dispute GAO's conclusions or volunteering improvements.

When you have a mental health system as broken as the one we face today with a report card so tragic, you would think that the federal agency charged with coordinating the myriad of activities supporting individuals with severe mental illness would be open to recommendations from an experienced, non-partisan authority steeped in the practices of good government. HHS, in rejecting both of GAO's recommendations — and failing to identify any aspect of either recommendation worth working with or learning from — is essentially saying there is no room for improvement, and that the agency is doing everything right at present. It's unbelievable.

The hubris shown by HHS is downright insulting to the millions of families and individuals suffering under this broken system.

This is a clear example of unaccountable government – one that refuses to recognize its failings, even when it is presented with constructive recommendations for improvement. We are not talking simply about wasted dollars or lost program efficiencies. We are talking about lives ruined, dreams shattered, and preventable tragedies.

I've spoken before about individuals with schizophrenia and bipolar disorder who aren't just in denial but who have the very real medical pathology that they cannot recognize they have an illness. It's called anosognosia, and it's a symptom found in stroke victims and persons with schizophrenia.

HHS and SAMHSA are similarly in denial. They are so out of touch with understanding their own failures that is tgreater pain to millions of American families. Meanwhile, the lives of individuals with severe mental illness, and their families, remain in the balance.

This morning, we will hear from the author of the GAO report, as well as representatives of HHS. These include:

- Linda T. Kohn, PhD, Director, Health Care at GAO;
- Richard G. Frank, PhD. Assistant Secretary for Planning and Evaluation at HHS; and
- Pamela S. Hyde, Esquire, Administrator of SAMHSA.

I thank them all for joining us this morning.

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