

American Psychiatric Association

1000 Wilson Boulevard
Suite 1825
Arlington, VA 22209
Telephone 703.907.7300
Fax 703.907.1085
E-mail apa@psych.org
Internet: www.psychiatry.org

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August 18, 2014

Pamela S. Hyde, JD
Administrator
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

Dear Administrator Hyde:

The American Psychiatric Association (APA), the national medical specialty society representing over 35,000 psychiatric physicians, appreciates this opportunity to offer comments on the recently released draft FY 2015 – 2018 Strategic Plan entitled “Leading Change 2.0: Advancing the Behavioral Health of the Nation”. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the principal federal agency dedicated to the treatment of mental illness and substance use disorders. As such, SAMHSA’s activities and supports affect the lives of millions of Americans and their loved ones, as well as physicians and other practitioners dedicated to the treatment of mental illness and substance use disorders. The guiding principles that SAMHSA adopts in this Strategic Plan will set a vital tone for the future service delivery and support for millions of Americans who currently face critical challenges in accessing evidence-based care in fragmented and chronically underfunded healthcare systems.

While APA notes that the draft strategic plan outlines many important and laudable goals where federal leadership is needed, APA is strongly concerned about the lack of explicit recognition of the psychiatric treatment needs for Americans suffering from mental illness and substance use disorders, and in particular for the 13 million Americans who suffer from debilitating serious mental illnesses (SMI). Inadequate treatment of SMI continues to precipitate high numbers of costly and preventable hospitalizations and incarcerations, lack of economic productivity, violence (both self-directed and other-directed), and negative budget impacts, as well as untold pain inflicted on family and loved ones. APA urges SAMHSA to develop explicit goals related to the promotion of evidence-based best practices for SMI treatment, improvement of access to appropriate and culturally competent medical care for Americans suffering from mental illness and substance use disorders, including prevention, early intervention, treatment, recovery and wraparound service initiatives, and evidence-based and outcomes-driven reviews of SAMHSA programs.



APA offers further comments on the following strategic initiatives as laid out in the draft plan:

Prevention of Substance Abuse and Mental Illness

APA encourages further SAMHSA support for funding the prevention and mitigation of levels of severity, including symptom reduction, for patients who have already been diagnosed with psychiatric and substance use disorders. Such work should be conducted in tandem with promoting wellness and behavioral choices. In the pursuit of meeting the goals of this proposed strategic initiative, APA recommends adding objectives related to collaboration with private non-profit initiatives dedicated to detection and early intervention of mental illness in acutely vulnerable population groups, such as children and adolescents. APA further advocates for efforts in schools that educate teachers and other school professionals about the early signs of mental illnesses and substance use.

Health Care and Health Systems Integration

A large and growing body of evidence on integrated medical and mental healthcare demonstrates the ability of these models to provide better care, improve patient health outcomes, and lower overall healthcare costs. APA, in collaboration with the Milliman global consulting and actuarial firm, has identified a potential cost savings of \$26-48 billion annually in general medical care through effective integration of medical and mental health services. APA appreciates that this area has been highlighted in the draft strategic plan, and we encourage SAMHSA to prioritize technical assistance for avenues of innovative health delivery, including both those available through current law and regulations and those that could be opened in the near future. Within models of integrated care, it is essential that the medical psychiatric component is not lost, in order to ensure that those with SMI receive the appropriate treatment they need to live productive lives.

Regarding goals concerning the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA), APA recommends that SAMHSA collaboratively develop comprehensive educational materials related to parity implementation for patients, providers, and most especially, government officials who are tasked with enforcing MHPAEA. APA holds regular discussions with state insurance commissioners and attorneys general throughout the country, and it is clear that misunderstandings persist concerning MHPAEA and its proper applicability. Further education among state insurance commissioners and attorneys general would be useful to encourage fuller enforcement and a more successful implementation of MHPAEA. APA further recommends that SAMHSA work with other HHS agencies to develop a national database where patient and provider complaints are tracked to identify patterns of discrimination. This information should be reported to attorneys general offices, insurance commissions and healthcare advocates, thus giving both the federal government and state governments enhanced oversight and enforcement capabilities. Furthermore, this information should be properly publicized to inform consumers about which carriers have complaints against them concerning non-coverage of mental health issues.

Congress and several Federal district courts consider MHPAEA a non-discrimination statute. The Federal government and state governments have mandated that certain rights against discrimination must be posted in places of employment so that all employees are aware of their rights. APA recommends that a Mental Health Parity Bill of Rights, which sets out an employee's rights under MHPAEA, be posted by applicable employers in hospitals, clinics, private practices, and other appropriate healthcare settings. Such a document would be helpful in educating persons with mental illness or substance use disorders about their rights to equitable healthcare coverage.

Health Information Technology

APA appreciates SAMHSA's goal of promoting the adoption of Electronic Health Records among mental health providers and within states and tribal organizations. The efficiency and knowledge promotion potential of EHRs are critical to the success of integrated medicine and to the future health of patients. As the draft strategic plan notes, much of the mental health provider and facility community is excluded from the HITECH Medicare and Medicaid HIT adoption incentive. While there are APA-supported efforts underway in Congress to remove this arbitrary exclusion, APA recommends that SAMHSA provide the greatest extent of technical support possible for psychiatric physicians who are eligible for the individual physician incentive within the HITECH program. APA also looks forward to providing feedback to SAMHSA on any future proposal to reform to regulations related to special substance use privacy protections in order to promote integration and the provision of appropriate medical care for individuals suffering from substance use disorders.

Workforce Development

The psychiatric physician workforce shortage is both self-evident to individuals in need of mental health and substance use services and cause for concern by federal policymakers in multiple departments and agencies. A recent report from the Health Resources Services Administration (HRSA) found that per capita declines are projected in the field of psychiatry by the year 2025. Due to the significant shortage of psychiatrists, it is of great concern that historically SAMHSA has not included psychiatrists in its proposals for increased workforce development. Psychiatrists are integral to the medical home for patients suffering from SMI. The development and training of a diverse psychiatric physician workforce, including public sector psychiatrist leaders who are trained in recovery-oriented and trauma-informed care models, is critical to the medical and mental wellbeing of those individuals diagnosed with a mental illness or substance use disorder, and co-occurring conditions, such as hypertension and diabetes. APA recommends that SAMHSA prioritizes its advocacy and programmatic activities concerning the development and training of a robust psychiatrist workforce.

APA appreciates SAMHSA's kind consideration of these comments, and gladly remains an important resource to you and your staff. If you have any questions please contact Kristin Kroeger, Chief of Policy, Programs, and Partnerships at kkroeger@psych.org.

Sincerely,

A handwritten signature in cursive script that reads "Saul Levin, M.D., M.P.A.".

Saul Levin, M.D., M.P.A.
CEO and Medical Director