April 22, 2008

Ms. Neera Tanden
Campaign Policy Director
Hillary Clinton for President
4420 North Fairfax Drive
Arlington, VA 22203

Dear Ms. Tanden:

On behalf of Mental Health America (MHA) and our network of 320 state and local Mental Health Association affiliates nationwide, I am writing to acknowledge the important health policy proposals in Senator Clinton's plan for providing affordable and accessible health care while urging that the Senator address and more specifically cite the critical importance of mental illness and mental health in those positions.

Mental Health America is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. In partnership with our national affiliate network, we work to improve policies, understanding, and services for individuals with or at risk of mental illness and substance-use disorders. Established in 1909, the organization changed its name last November from the National Mental Health Association to Mental Health America in order to communicate how fundamental mental health is to overall health and well-being of all Americans.

We commend the Senator for seeking to ensure care for all Americans and, in that connection, for proposing to end discrimination in health insurance. It is not clear, however, whether that proposal would require health plans to provide mental health parity. Despite extraordinary work on the issue, it remains uncertain whether Congress will pass a strong mental health parity law this year. But even that legislation, which exempts entities with 50 or fewer employees from its non-discrimination requirements, falls short of comprehensive parity.

Ending discrimination, ensuring access: Enactment of mental health parity legislation (and legislation to topple discriminatory barriers to mental health care under Medicare and SCHIP) is critical to improving health coverage for people with or at risk of mental illness. But it is also emblematic of a broader principle – namely that we as a nation must approach mental illness and mental health with the same urgency as we do other illnesses and overall health. Just as longstanding insurance practices that discriminate on the basis of mental health remain lawful absent a comprehensive federal parity law, there is a danger that federal policy will treat mental health conditions as though they are somehow different from, and unrelated to, other health conditions. Yet mental health is integral to overall health, as Surgeon General David Satcher underscored in his seminal 1999 report on mental health.

We are concerned, accordingly, that the failure to address mental illness or specific illnesses like depression in important policy positions, opens a door to policies that treat behavioral health as though it is less important than general health. At the same time, we must recognize that recovery from a severe mental illness may require different services and supports than other illnesses, and that programs like Medicaid must be flexible enough to finance those services.

Making prevention routine: The Senator's plan offers an important vision in calling for a national prevention initiative focused on high-priority preventive services. Yet the plan's silence overall on mental health raises a question regarding the scope of the initiative. For example, the

medical literature documents that routine depression-screening can identify and allow people to access care earlier in the course of their illness, and that 80 percent of patients with depression will improve with treatment. Would the plan cover depression screening, and, if so, with what frequency? In practice, such screening is only infrequently conducted today, resulting in primary care physicians failing to identify up to 50 percent of patients with this illness. With more than 18 million Americans suffering from depression in any given year, and annual workplace costs alone for the disease far surpassing the $53 billion projected in 2000, its place in a national prevention effort should be clear. Yet Medicare, for example, covers only a single instance of depression-screening (in contrast to ongoing coverage for other preventive practices).

A robust prevention initiative does hold promise of dramatically reducing health costs, and we see merit in the Senator's proposal to coordinate spending on prevention across federal programs. Yet prevention is woefully underfunded, and the lead federal agency dedicated to prevention, the Centers for Disease Control and Prevention, still has no specific mission, and very few tools, to address mental health as a public health challenge.

We anticipate that an Institute of Medicine report later this year will underscore the importance of increased emphasis on prevention and health-promotion practices that can impede the onset or reduce the severity of mental health and substance-use disorders in children, youth and young adults. We urge the Senator to embrace that theme.

Integrating mental and general healthcare: The Senator's plan recognizes the extent to which care of chronic illnesses drives health care costs, and proposes a mechanism to improve coordination of care as one means of achieving savings and better care outcomes. It is critical to recognize that behavioral health interventions are central to preventing and effectively managing chronic diseases, and must therefore be addressed specifically as part of a broader effort around care coordination and integration. (See http://www.mentalhealthamerica.net/go/position-statements/13) Mental health and substance use conditions are widespread among persons with other health conditions including cancer, heart disease, diabetes, and other illnesses. Yet providers often fail to detect and treat these co-occurring conditions. Achieving improved care-coordination under Medicare, as proposed, would be an important step, but we would urge that the plan go further, given significant structural and financing considerations in virtually all systems that impede care coordination and integration for many who live with severe mental illness. To illustrate, behavioral health is the sole area in which state governments finance and manage systems dedicated to such specialty treatment, systems that can be wholly separate from private-sector systems of care and often poorly integrated with primary care. A recent study highlights the alarming implications of separate systems without mechanisms for care-integration in showing that people with severe mental illnesses in public treatment systems are dying 25 years earlier on average than the general population largely due to treatable medical conditions that are caused by risk factors which can be modified, including smoking, obesity, substance abuse, and inadequate access to medical care. Such findings cry out for action.

A campaign that aims to modernize our health care system while containing costs could hardly find a better target for achieving those twin goals than mental health. I would certainly be happy to meet with you or other members of the Campaign to discuss these matters further.

Sincerely,