

**Testimony Before the**

**Committee on Appropriations Subcommittee on Labor, Health and Human  
Services, Education and Related Agencies  
Hearing on Children's Mental Health**

**March 20, 2013**

**Statement of Pamela S. Hyde, J.D.**

**Administrator**

**Substance Abuse and Mental Health Services Administration**

**U.S. Department of Health and Human Services**

Good morning Chairman Kingston, Ranking Member DeLauro and members of the Committee. Thank you for inviting me to testify today on the role of the federal government in addressing America's mental health needs. I also am happy to be joined by my colleague, Deb Delisle from the Department of Education (ED). In addition to discussing SAMHSA's role in addressing this country's mental health needs, I am pleased to share some of the initiatives related to mental health included in the President's plan, *Now is the Time*, which emphasizes early intervention and treatment for young people struggling with mental health problems.

### **The Substance Abuse and Mental Health Services Administration (SAMHSA)**

As you are aware, the Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA envisions a Nation that acts on the knowledge that:

- Behavioral health is essential for health;
- Prevention works;
- Treatment is effective; and
- People recover from mental and substance use disorders.

In order to achieve this mission, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. SAMHSA's top Strategic Initiatives are: Prevention; Trauma and Justice; Health Reform; Military Families; Recovery Supports; Health Information Technology; Data, Outcomes and Quality; and Public Awareness and Support.

SAMHSA acts on its mission and vision by: providing leadership and voice for and about behavioral health; conducting surveillance and reporting data; improving practice; setting standards and regulating programs; providing information to the public and the field; and providing funding to states, tribes, territories and communities.

## Prevalence of Behavioral Health Conditions and Treatment

It is estimated that almost half of all Americans will experience symptoms of a mental health condition – mental illness or addiction – at some point in their lives. Yet, today, less than one in five children and adolescents with diagnosable mental health problems receive the treatment they need.<sup>1</sup> And according to data from SAMHSA’s National Survey on Drug Use and Health (NSDUH), only 38% of adults with diagnosable mental health problems – and only 11% of those with diagnosable substance use disorders - receive needed treatment.<sup>2</sup>

With respect to the onset of behavioral health conditions, half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24.<sup>3</sup> Cost, access, and recognition of the problems are the primary reasons this treatment is not received.

Behavioral health – mental illness and substance abuse prevention, treatment, and recovery –is a public health problem, and it can be tackled and solved in that way. Today, persons with mental illness and substance use disorders have higher rates of heart disease, hypertension, diabetes, and smoking than those without such conditions. The cost of treating these co-morbid health conditions is much greater when the underlying behavioral health issue is inadequately addressed or untreated. However, it doesn’t have to be this way. For most of these conditions, prevention works, treatment is effective, and people do recover.

When persons with mental health conditions or substance use disorders do not receive the proper treatment and supportive services they need, crisis situations can arise affecting individuals, families, schools, and communities. We need to do more to identify mental health and substance abuse issues early and help individuals get the treatment they need before these crisis situations develop. And we need to help communities understand and implement the prevention approaches we know can be effective in stopping issues from developing in the first place.

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<sup>1</sup> Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status  
Sheryl H. Kataoka, M.D., M.S.H.S.; Lily Zhang, M.S.; Kenneth B. Wells, M.D., M.P.H., *Am J Psychiatry* 2002;159:1548-1555. 10.1176/appi.ajp.159.9.1548

<sup>2</sup> 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.

<sup>3</sup> Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602.

## **Mental Health Financing**

According to the *National Expenditures for Mental Health Services & Substance Abuse Treatment 1986 – 2009*, the most up-to-date data shows that at \$147 billion, mental health spending accounted for 6.3 percent of all-health spending in 2009. Medicaid (27 percent of mental health spending) and private insurance (26 percent of mental health spending) accounted for more than half of mental health spending in 2009.

A key source of funding for services for adults with serious mental illness and children with severe emotional disturbances is the Community Mental Health Services Block Grant (MHBG), which is a flexible funding source that is used by States to provide a range of mental health services described in their plans for comprehensive community-based mental health services for children with serious emotional disturbance and adults with serious mental illness. These funds are used to support service delivery through planning, administration, evaluation, educational activities, and services. Services include rehabilitation services, crisis stabilization and case management, peer specialist and consumer-directed services, wrap around services for children and families, supported employment and housing, jail diversion programs, and services for special populations. The State plan is developed in collaboration with the State mental health planning councils. Planning Councils' membership is statutorily mandated to include consumers, family members of adult and child consumers, providers, and representatives of other principal State agencies. The FY 2013 President's Budget proposed \$460 million to continue the MHBG.

## **President's Policies**

### *Reaching Youth and Young Adults*

In January, the President announced initiatives to ensure that students and young adults receive treatment for mental health issues, including:

1. **Reach 750,000 young people through programs to identify mental illness early and refer them to treatment:** We need to train teachers and other adults who regularly interact with students to recognize young people who need help and ensure they are referred to mental health services. The Administration is calling for a new initiative, Project AWARE (Advancing Wellness and Resilience

in Education), to provide this training and set up school-community partnerships to promote mental health, and facilitate referrals when needed. This initiative has two parts:

- a. **Provide “Mental Health First Aid” training for teachers:** Project AWARE proposes \$15 million for training for teachers and other adults who interact with youth to detect and respond to mental illness in children and young adults, including how to encourage adolescents and families experiencing these problems to seek treatment.
  - b. **Make sure students with signs of mental illness get referred to treatment:** Project AWARE also proposes \$40 million to help states and school districts work with community leaders, law enforcement, mental health agencies, families and youth, and other local organizations to assure students with mental health issues or other behavioral issues are referred to and receive the services they need. This initiative builds on strategies that, for over a decade, have proven to improve mental health.
2. **Support individuals ages 16 to 25 at high risk for mental illness:** Efforts to help youth and young adults cannot end when a student leaves high school. Individuals ages 16 to 25 are at high risk for mental illness, substance abuse, and suicide, but they are among the least likely to seek help. Even those who received services as a child may fall through the cracks when they turn 18. The Administration is proposing \$25 million for innovative state-based strategies supporting young people ages 16 to 25 with mental health or substance abuse issues.
  3. **Train more than 5,000 additional mental health professionals to serve students and young adults:** Experts often cite the shortage of mental health service providers as one reason it can be hard to access treatment. To help fill this gap, the Administration is proposing \$50 million to train social workers, counselors, psychologists, and other mental health professionals. This would allow SAMHSA and the Health Resources and Services Administration to provide stipends and tuition

reimbursement to train more than 5,000 mental health professionals serving young people in our schools and communities.

These SAMHSA proposals will be included in the FY2014 President's Budget and are designed to compliment the ED proposals also included in the President's Budget.

### *Coverage*

In addition to identifying early signs of mental health problems, doing a better job referring individuals who need help to treatment, and training a stronger mental health workforce, we also need to make sure that people have access to affordable coverage for mental health services.

The Affordable Care Act expands access to affordable mental health services by requiring all new small group and individual plans to cover ten essential health benefit categories, including mental health and substance abuse services, and these behavioral health services must be covered at parity with medical and surgical benefits. This past February, the Administration issued the final essential health benefits rule to extend mental health parity protections to 62 million Americans. And later this year, the Administration will issue final regulations governing how existing group health plans that offer mental health services must cover them at parity under the Mental Health Parity and Addiction Equity Act of 2008.

### *National Dialogue on Mental Health*

In order to change the conversation about mental illness and mental health in America, the President has directed the Secretaries of HHS and ED to launch a National Dialogue on Mental Health. The National Dialogue will be a nationwide conversation seeking to increase awareness of early warning signs of mental health issues, to promote conversations about mental and emotional health, and to help individuals in need access treatment. The goal of the campaign is to provide youth and adults accurate information about the prevention and treatment of mental health conditions and opportunities to

tell their stories, ask for help, share their successes, and support one another. The Administration will launch this Dialogue in the next several weeks.

## **Conclusion**

We have come a long way in the prevention, treatment, and recovery supports for mental and addictive disorders. But we have a long way to go, and we can do better, which is why the Administration is taking steps to increase access to mental health services and calling on Congress to do the same. Thank you again for this opportunity to discuss SAMHSA's role in addressing this country's mental health needs. I would be pleased to answer any questions that you may have.