

S 2680, the Mental Health Reform Act of 2016

Background

Congress has immersed itself in understanding our nation's mental health system. This has led to unprecedented agreement on the need to improve access, quality and outcomes for people living with mental health conditions.

It has also led to the introduction of several bills, one of which has generated controversy (HR 2646, sponsored by Rep. Tim Murphy). While the House continues to debate, the Senate HELP Committee has passed the **S 2680, the Mental Health Reform Act of 2016**, which enjoys strong support from stakeholders and from both sides of the aisle. S. 2680 is a consensus bill that does **not** contain any controversial provisions.

Talking Points

1 in 5 Americans have a mental health condition. With the right care, recovery is possible. But, most people aren't getting the care they need because America's mental health system is broken. Here are the facts:

- America's suicide rate is the highest it's been in 30 years.
- Half of Americans with mental illness did not get any mental health care in the past year.
- Mental health care is unfairly restricted by many health insurance plans.

In order to take important steps toward mental health reform, S 2680 needs to be passed by the Senate. But, time is running out.

All across America, people who care about mental health are calling for a vote.

At a time when suicide rates are rising—over 40,000 lives a year are lost to suicide—Congress should not turn its back on mental health.

How S 2680 Helps:

- Suicide is the tenth leading cause of death in America. An average of 117 people dying by suicide every day.
- **S 2680 combats suicide in our schools and communities**, so precious lives are saved.
 - Reauthorizes the National Suicide Prevention Lifeline program (Sec 405)
 - Extends the Garrett Lee Smith Memorial Act to all ages and creates a national suicide technical assistance center (Sec 702)
- Half of children and adults with mental health conditions go without any treatment. In many communities, there simply aren't enough providers—or the nearest provider is hours away and booked for months.
- **S 2680 increases the mental health workforce**, so more trained professionals are available to help.
 - Creates a Minority Fellowship Program to increase the number of qualified, culturally-competent mental health and substance use disorder professionals (Sec 597-amendment)
 - Authorizes grants to increase training of mental health professionals (Sec 407)
 - Authorizes grants for telehealth child psychiatry to provide psychiatric expertise remotely to pediatric mental health and primary care practices who need consultation (Sec 502)
- Despite the federal parity law, mental health care is being restricted—or denied—at higher rates than other health care.

- **S 2680 strengthens enforcement of the mental health parity law**, so health plans are held accountable for the coverage people paid for.
 - Requires audits of plans that have five or more parity violations and reports to Congress on the result of completed federal parity investigations (Secs 605 and 607)
 - Requires additional federal guidance to help plans comply with the parity law (Sec 605)
 - Requires a federal interagency action plan to enhance parity enforcement and a GAO parity study (Secs 606 and 608)
- Nearly 7 in 10 adults with mental illness also have a medical condition and 3 in 10 adults with a medical condition also have a mental health condition. Co-occurring disorders are common, but integrated treatment is not.
- **S 2680 promotes integration of health and mental health care**, so people get care that treats the whole person, not just one condition.
 - Supports training of medical residents, nurses, physician assistants and social workers to provide mental health and substance use disorder services in integrated care settings in underserved areas (Sec 411)
 - Creates grants to support integrated primary and behavioral health care services (Sec 403)
 - Requires a Congressional report on barriers to integrating primary and behavioral health care (Sec 705)
- The number of psychiatric inpatient beds has decreased by one-third since 1995. Worse, few states know where they have beds available at any given time. One result is that people who have been admitted to a hospital are waiting hours, even days, until a psychiatric bed becomes available—a practice called “emergency room boarding.”
- **S 2680 strengthens community crisis response systems**, so people experiencing a psychiatric crisis can get help sooner, before their condition worsens.
 - Authorizes grants to enhance community crisis response services for people with mental illness or substance use disorders (Sec 410)
 - Authorizes grants to develop and maintain databases of crisis stabilization and psychiatric inpatient beds and beds at residential mental health and substance use disorder treatment facilities (Sec 410)
- Half of all mental illness begins by age 14; three-quarters by age 24. The quicker people get treatment, the better the outcomes. Yet, the average delay before getting treatment for a first episode of psychosis in the U.S. is 74 weeks. In the United Kingdom, the delay is just 7 weeks.
- **S 2680 invests in early intervention**, so people get the right mental health care at the right time to promote healthy lives.
 - Requires 5% of state mental health block grant funds to be used to support evidence-based programs that address early serious mental illness, including psychotic disorders (such as First Episode Psychosis, or FEP, programs) (Sec 301)
 - Establishes grants for effective early childhood mental health programs (Sec 506)

Closing

- Bring the *Mental Health Reform Act of 2016, S 2680*, to a vote on the Senate Floor before the Memorial Day recess.
- S. 2680 creates an impetus for reforming mental health care. Taken together, the many elements of the bill will strengthen our nation’s mental health system.
- Americans concerned about mental health care will be watching. Action—or inaction—will speak volumes for people living with mental health conditions and their families, for health and mental health systems and for first responders who see people falling through the cracks.
- We know there’s strong bipartisan consensus on mental health reform and we expect a bill to be passed this year.