

## **SUMMARY LETTER OF CONCERN**

### **Regarding Representative Tim Murphy's The Helping Families In Mental Health Crisis Act (H.R. 2646)**

We are a collective group of professionals from the scientific community, individuals with lived experience of “serious mental illness”, and/or affected family members who join together to express our grave concern with The Helping Families in Mental Health Crisis Act, H.R. 2646.

While we applaud Representative Murphy's diligence in bringing attention to the antiquated programs and ineffective policies in place throughout our country's mental health system, H.R. 2646, according to robust research findings, will create circumstances that will greatly increase the likelihood of decreased engagement with services, increased rates of suicide and violence, higher rates of disability, and increased rates of mental illness across all segments of society.

We are aware that numerous mental health and family organizations have written letters in support of this bill; many of these organizations have substantial conflicts of interest and/or significant financial ties to pharmaceutical companies, as does Representative Murphy (see p. 5), which stand to benefit greatly from this piece of legislation.

We urge you to consider the perilous consequences, without scientific justification, this bill could have on public health, disability funding, and the value of freedom we, as Americans, hold dear. Given the stigma, discrimination, and shame already surrounding mental health problems and the serious human rights issues at stake, we have written a lengthy statement clarifying the research and outlining the robust evidence-base that is summarily ignored and distorted throughout H.R. 2646.

#### **Erroneously conflates mental illness and violence**

##### **What the research says:**

Overall, physical violence towards others is rare in persons diagnosed with mental illnesses, including acute psychosis, and it appears that psychotic features have only a minor value in predicting violence risk, if at all. More importantly, forced and involuntary treatment, and not having control over decision making is directly associated with an *increase* in violent and aggressive behavior. Mental health professionals cannot accurately predict who will or will not become violent.

##### **What the legislation does:**

Will require interventions that have been shown to *increase* rates of suicide, aggression, and violent behavior. The suggestions throughout H.R. 2646 create the circumstances for more violence, more suicide, and more disability than our country has ever seen before.

### **Disempowers clients and increases institutionalization**

#### **What the research says:**

Involuntary outpatient commitment, aka Assisted Outpatient Treatment (AOT), is institutionalization in an altered form, and the evidence regarding effectiveness is mixed and methodologically problematic. AOT may repel individuals who voluntarily wish to seek services but are afraid of doing so due to the possibility of commitment. On the other hand, interventions such as Housing First and other supportive housing models have a much more rigorous evidence base and continue to suffer from lack of funding.

#### **What the legislation does:**

Defunds many voluntary, humanistic, community-based programs. Threatens the civil liberties of United States citizens through slight-of-hand and tautological arguments without an empirical foundation. Enforces a potentially traumatizing commitment sentence for individuals who have committed no crime without the benefit of due process of law, and without sufficient evidence supporting its effectiveness in reducing mental health symptoms, hospitalizations, or violent behaviors.

### **Reduces Privacy Rights for Persons with Mental Illness**

#### **What the research says:**

Studies show that people will engage in “privacy-protective” behaviors as a way of ensuring that their health information is not used improperly. Such behaviors include failure to seek care and withholding information.

#### **What the legislation does:**

Includes provisions that would alter the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and limit the privacy rights of people with psychiatric disabilities. Proponents of the bill have suggested that the proposed changes will clarify HIPAA rules and provide access to family members, but the current rules are clear and reflect a careful balance between important patient privacy interests and the need to involve families in appropriate circumstances.

### **Increases Demoralization, Taxpayer Costs, and the Potential for Suicide**

#### **What the research says:**

Increased involvement with psychiatric care is associated with a higher rates of completed suicide, in a dose-response fashion. Less costly alternatives to hospitalization appear to have at least equal benefit in terms of symptom stabilization without the associated rates of suicide and demoralization. These alternative programs additionally have been found to be more tolerable for patients, to increase community involvement and transition, to decrease stigma, and to operate at a significantly reduced cost than hospitalization

**What the legislation does:**

Specifically proposes to *withhold* funding for many emerging best practices operating across the country, and throughout the world. It also dismantles statutes put in place to ensure deinstitutionalization.

**Increases Stigma and Discrimination****What the research says:**

Taking a trauma-informed, non-medicalized, empowering, and humanistic approach can lead to better outcomes, decreased disability and thereby a decreased strain on society, increased functioning, and increased sense of responsibility. Biological explanations for mental disorders are found to decrease empathy in both clinicians and the general public. The larger international public actually prefers psychosocial and traumatogenic explanations for mental illness, and this is associated with decreased stigma and increased possibilities for hope and recovery.

**What the legislation does:**

The treatment interventions advocated for by Representative Murphy are associated with increased violence, increased disability, increased paternalistic attitudes of clinicians, and increased discriminatory attitudes. These discriminatory attitudes are associated with worse outcomes and increased suicidality. H.R. 2646 will *increase* stigma and discrimination rather than decrease them.

**Undermines Empirically-Supported Treatments****What the research says:**

Psychological and psychotherapeutic community approaches have been found to be effective, and in some cases superior to standard psychiatric care in the long-term. These approaches have been found to decrease overall symptomatology while increasing functionality in the long term through a focus on recovery, and are consistently requested and tolerated by individuals diagnosed with serious mental illnesses. Peer-run services that do not rely on coercion and focus instead on empathy, inclusion, voluntary treatment, and self-management of mental health difficulties are found to result in greater rates of recovery, and an increased sense of responsibility. Peer support is also found to decrease rates of substance abuse, which is one of the major factors determining violent and/or criminal behavior.

**What the legislation does:**

Practitioners who practice many of these well-established therapeutic modalities are threatened with defunding under H.R. 2646. It further threatens to defund peer support systems that operate under empirically-based frameworks while increasing funding for those that rely on medicalized, coercive practices that are not supported by research and are likely to decrease recovery while increasing rates of violence and suicide.

### **Reallocates Funds Towards Programs Lacking Sound Empirical Support**

#### **What the research says:**

The traumatic and psychosocial origins of most serious mental illness is robustly supported. There is little evidence produced thus far that there is a specific biological brain abnormality associated with any mental disorder beyond those associated with childhood trauma and stress. Psychosocial interventions, such as family training, meditation, aerobic exercise, eating healthily and psychotherapy are all associated with positive changes in the brain.

#### **What the legislation does:**

Allocates funds towards research with little empirical support, while decreasing funding for methodologically sound, replicable, psychosocial prevention and intervention studies. Provides research support for biologically-based endeavors that will serve to develop psychopharmacological and other intrusive interventions at the expense of those better-tolerated interventions that have been shown to have positive effects both in symptomatology and brain functioning.

### **Limits and Defunds Important Aspects of SAMHSA**

#### **What the research says:**

Since the 1990s, the Substance Abuse and Mental Health Services Administration (SAMHSA) has led the national charge to transform mental health systems to become person-centered and recovery-oriented. Such systems are more likely to successfully engage persons as active agents in their treatment, and are characterized by higher levels of consumer satisfaction than usual services.

#### **What the legislation does:**

Would eliminate SAMHSA as it currently exists, replacing it with a new agency that would likely eliminate any recovery-oriented or non-clinical interventions. Makes it law that mainstream mental health practices cannot be questioned or criticized without the consequence of defunding, even when such criticism is based on sound scientific research and clinical findings. Prevents people with 'conflicts of interest' from serving on advisory panels, but specifically does not include being funded by pharmaceutical companies as a conflict of interest.

Some may question how this vast evidence-base can so completely contradict the ideas presented by Representative Murphy; to those individuals we ask that you consider who stands to gain from the different perspectives put forth? Representative Murphy and many of his supporters stand to gain substantial financial benefits, as well as continued denial of the effects of poverty, discrimination and child abuse on the welfare of American citizens. At the same time, many of the signators who support this letter stand to gain acknowledgment for the struggles they have been through, while individuals diagnosed with mental illness stand to gain the opportunity for effective treatment and care, if Congress would take notice of the concerns put forth herein and consider where funds are truly best allocated.

**Some of Representative Murphy's Campaign Fund Financial Contributors**

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