

April 22, 2008

Obama for America
Attn: Ms. Heather Higginbottom
Senior Policy Strategist
233 N. Michigan Avenue
11th Floor
Chicago, IL 60601

Dear Ms. Higginbottom:

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 important health policy positions already adopted in Senator Obama's Plan for a Healthy America 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.

We commend the Senator's calling in his Plan for improving mental health care, specifying that as president he would support mental health 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 needed services.

Making prevention routine: The Senator's Plan for a Healthy America offers an important vision, but elements of that vision appear cloudy for people with behavioral health needs. The plan calls for promoting prevention and strengthening public health. Yet prevention is woefully underfunded, and the lead federal agency dedicated to disease 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. The Plan cites the fact that untreated mental illness carries costs

exceeding \$100 billion annually. But the discussion of Promoting Prevention and Strengthening Public Health is itself silent on mental health despite its enormous implications for individuals and families, employers, school systems, and other sectors. Citing mental health and mental illness is important, however, in the face of examples like the Medicare program which 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 suffering 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 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 specifically as well.

Integrating mental and general healthcare: The Senator's Plan also calls for modernizing our health care system and improving quality. Among its elements is support for improved coordination and integration of care for those with chronic conditions. 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, as indicated above, 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 are often wholly separate from 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.

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,