NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

LINDA ROSENBERG, MSW President & CEO CARL CLARK, MD Board Chair

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Testimony of:

Larry Fricks, Senior Consultant,
National Council for Community Behavioral Healthcare

Senate Committee on Health, Education,
Labor, and Pensions Hearing:

"Assessing the State of America's Mental Health System"

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Good morning. Thank you, Chairman Harkin and Senator Alexander, for inviting me to speak at today's hearing. My name is Larry Fricks. I am a senior consultant to the National Council for Community Behavioral Healthcare and Deputy Director of the SAMHSA-HRSA Center for Integrated Health Solutions. I'd like to cover three topics today: first, the ongoing stigma and discrimination that surrounds behavioral health disorders and the need for better public education regarding the facts about mental illness and addiction; second, the critical role of peer support to promote recovery; and third, the importance of a whole health approach when it comes to improving our healthcare system.

As former First Lady Rosalynn Carter said, "stigma is the most damaging factor in the life of anyone who has a mental illness." Stigma is our biggest challenge.

Allow me to share with you today some of my lived experience of recovery from mental illness and substance abuse over the last 28 years, focusing on peer support and the skills I learned to self-manage my mind-body health. As anyone who has experienced a mental health or substance use condition can tell you, we must fight a battle on two fronts: one against the diagnosis itself, and the other against public ignorance. According to data from the Substance Abuse and Mental Health Services Administration (SAMHSA),[1] one in five Americans will experience a mental health issue during any given year. Yet, as a society, we largely remain ignorant about the signs and symptoms of mental illness, and we ignore our role as supportive community members to help people experiencing these illnesses.

My grandmother, Naomi Brewton, graduated from the top of her class in college. But when she gave birth to her youngest son, she suffered what was then called a "nervous breakdown." Her father was Dr. Brewton, founder of Brewton-Parker College near Vidalia, Georgia. The stigma and ignorance around mental illness prompted the family to secretly send her off to North Carolina for treatment. When she returned, she was a different person. For all the years that I knew her, she was a total recluse, never leaving home.

My grandmother told great stories and had an infectious laugh that I loved, but I was never fully able to understand her life of tormented isolation until I was hospitalized three times in the mid-eighties. During my last hospitalization, I was kept in seclusion and restrained in my bed. When I returned home I sank

[1] Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

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into deep despair, overwhelmed by pending divorce, near financial collapse, and a weight gain of some 60 pounds from psychiatric medications. I internalized the stigma and discrimination experienced from mental illness, growing a negative self-image and sense of hopelessness from the prognosis that my life was over as I knew it, and thinking that highly society-valued roles like work may now be too stressful to consider. Like my grandmother, I began to isolate, with suicide becoming an attractive option.

Mounting research shows that people without a social network of support and a sense of meaning and purpose are less resilient against illness - mind and body - and often die younger. That's why meaningful work and peer support are emerging as huge factors in recovery and longevity. But in addition to peer support and gaining meaning and purpose from employment, my self-management really strengthened when I moved into mind-body resiliency. My life was forever changed after hearing a presentation by Dr. Fred Goodwin, former director of the National Institute of Mental Health and a specialist in bipolar illness. His research showed that restful sleep was a huge factor in building resiliency and preventing manic episodes like I had experienced. An anchor for my recovery is managing my sleep and reducing stress by practicing the Relaxation Response made famous by Dr. Herbert Benson at the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital. I was fortunate to have a psychiatrist who fully supported focusing my recovery around managing my sleep and after doing so, changed my medication to help shed much of the weight I had gained.

Today, I live the kind of full and meaningful life that my grandmother was denied, because I was able to receive mental health services with a focus on recovery and learn self-management skills. We have come so far in the fight against stigma, in part because of greater public awareness and education about the nature of mental illness. You heard from another presenter about a program called Mental Health First Aid that teaches a five-step action plan to recognize the signs and symptoms of mental illness, respond to a person in crisis, and encourage seeking professional help, self-help and other support strategies. I am a Mental Health First Aid trainer, which means I teach people how to instruct others in becoming certified Mental Health First Aiders. I have witnessed first-hand the positive impact that comes from people with lived experience of recovery gaining the skills for providing support to help others experience a life of recovery from mental illness and substance abuse. MHFA attendees also learn about the growing awareness of the impact of trauma, especially childhood trauma, on mind-body health and why we need trauma-informed services and supports.

Members of the Committee, I urge you to support Mental Health First Aid and other public education programs that help Americans learn how to reach out to their friends and family members who may be experiencing a behavioral health condition. One bill to this effect has already been introduced in the House: The Mental Health First Aid Act (H.R. 274). I encourage you to give this bill a hearing when it is introduced in the Senate and offer your support when it comes before your committee this year.

Next, I would like to share some information about the newest workforce in behavioral health, called certified peer specialists. Peer specialists are trained in skills to promote strength-based recovery and whole health, delivering services that are Medicaid billable when included in state plans. Research on the

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effectiveness of peers in promoting recovery has been so positive that in 2007 the Centers for Medicare and Medicaid Services (CMS) issued guidelines for states wanting to bill for peer support services, proclaiming them "an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance abuse disorders."[2]

Peer support specialists have personally addressed stigma and discrimination and gained the lived experience to promote recovery and support rather than illness and disability. Because of this, peer specialists are unique in their ability to connect with other peers to ignite hope and teach skills for recovery self-management and promoting whole health. According to a 2008 study by Eiken and Campbell, "The growing evidence includes reduced hospitalizations, reduced use of crisis services, improved symptoms, larger social support networks, and improved quality of life, as well as strengthening the recovery of the people providing the services."[3] Published 2006 research by Davidson et al., found that "peer providers can increase empowerment, decrease substance abuse, reduce days in the hospital, and increase use of outpatient services, at least as long as long as the peer support continues."[4] A 2006 study by Sells, et al, found "the unique role of trusted peers connecting with each other to foster hope and build on strengths is emerging as a key transformational factor in mental health services."[5]

One of the most innovative services beginning to spring up across the country are peer respite centers. Georgia funds three of these centers and they are proving highly effective at reducing hospitalizations, an important outcome the state has pledged to achieve under a Department of Justice settlement resulting from deaths in state hospitals. In Georgia, if a peer senses early warning signs of possible relapse, he or she can spend up to seven nights at a respite center supported by peer specialists promoting mind-body health and self-management. Georgia also recently received CMS approval for peer specialists certified in a new training created by the SAMHSA-HRSA Center for Integrated Health Solutions called Whole Health Action Management (WHAM) to bill Medicaid for peer whole health and wellness services.

I urge the Committee to support including certified peer specialists as billable providers under Medicaid, given their effective role in supporting their peers in recovery and whole health. However, because Medicaid requires "medical necessity" documenting illness and symptoms and peer specialists are trained to focus on strengths and supports, we need more flexible funding sources to grow the recovery and whole health outcomes peer support services can deliver.

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[2] Center for Medicare and Medicaid Services, State Medicaid Director Letter #07-011. August 15, 2007.
[3] Eiken, S., & Campbell, J. (2008). Medicaid coverage of peer support for people with mental illness: Available research and state example. Published by Thomson Reuters Healthcare. Retrieved from: http://cms.hhs.gov/PromisingPractices/downloads/PeerSupport.pdf
[4] Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer supports among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin*, 32, 443-450.
[5] Sells, D., Davidson, L., Jewell, C., Faizer, P., & Rowe, M. (2006). The treatment relationship in peer-based and regular case management services for clients with severe mental illnesses. *Psychiatric Services*, 57(8): 1179-1184.

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This brings me to the final point I'd like to discuss today: the importance of addressing the mind-body connection when it comes to healthcare.

There can be no health without mental health. Conversely, we cannot successfully care for people with mental health and addiction disorders without addressing their co-occurring physical health disorders. Research indicates that people with severe mental illness in the U.S. who are served in the public healthcare system have an average life expectancy that is 25 years less than the general public. That's the same as the overall U.S. life expectancy in 1915, a time before any of the healthcare advances that have allowed us to lead steadily longer lives over the last century.

The primary culprits behind this shocking situation are untreated but preventable diseases that commonly occur together with mental illness and addictions: cardiovascular disease, diabetes, complications from smoking and some of side effects of psychiatric medications that cause weight gain and diabetes. Most people receive routine preventive care that would help identify these conditions early, make lifestyle changes, or receive appropriate medications to ensure they are well controlled. But people with serious mental illness often cannot access this preventive care – or even get treatment for their other health conditions.

The Substance Abuse and Mental Health Services Administration is working to rectify this problem by providing grants to community behavioral health centers for offering basic primary care screenings and coordinating referrals to primary care. As part of the Primary Care-Behavioral Health Integration program (PBHCI), nurses, trained care managers, peer specialists, and other types of healthcare professionals are now actively working in 94 grantee sites to screen patients for weight gain, blood lipid levels, cholesterol, and more.

Although data is still being collected, early results indicate that this program has been successful in helping people with behavioral health conditions maintain or reduce their weight, cholesterol, blood sugar, and other risk factors for chronic disease. I strongly urge the committee to support this important grant program.

In closing, I would like to say that nearly three decades of experience in behavioral health has taught me that the greatest potential for promoting recovery and whole health comes from within an individual, with the support of peers, family and community. My recommendation is to establish and support programs that drive this potential, putting the person at the center of all services, building on their strengths and supports.