On Tuesday, January 22, the House Democratic Gun Violence Prevention Task Force hosted a briefing to discuss issues of funding, research, prevention and intervention regarding mental health and mental health services. Two important themes of the discussion were the urgent need for mental health parity and the elimination of harmful stigmas that surround mental illness. Additionally, panelists provided unique insights to the current mental health system and ways in which to improve it.

PANELISTS

- Representative Mike Thompson (D-CA), Chairman, Gun Violence Prevention Task Force
- Representative Grace Napolitano (D-CA), Vice-Chair, Gun Violence Prevention Task Force
- Adrian Vesth-Nelson, Retired Army Captain, President and Co-founder, Invisible Wound
- Pamela Hyde, Administrator, Substance Abuse Mental Health Services Administration (SAMHSA)
- Dr. Thomas Insel, Director, National Institute of Mental Health (NIMH)
- Dr. Wayne Lindstrom, Director, Mental Health America
- Dr. Olga Acosta Price, Director and Associate Professor, Center for Health Care in Schools, The George Washington University School of Public Health and Health Services
- Mike Kennedy, Director, Sonoma County Mental Health Services

OPENING REMARKS

Representative Napolitano, Vice Chair of the House Democratic Gun Violence Prevention Task Force, introduced the briefing by thanking Representative Mike Thompson for including the mental health perspective as part of the dialogue on gun violence prevention. She emphasized the importance for everyone—elected officials, mental health professionals and the public—to participate in the conversation and become “properly informed and educated about mental health.”
Gun owner, retired veteran, and Chair of the House Democratic Gun Violence Prevention Task Force, **Representative Thompson**, explained how mental health is an “extremely important” component of the Task Force’s comprehensive approach to reducing gun violence. “We are not just going to throw some money at it. We have to be smart, figure out what works, and proceed in that direction,” said Thompson.

**Senator Al Franken** (D-MN) made an appearance at the event to speak briefly about two new bills he plans to introduce to improve mental health. The two bills include: 1) *Mental Health in Schools Act*, a companion measure to a bill authored by Representative Napolitano that provides funding for on-site mental health professionals in schools; and 2) *Justice and Mental Health Collaboration Act*, a bill to "address when the criminal justice system and mental illness collide."

Other members of the Task Force, including Representatives Ron Barber (D-AZ), Bobby Scott (D-VA), and Ed Perlmutter (D-CO), joined Representative Napolitano and Representative Thompson at the briefing.

**PANEL PRESENTATIONS**

**Adrian Vesth-Nelson** laid the groundwork for the panel presentations by sharing his experience with Post-traumatic Stress Disorder (PTSD) and the barriers to care. He explained how not one of the seven insurance-covered providers in his area were familiar with treating PTSD. He also addressed the stigmas surrounding seeking mental health services, especially for veterans. “Mental health maintenance is no different than maintaining your physical health,” said Vesth-Nelson. “It is absolutely critical that we view it in the same manner. There is nothing wrong with going to the doctor because you have a cold. Likewise, there is nothing wrong with getting help for mental health issues.”

**Pamela Hyde** elaborated on the role of the federal government as it relates to mental health and substance abuse, specifically how it is a source of data and funding. She explained that two-thirds of the 45 million individuals with mental health issues and 90 percent of the 21 million individuals with substance abuse go untreated. She also highlighted the decline in spending on mental health and substance abuse services in the federal budget. The key funding for these services lies in the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant, both administered through SAMHSA, said Hyde. “Behavioral health, mental illness and substance abuse issues are not social problems,” said Hyde. “They are public health problems, and they should be tackled and solved in that way.”

**Dr. Thomas Insel** provided a better understanding of mental illness focusing on current research, statistics and data related to the issue. He addressed how mental health in relation to violence is not the norm—every 1 in 600 untreated mentally ill persons commit homicide—pointing out that the “greatest risk of violence is self-directed” with every 1 in 20 mentally ill person committing suicide. He also added that the homicide rate decreases to every 1 in 9,000 for those treated, highlighting the critical need to take
advantage of scientific advances such as mapping biomarkers and utilizing prescriptive drugs advances in science to prevent “psychosis.”

**Dr. Wayne Lindstrom** discussed mental health in the community and steps to take to end discrimination and facilitate “pathways” for people to access treatment. He stressed the importance of invoking a change in the national conversation and the immediate need to “decouple” mental illness from violence by educating the public of both the prevalence and recovery from mental illness. Regarding eliminating access barriers, Lindstrom recommended fully implementing the 2008 Mental Health Parity and Addiction Equity Act and the Affordable Care Act as well as coordinating family, youth and adult serving systems to “ensure continuity of care.” He also suggested providing incentives to employers, the military, schools and universities to “foster environments” where individuals are encouraged to seek help. Among the numerous recommendations Lindstrom posed for investing in individuals, families and communities, he stressed the enforcement of Early Periodic Screening Diagnosis and Treatment (EPSDT) in every state Medicaid program to help improve the health of low-income children. “If we invest early in mental health, we can see a sizable return on that investment,” said Lindstrom.

**Dr. Olga Acosta Price** continued to focus the discussion on the benefits of early prevention and intervention by explaining what is currently underway at the school level and ways in which to improve it. Presently mental health services provided to schools are reserved for only the most seriously ill, explained Acosta Price. Rather than embrace the “can’t help you until you fail” model, Acosta Price recommended schools implement a better public health framework to identify early circumstances and intervene, especially since interventions have shown to improve educational performance. She also suggested embracing educators as partners in prevention efforts and equipping them with the “interpersonal and emotional skills” necessary to nurture a safe learning environment as well as educating them about early child brain development and science.

**Mike Kennedy** described the community mental health prevention and early intervention strategy implemented in Sonoma County, California known as the Crisis Assessment, Prevention, and Education Team (CAPE Team), a program that targets youth ages 16 to 25 who are at risk of or experiencing psychiatric illness. Staffed by Sonoma County Behavioral Health licensed mental health clinicians, services are located in nine Sonoma County high schools, Santa Rosa Junior College and Sonoma State University. Kennedy explained the main component of the program is training students, teachers, families, officers and other professionals in the Question, Persuade, Refer (QPR) intervention technique. QPR teaches people how to recognize and respond positively to someone exhibiting suicide warning signs and behaviors, said Kennedy. “We need to train all teachers, family members, students and administrators to identify the warning signs and symptoms to catch issues early on,” Kennedy explained.

**CONCLUSION**
For more information, go to: