

Response to Murphy's Bill

Mental Health Advocates Blast Rep. Tim Murphy's Bill as a Costly Step Backward, to the Days When a Mental Illness Diagnosis Was a Life Sentence

Washington — December 12, 2013 — Today, Congressman Tim Murphy introduced legislation that, if passed, would reverse some of the advances of the last 30 years in mental health services and supports. It would exchange low-cost services that have good outcomes for higher-cost yet ineffective interventions, according to the National Coalition for Mental Health Recovery (NCMHR), a coalition of 32 statewide organizations and others representing individuals with mental illnesses; the National Disability Rights Network (NDRN), the non-profit membership organization for the federally mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP) for individuals with disabilities; and the Bazelon Center for Mental Health Law, a national non-profit legal advocacy organization.

“This legislation would eliminate initiatives that promote recovery from serious mental illnesses through the use of evidence-based, voluntary, peer-run services and family supports,” said Daniel Fisher, M.D., Ph.D., a founder of the NCMHR. “These services have a proven track record in helping people stay out of the hospital and live successfully in the community. Because hospitalization is far more expensive and has far worse outcomes than these effective, and cost-efficient, community-based services, this bill would cost more money for worse outcomes.

“Even worse,” Dr. Fisher added, “the bill greatly promotes stigma and discrimination by its unfounded and damaging connection between mental illness and violence.”

NDRN, NCMHR and the Bazelon Center note that the bill does not represent the mainstream of national thought, practice and research.

“This proposal targets the rights of individuals with mental illnesses and restructures federal funding to heavily encourage the use of force and coercion. It also would reduce privacy protections and rights advocacy,” said NDRN executive director Curt Decker.

“Most troubling, this legislation threatens to essentially dismantle the efforts of the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote recovery and community inclusion for the broad variety of people in our community – and to do so at a time when SAMHSA’s efforts to ensure that effective behavioral health approaches are fully integrated into public health are essential,” said Harvey Rosenthal, a Bazelon Center trustee.

Among the problematic provisions of Rep. Murphy’s bill is the establishment of a grants program to expand involuntary outpatient commitment (IOC), under which someone with a serious mental illness is court-mandated to follow a specific treatment plan, usually requiring medication. Yet the facts show that involuntary outpatient commitment is not effective, involves high costs with minimal returns, is not likely to reduce violence, and that there are more effective alternatives.

“Force and coercion drive people away from treatment,” said Jean Campbell, Ph.D., one of the nation’s leading mental health researchers. “In 1989, 47% of Californians with mental illnesses who participated in a consumer research project reported that they avoided treatment for fear of involuntary treatment; that increased to 55% for those who had been committed in the past.” (Dr. Campbell was one of the two researchers.)

Rep. Murphy's bill is based on a false connection between mental illness and violence. Study after study shows that no such connection exists. In fact, individuals with mental illnesses are actually 11 times more likely to be *victims* of violence than the general public.

Rep. Murphy's bill also attacks the federally mandated Protection and Advocacy programs, which, together with the Client Assistance Programs, are the largest provider of legally based advocacy services to people with disabilities in the United States.

"We urge Congressional leaders to engage in a meaningful dialogue with the mental health community to help them better understand what our systems are doing to best support the health and safety of people with mental illnesses and of all Americans," said Dr. Fisher.