



Tim Murphy

U.S. Congressman for the 18th District of Pennsylvania

The Helping Families in Mental Health Crisis Act of 2015 H.R. 2646

Mental illness does not discriminate based on age, class or ethnicity. It affects all segments of society. The stories are haunting and the numbers are staggering. Nearly 10 million Americans have serious mental illness (schizophrenia, bipolar disorder, and major depression); but, millions are going without treatment as families struggle to find care for loved ones.

To understand why so many in need of care go without treatment, the Energy and Commerce Subcommittee on Oversight and Investigations launched a top-to-bottom review of the country's mental health system beginning in January 2013. The investigation, which included public forums, hearings with expert witnesses and document and budget reviews, revealed the federal government's approach to mental health is a chaotic patchwork of antiquated programs and ineffective policies spread across numerous agencies with little to no coordination. As documented in a recent Government Accountability Office (GAO) report, 112 federal programs intended to address mental illness aren't connecting for effective service delivery and "interagency coordination for programs supporting individuals with serious mental illness is lacking."

While the federal government dedicates \$130 billion towards mental health each year, the so-called "mental health system" is best described by its deficits. To name just a few:

- There is a nationwide shortage of nearly 100,000 needed psychiatric beds.
- Three of the largest mental health "hospitals" are in fact criminal incarceration facilities (LA County, Cook County, and Rikers Island jails).
- Privacy rules that frustrate both physicians and family members generate nearly 8,000 official complaints yearly.
- For every 2,000 children with a mental health disorder, only one child psychiatrist is available.
- The leading federal mental health agency does not employ a psychiatrist.

The Helping Families in Mental Health Crisis Act of 2015, H.R. 2646, fixes the nation's broken mental health system by refocusing programs, reforming grants, and removing federal barriers to care.

Empowers Parents and Caregivers

Breaks down barriers for families to work with doctors and mental health professionals and be meaningful partners in the front-line care delivery team.

Drives Evidence-Based Care

Creates an Assistant Secretary for Mental Health and Substance Use Disorders with mental health credentials within the Department of Health & Human Services to elevate the importance of mental health in the nation's leading health agency, coordinate programs across different agencies, and promote effective evidence-based programs.

Further Refines Mental Health & Substance Abuse Parity

Requires the Assistant Secretary for Mental Health and Substance Use Disorders to make public all federal investigations into compliance with the parity law so families and consumers know what treatment they have rights to access.



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Driving Innovation

Establishes a National Mental Health Policy Laboratory to drive innovative models of care, develop evidence-based and peer-review standards for grant programs. Dedicates funding for the Brain Initiative (Brain Research Through Advancing Innovative Neurotechnologies Initiative).

Improving Transition from One Level of Care to Another

Requires psychiatric hospitals to establish clear and effective discharge planning to ensure a timely and smooth transition from the hospital to appropriate post-hospital care and services.

Fixes Shortage of Crisis Mental Health Beds

Provides additional psychiatric hospital beds for those experiencing an acute mental health crisis and in need of short term (less than 30 days) immediate inpatient care for patient stabilization.

Reaching Underserved and Rural Populations

Advances tele-psychiatry to link pediatricians and primary care doctors with psychiatrists and psychologists in areas where patients don't have access to needed care.

Focuses on Mental Health Workforce

- Requires the Assistant Secretary for Mental Health and Substance Use Disorders to study and recommend a national strategy for increasing the number of psychiatrists, child and adolescent psychiatrists, psychologists, psychiatric nurse practitioners, clinical social workers, and mental health peer-support specialists.
- Includes child and adolescent psychiatrists in the National Health Service Corps.
- Authorizes the Minority Fellowship Program.

Advances Early Intervention and Prevention Programs

- Authorizes, for the first time in federal law, the Recovery After Initial Schizophrenia Episode (RAISE), an evidence-based early intervention program.
- Reauthorizes the National Child Traumatic Stress Network.
- Launches a new early childhood grant program to provide intensive services for children with serious emotional disturbances in an educational setting.

Alternatives to Institutionalization

Incentivizes states to provide community-based alternatives to institutionalization for those with serious mental illness, such as Assisted Outpatient Treatment and other assertive-care community approaches.

Focuses on Suicide Prevention

Reauthorizes the Garrett Lee Smith Suicide Prevention Program, invests in research on self-directed violence and for the first time authorizes in statute the Suicide Prevention Hotline

Advances Integration Between Primary & Behavioral Care

Extends health information technology for mental health providers to coordinate care with primary care doctors using electronic medical records.

Increases Program Coordination Across the Federal Government

Establishes Interagency Serious Mental Illness Coordinating Committee to organize, integrate, and coordinate the research, treatment, housing and services for individuals with substance use disorders and mental illness.

Effective Protection & Advocacy



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Focuses on the rights of individuals with mental illness to be free from abuse & neglect while ensuring access to, and the ability to obtain treatment for serious mental illness.

Fixes the broken grievance procedure by providing an independent pathway so families can once again participate in the protection, care and advocacy on behalf of their loved one.

Increases Physician Volunteerism

Ends the decades-old prohibition on physicians seeking to dedicate time volunteering at community mental health clinics and federally-qualified health centers.