

April 22, 2008

Mr. Dan McKivergan
Policy Director
John McCain for President
1235 South Clark Street
Arlington, VA 22202

Dear Mr. McKivergan:

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 Senator McCain's campaign statement on health system reform, and to urge that the Senator address the critical importance of mental illness and mental health in reform efforts.

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.

Given the Senator's emphasis on addressing the rising cost of U.S. health care, and the fact that chronic diseases account for 75 percent of the nation's health care spending, it is critical to recognize that behavioral health interventions are central to preventing and effectively managing chronic diseases. With high rates of depression and anxiety among those with chronic illness, and with untreated co-morbid depression more than doubling costs of care, we can lower costs and improve outcomes by addressing the integration of general and mental health care. And with what appear to be the highest prevalence rates of mental illness in the world, this country can and must do better.

Making prevention routine: The Senator's statement on health system reform cites the importance of promoting prevention. Rigorous scientific studies have documented successful programs that can impede the onset or reduce the severity of mental health and substance-use disorders. But as a nation, we have failed to implement such programs with any sense of priority relative to the funding dedicated to treatment and institutional care. Yet untreated mental illness is estimated to cost up to \$300 billion annually, and has enormous implications for individuals and families, employers, school systems, and other sectors, constituting a serious public health issue. Regrettably, the lead federal agency dedicated to disease prevention, the Centers for Disease Control and Prevention, has no specific mission, and very few tools, to address mental health as a public health challenge. The Senator's statement calls for Medicare reforms that would encourage greater prevention efforts. It is noteworthy in that regard that Medicare now covers only a single instance of depression-screening (in contrast to ongoing coverage for other preventive practices). That disparity is troubling, given data showing that routine depression-screening can identify and allow people to access care earlier in the course of their illness; that 80 percent of patients with depression will improve with treatment; but that screening is still infrequently conducted resulting in primary care physicians failing to identify up to 50 percent of patients with this illness. More than 18 million Americans suffer from depression in any given year. Depression and anxiety disorders alone are estimated to cost employers more than \$185 billion annually. We must do more to make prevention of mental health conditions a routine aspect of general healthcare.

Integrating mental and general healthcare: The Senator's position on health system reform recognizes the benefits of care coordination. But there are unique disparities regarding behavioral health care – with extraordinary implications for quality of care – that make it important to specifically address behavioral health 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. Moreover, significant structural and financing considerations impede care coordination and integration in this area. 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 documenting that people with severe mental illnesses in those 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.

Ending discrimination, ensuring access: The Senator's statement cites the importance of providing access to health care for all citizens. One impediment to that goal must be eliminated. Congress must enact mental health parity legislation (and topple discriminatory barriers to mental health care under Medicare and SCHIP) to assure equitable health coverage for people with or at risk of mental illness. Such legislation 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 underscored in the Surgeon General's seminal 1999 report on mental health.

We are concerned, accordingly, that the failure to address mental illness in an important statement on health policy opens a door to the risk that lingering stigma or other considerations might lead 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 mental illness may require different services and supports than other illnesses, and that programs like Medicaid must be flexible enough to support recovery.

A campaign that aims to contain costs as a central tenet of health system reform 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,