



**STATEMENT OF MICHAEL J. FITZPATRICK**

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**TO THE LABOR-HHS-EDUCATION SUBCOMMITTEE**

**COMMITTEE ON APPROPRIATIONS**

**U.S. HOUSE OF REPRESENTATIVES**

**REGARDING FY 2014 FUNDING FOR THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH),  
THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND  
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**March 15, 2013**

Chairman Kingston and members of the Subcommittee, I am Mike Fitzpatrick, Executive Director of NAMI (National Alliance on Mental Illness). I am pleased today to offer NAMI's views on the Subcommittee's upcoming FY 2014 bill. NAMI is the nation's largest grassroots advocacy organization representing persons living with serious mental illnesses and their families. Through our 1,100 affiliates in all 50 states, we support education, outreach, advocacy and research on behalf of persons with serious mental illnesses such as schizophrenia, manic depressive illness, major depression, borderline personality disorder, severe anxiety disorders and major mental illnesses affecting children.

The cost of mental illness to our nation is enormous. It is estimated that the direct and indirect cost of untreated mental illness to our nation exceeds \$80 billion annually. However, these direct and indirect costs do not measure the substantial and growing burden that is imposed on "default" systems that are too often responsible for serving children and adults with mental illness who lack access to treatment. These costs fall most heavily on the criminal justice and corrections systems, emergency rooms, schools, families and homeless shelters. Moreover, these costs are not only financial, but also human in terms of lost productivity, lives lost to suicide and broken families. Investment in mental illness research and services are – in NAMI's view – the highest priority for our nation and this Subcommittee.

***The Impact of Sequestration on FY 2013 Funding for Mental Illness Research & Services***

Before detailing NAMI's recommendations for FY 2014, NAMI feels compelled to state for the record our concerns about the impact of the six month delay in enacting full year funding for



agencies such as NIMH and SAMHSA, as well as the impact of the current across-the-board sequestration on these agencies.

- **Mental Illness Research** – Because of more than two-thirds of the NIMH budget is for ongoing multi-year studies, new research grants would face a cut as large as 20% in the current fiscal year – far above the 5% sequester. This will seriously undermine the capacity of NIMH to fund new research projects, including a proposed study on reducing shortening the duration between the onset of first break psychosis in schizophrenia and diagnosis and treatment. This is precisely the kind of research NIMH must be undertaking. We simply must do better at identifying psychosis earlier and intervening aggressively.
- **Mental Health Services** – It is projected that the sequester will result in an estimated 373,000 adults with serious mental illness and children with serious emotional disturbances going without treatment, leading to far costlier outcomes such as increased hospitalizations, involvement in the criminal justice system, and homelessness. As many as 8,900 homeless persons with serious mental illness would not get the vital outreach, treatment, housing, and support they need through the Projects for Assistance in Transition from Homelessness (PATH) program.

Mr. Chairman, beyond the immediate impact of sequestration in FY 2013, NAMI has enormous concerns about the impact of the current limitations on overall non-defense discretionary spending (NDD) put in place by the Budget Control Act of 2011. It is important to note that NDD is less than one-fifth of the overall federal spending, and less than 4.3% of GDP. Further, it is this category of spending that will amount to more than \$930 billion in deficit reduction over the coming decade – result being that NDD will be below what it was in the 1950s as a percent of GDP. In short, NDD simply cannot be cut any further if we as a nation want to maintain leadership in scientific research on serious mental illness and meet the basic needs of our most vulnerable citizens, including children and adults living with serious mental illness

### ***NIMH – Critical Investments Mental Illness Research***

It is critical for us to move beyond the current universe of palliative treatments for serious mental illness. Even with optimal care, some children and adults living with serious mental illness will not be able to achieve recovery (as defined as permanent remission). As NIMH Director Dr. Tom Insel has noted, consumers and families need rapid, effective treatments that target the core pathophysiology of serious mental illnesses and the tools for early detection. Mental illness research can develop new diagnostic markers and treatments, but this will require defining the pathophysiology of these illnesses. NIMH now has the research tools



necessary. Now is the time to set an ambitious goal of finding cures to these extremely disabling illnesses. However, NIMH must have the resources it needs to support this critical research agenda.

While there was an increase in new and competing research project grants (RPGs) in FY 2012 (584), the long-term trend is not positive – increasing the NIMH “pay-line” to 22%. So long as strict limits on NDD remain in place and threats of sequestration loom, we are likely to see new RPGs decline and the “pay-line” at NIMH fall below 20%. As a nation, we cannot allow scientific opportunity and the search for new and breakthrough treatments for serious mental illness to pass us by.

The proposed NAPLS (North American Prodrome Longitudinal Study) initiative is a key example of this scientific opportunity. We now know that schizophrenia is a neurodevelopmental disorder and that by the time the behavioral symptoms appear it is often too late to significantly change the trajectory of the illness. The loss of cortical synapses in the brain begins long before the symptoms appear – the “prodrome” phase. NAPLS is designed to go upstream and identify risks and develop new interventions in this prodrome phase in order to dramatically shorten the duration between the prodrome and diagnosis and treatment. This is precisely the kind of breakthrough research that will get us beyond palliative treatment designed only to improve functioning. Further cuts to NDD and sequestration cannot be allowed to limit NIMH moving forward on scientific advance.

NAMI would also like to highlight a few of the critical ongoing studies that NIMH has been working on in 2012 and 2013. RAISE (Recovery After Initial Schizophrenia Episode) is the first ever large-scale trial exploring early and aggressive treatment integrating a variety of different therapies to reduce the symptoms and prevent the gradual deterioration of functioning that is characteristic in schizophrenia. Another critical project is Army STARRS (Study to Assess Risk and Resilience in Service Members), a joint Army-NIMH study of suicide and mental health among military personnel. It has already proved critical in identifying – as rapidly as possible – modifiable risk and protective factors related to mental health and suicide. It is also supporting the military's ongoing efforts to prevent suicide and improve soldiers' overall wellbeing.

### ***SAMHSA – Funding Must Focus on the Nation’s Faltering Public Mental Health System***

Mr. Chairman, as a nation we are still in the process of assessing the full impact of the horrific events in Newtown, CT in December. From NAMI’s perspective, what is clearly emerging is a consensus that there are significant gaps in the availability of mental health services and we



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must do more to intervene early to address the escalated risk of violence associated with untreated mental illness in general, and first break psychosis in particular. For example, we know that only 40% of people with serious mental illness have access to treatment in America today. Further, we know that even when mental health services are available, they are sometimes not the right ones and that often the very symptoms of a disorder such as schizophrenia prevent some from recognizing need for treatment.

Most importantly, over the years a robust body of research has been developed validating the evidence for effective mental health services that we know work. While these services exist in pockets across almost every state, they are difficult, if not impossible, to access in many communities. What are these services?

- Early identification and intervention of psychotic disorders,
- School based mental health services (in 50% of cases, symptoms appear by age 14),
- Services for individuals transitioning from childhood to adulthood – e.g. supported employment, supported education, case management, etc.
- Family education and support.
- Training for first responders – Mental Health First Aid & Crisis Intervention Training,
- Assertive Community Treatment (ACT)
- Acute inpatient beds, crisis stabilization programs,
- Supported housing
- Peer support

What is needed is for communities to invest in these evidence-based practices. In addition, SAMHSA must take more of a leadership role in guiding states and localities toward adopting these effective interventions. While SAMHSA programs such as the Mental Health Block Grant are only a small part of overall public mental health spending, they should nonetheless serve as a resource that guide state mental health agencies and local mental health systems toward filling gaps in services and more effectively targeting limited resources toward adults not now in treatment and early intervention for children and adolescents most at risk of first break psychosis.



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A critical SAMHSA resource in guiding states toward this goal is the Mental Health Block Grant. Congress provided the Block Grant with a \$40 million increase between FY 2011 and 2012, increasing funding to its current level of \$459.8 million. Your colleagues in the Senate had proposed to boost the program by an additional \$20 million for FY 2013. NAMI urges you to continue this momentum ensure that states are able to address the more than \$4 billion in cuts that were made to overall public mental health agencies over the past 5 years AND address continuing gaps in services.

NAMI would also urge the Subcommittee to support other key SAMHSA programs targeted to serious mental illness experienced by children and adults including:

- The PATH Homeless Formula Grant program (funded in FY 2012 at \$64.8 million),
- The Children's Mental Health program (funded in FY 2012 at \$117.3 million),
- Continuation of the Primary Health and Behavioral Health Integration (funded in FY 2012 at \$65.8 million), and
- Suicide prevention activities at the Center for Mental Health Services under the Garrett Lee Smith Memorial Act (funded in FY 2012 at \$48 million).

### ***Social Security's Administrative Budget***

Mr. Chairman, people with living with serious mental illness and other disabilities have been bearing the brunt of backlogs for disability claims and appeals at the Social Security Administration (SSA). Behind the numbers are individuals with disabilities whose lives have unraveled while waiting for decisions – families are torn apart; homes are lost; medical conditions deteriorate; once stable financial security crumbles; and many individuals die. For many years, SSA did not receive adequate funds for its mandated services. Between FY 2000 and FY 2007, the resulting administrative funding shortfall was more than \$4 billion. We thank this Subcommittee for its efforts to provide SSA with adequate funding for its administrative budget. Between 2008 and 2010, this Subcommittee provided SSA with the necessary resources to start meeting its service delivery needs. With this funding, SSA was able to hire thousands of needed new employees.

There can be no doubt that this additional staff greatly enhanced SSA program operations. Unfortunately, SSA has received virtually no increase in its LAE since 2010. In FY 2011, SSA's appropriation was a small decrease from the FY 2010 level and the FY 2012 appropriation was only slightly above the FY 2010 level. NAMI urges Congress to provide SSA with adequate resources to carry out all necessary program functions.