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Legislative Update:
Helping Families in Mental Health Crisis Act
By: Alexis Jablon

Mental health disorders are far from uncommon among children in the United States. These disorders are not only challenging for the child, but also for family members and the many people who interact with the child on a daily basis. These disorders are currently on the rise and it is imperative that the signs and symptoms of these conditions are identified early so children are able to get the attention, support, and treatment they desperately need to overcome or cope with them.

One in five children suffer from a mental health or learning disorder, and 80% of chronic mental disorders begin in childhood. Additionally, in a given year, 26% of Americans ages 18 and older have a diagnosable mental illness. There has been a steady growth in suicide rates each year since 1999, increasing by 25% in the last 15 years which shows a growing trend in mental health issues among individuals. Due to years of neglect and inequality, services are being kept out of reach of those who are in dire need of care. Healthcare policy and legislation must work together to address barriers in receiving care in order for all individuals to access the help they deserve.

Despite recent advances in medical research and an increase of public attention, it remains an arduous task for physicians to provide treatment for psychiatric and substance use disorders. The difficulty can be attributed to numerous factors ranging from fractured delivery and reimbursement systems, regulatory barriers, workforce shortages, and the enduring stigma surrounding mental health and substance use disorders. As a result, death rates from alcohol and opiate abuse are skyrocketing and tearing apart families and entire communities. Reform is desperately needed because stigmas still persist and resources for the mentally ill are seriously limited. The introduction of the Mental Health Crisis Act of 2015 is one way legislation has sought to address the public need for better mental health care.

In the aftermath of the 2012 Newtown tragedy where twenty children and six adults were killed during a shooting at Sandy Hook Elementary School in Newtown, Connecticut, one of the deadliest school shootings in U.S. history, Congressman Tim Murphy introduced the Helping Families in Mental Health bill, also known as the Mental Health Crisis Act. The bill reflects the frustrations of many individuals who feel it is best to take a proactive approach in aiding people with serious mental illnesses. Instead of framing his legislation as a matter of public safety and viewing mentally ill Americans as dangerous or threatening, Murphy saw his bill as a matter of public health and an opportunity to provide resources to a group who needs them. The bill addresses families without the ability to provide the necessary care their loved ones need, law enforcement officers who too often become caretakers of last resort, medical professionals who have been marginalized, and the public frightened by highly publicized tragedies and their desire for change.

The bill aims to make much needed psychiatric, psychological, and supportive services available to individuals with mental illnesses and families in mental health crisis. The bill supports actions such as screening to assist in early intervention

, community-based systems of care, integration of health and behavioral health care, enforcement of parity in coverage between health and behavioral health services and suicide prevention. Parity is legally recognizing mental health conditions and substance use as equal to physical illnesses. Without parity, mental health treatment is often covered at far lower levels in

health insurance policies than physical illness, which means even those who have access to insurance do not get the care they need in order to recover.

The Act would amend Title XIX (Medicaid) of the Social Security Act (SSA) to conditionally expand coverage of mental health services. The bill's main provision includes lessening restrictions on Medicaid reimbursements for psychiatric hospitals and mental health facilities by allowing Medicaid to pay for patients who stay at such facilities for up to 14 days, and authorizing new mental health grant programs including a Department of Health and Human Services program about mental health. These systems must focus on safeguarding the rights of individuals with mental illness to be free from abuse and neglect.

Additionally, the Mental Health Crisis Act of 2015 is a massive stride for those individuals suffering from eating disorders, their loved ones and the health professionals working to help them recover. The bill is the first of its kind to address eating disorders on at the federal level. The bill aims to expand access to mental health services, including eating disorders treatment. It also aims to combat suicide in schools and communities, increase the mental health workforce, strengthen the enforcement of mental health parity law, invest in early intervention, integrate health and mental health care, and strengthen the community crisis response system, among other things.

Critics of the bill argue that it is not patient centered. For example, the Mental Health Crisis Act of 2015 would encourage the expansion of court-ordered, involuntary treatment, which is referred to as Assisted Outpatient Treatment (AOT). The bill includes \$20 million in grants for AOT programs in states and communities through 2020, with 80% of such funds earmarked for new AOT programs, creating an incentive and providing resources and infrastructure for the establishment of AOT programs where they do not exist today. Critics claim it is just a euphemism for expansion of forced outpatient treatment with medications including powerful tranquilizers that are often forcibly injected. Patients frequently have serious health reasons for refusing to comply with their doctor's or family's wishes in taking medications, such as debilitating side effects. By supporting The Mental Health Crisis Act, critics argue the House has invalidated the medical need to put patients first and instead chose to listen only to family members and professionals with a narrow agenda. In considering expansion of forced medication, one needs to consider the perspective of the patients – the only ones who fully know the effects that prescribed medications create for them.

On July, 6, 2016 the bill passed in the House with near unanimous support by a 422-2 vote. It is ready for consideration by the full Senate, having been unanimously passed out of the Health, Education, Labor, and Pensions Committee earlier this year. As the 114th Congress began to wind down, the months of September and October became a crucial period of time in which sponsors of these bills worked with House and Senate leadership towards passage and eventual enactment. APA continued to lead stakeholder efforts that call for enactment of mental health reform in 2016. Sen. Chris Murphy (D-Connecticut) has put forward a different bill, S 2680, which is less punitive toward patients than the Mental Health Crisis Act of 2015. It would not result in denial of the patient's medical right to informed choice in health care and would not further impose lack of due process rights to those often forced into treatment as the result of family disputes or exaggerated allegations of dangerousness.

On December 7, 2016, the U.S. Senate passed the bill with a 94-5 vote. This is clearing the way for it to be signed into law by President Obama before he leaves office. This law will give the United States a massive step forward in improving our mental health care system and in improve the quality of life of the tens of millions of Americans living with mental illness and

substance use disorders These important mental health reforms have come so far, and we need to make sure we don't lose the momentum that we have worked so hard to build.

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