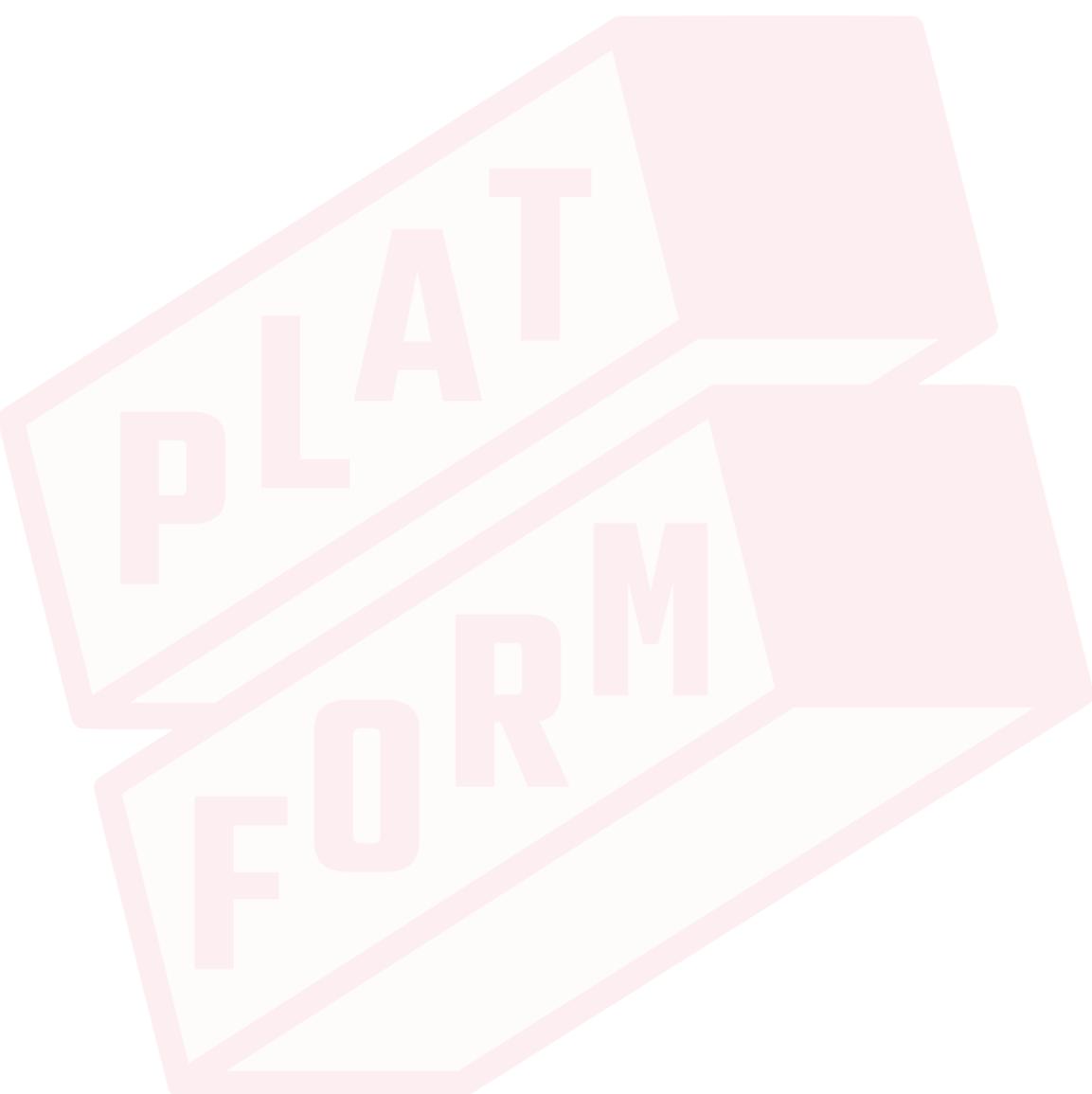




Policy Pack II.VI

MENTAL HEALTH POLICY

April, 2019

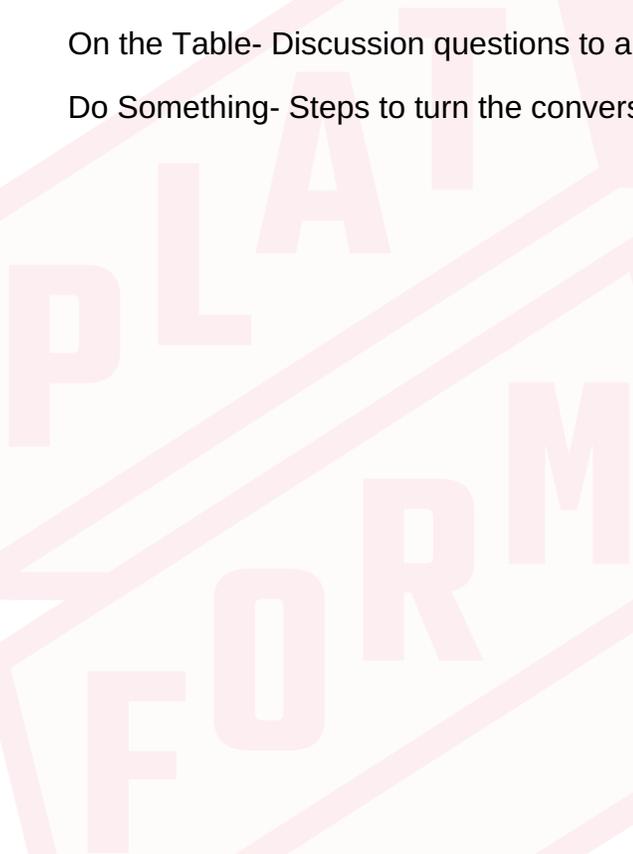




MENTAL HEALTH POLICY

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MENTAL HEALTH POLICY

Note & Content Warning from Platform

Dear Platform Community,

This Policy Pack, we dedicate the conversation to mental health, but we know that for many of us this is a conversation we have daily and a struggle we battle regularly.

We know no single policy can "solve" a person's mental health journey. Every one of us experiences mental health differently and for some the barriers to care are great. Mental health is not a luxury—it is a human right. It is a right we will work to protect in our communities, building spaces of care and support. It is a right we will work to protect in all of the rooms where decisions are made— from schools to prisons to doctors offices to the halls of Congress.

As you work through this Policy Pack, we hope you will take care of your own mental health in the process. There is nothing selfish about taking time to pause, breathe, and care for yourself.

The content of this Policy Pack may be triggering or painful. It contains mentions of suicide, solitary confinement, substance abuse, sexual assault, and barriers to care. **If you or anyone you know needs support:**

National Suicide Hotline: Can be reached at: 1-800-273-8255

The Trevor Project

The Trevor Project was created to meet the needs of lesbian, gay, bisexual, transgender, queer and questioning young people under the age of 25.

The TrevorLifeline can be reached at: 1-866-488-7386.

TrevorChat is an online chat system. Please note, there can be wait times and the TrevorLifeline is more immediate. <https://www.thetrevorproject.org/get-help-now/#services>

For TrevorText: Text "START" to 678678. Standard text messaging rates apply. Available 24/7.

Veterans Crisis Line: Can be reached 24/7 at 1-800-273-8255 and pressing 1.

The National Sexual Assault Hotline: Can be reached 24/7 at 800-656-HOPE and online.rainn.org, y en español: rainn.org/es.

We see you. We hear you and are here for you. We are ready to amplify your voice when and if you are ready. Though we don't owe anyone our stories, when we share them, we not only speak power to our personal narratives but also give others a space to raise their voices. And together, our voices will end the stigma around mental health.

A special thank you to Selena for calling us to action. Thank you for sharing your truth and igniting this conversation in our community.

In sisterhood and progress,
The Platform Team



MENTAL HEALTH POLICY

Letter from Community Leader Selena

Picture this: An 18 year-old Latina from East Harlem sitting in a public assistance office. She's waiting to be called up to be asked a hundred and one questions pertaining to her not attending school nor having a job. She finally gets her number called, her social worker walks her to her office toward the back. It's gray, plain, quiet, and dull. This 18-year-old has a seat while she faces a plain wall, bare and cold-looking. Not even a painting or a typical quote these places tend to put on their walls to try to seem more "comfortable." So much anxiety coursing through her entire body. Thoughts of just wanting to get out of there and hide under her sheets in the bed she's come to know very well in the past year. This bed knows all her thoughts: the intrusive thoughts and the rare okay thoughts. She just wants to escape and never come back. Her social worker sits across from her in front of a computer just typing away. She then tends to the 18 year old and asks, "why aren't you in school or working?"

The 18 year old answers, "well I was diagnosed with clinical depression when I was 13 and have dealt with it on and off for a while now. And I was diagnosed with social anxiety less than a year ago. Due to that, I've been homebound and it's extremely difficult to get out of bed and even fathom the thought of leaving my house without having a panic attack."

This social worker looks her up and down, cracks a smirk and snarkily responds, "Really? You don't look like you suffer with depression or anxiety." Then proceeds to type away for the next few minutes while the 18 year old sits there. Uncomfortable, hurt, and extremely angry.

Well guess what, that was THIS girl...no, WOMAN who is now 23 and taking life by the cojones (which is balls in Spanish, if you didn't know) and laughing right back at that ignorant human being. Now that I'm older, I can't put the blame all on her. I put the blame on not enough research, resources, and education on the topic that is mental health and mental illness. I had no idea what mental health was or what mental illnesses existed until I started going through it myself and had to learn it all on my own. It was either that or continue to suffer unaware of what was going on with my brain, as well as continue to go along with the stereotypes of having a mental illness, or several.

I found out when I was 21 I still suffer with clinical depression BUT it wasn't social anxiety yet. It's actually severe OCD that I suffer from, or "Pure O OCD," if you want to be technical. Yeah I know, wild right? How could I be misdiagnosed? That's the thing with mental health and not having all the resources one needs. My mental health journey was not straight and narrow. Definitely a zig zag and lots of loopy-loops. Once I started educating myself and doing my own research, I realized it was my JOB to make other people aware as well. I couldn't continue to let others sit in the darkness just like I had all my life.



MENTAL HEALTH POLICY

Letter from Community Leader Selena (cont'd)

Did you know half of Americans with mental health issues go without the necessary services and others get minimal care? An article I read by the National Alliance on Mental Illness (NAMI)¹ spoke on the topic of mental health reform and how truly important it is to make mental health a priority. It talked about ending the taboo around mental health, which is the result of lack of education we receive on it.

Education on mental health IS important, I don't care if you suffer with a mental health condition or not. Being educated on the topic will save so many lives. Trust me, if I had the education on it when I was a teen, even a kid, like I do now, I truly believe my life would be a lot different. But I regret nothing. I'm glad I learned about mental health and the importance of it when I did because that means I can educate so many who need it and continue to help so many people out there.

Believe it or not I helped a lot of people over the last 5 years. Which is wild to me to this day. To think this Latina from East Harlem could have such an impact not only on my age group but on those older than me. It's really rewarding, honestly. Mental health education and policy is a necessity, it's a basic human right. Taking care of mental health should and needs to be a priority like drinking water every day or staying active.

It's vital to living the life you deserve. It's vital to just stay alive. Mental health is NOT a luxury. In order to function, your mind needs to be healthy and taken care of, just like the rest of our body. So why do we continue to treat it like it doesn't matter? As if we don't need our brains to be alive. We need to get better, we need to speak up and speak out about mental health. We NEED to get Congress' attention on passing mental health reform. Our lives depend on it. The human race depends on it.

If Congress passes mental health reform then that means more resources, more help, more research, and more education. All of that in turn will help millions of people here in America, helping those that deserve to live a life of happiness.

We will also have less social workers that look you in the face and laugh because you don't look "the part" of someone who has a mental illness or several.

So what are you going to do? Stay silent or speak out?

- Selena Padilla, Platform Community Member



MENTAL HEALTH POLICY

Lingo

Mental Health: According to the World Health Organization, mental health is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his [or their] community.” It continues, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”²

Mental Illness: The National Alliance on Mental Illness describes mental illness as, “a condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day. Each person will have different experiences, even people with the same diagnosis.” Furthermore, “genetics, environment and lifestyle influence whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime. Biochemical processes and circuits and basic brain structure may play a role, too.”

The Mental Health Parity and Addiction Equity Act (MHPAEA): Passed in 2008, this law “prevents group health plans and health insurance issuers that provide mental health and substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical coverage.” While originally only applicable to group health plans and insurance coverage, it was amended in 2010 by the Affordable Care Act to also include individual health insurance coverage.

Serious Mental Illness (SMI): The Center for Mental Health Services, which was created by Congress to further the prevention and treatment of mental illnesses, defines Serious Mental Illness as those which, “resulted in functional impairment which substantially interferes with or limits one or more major life activities.” Of the 300 different types of mental illness, serious mental illnesses are a small portion. Among those considered SMI are schizophrenia, “severe, major depression,” and “severe” bipolar disorder. Depression and bipolar disorders are not always considered SMI, only when diagnosed as “severe.”

Kendra's Law (New York Mental Hygiene Law § 9.60): In New York State, as of 1999, courts may “order certain individuals with serious mental illness to stay in treatment for up to a year while continuing to live in the community.” At the same time, the mental health system is mandated to provide treatment. This is commonly referred to as “Assisted Outpatient Treatment.”

School-Based Resource Officers (SRO): The National Center on Education Statistics defines a SRO as a “career law enforcement officer, with sworn authority, deployed in community-oriented policing, and assigned by the employing police department or agency to work in collaboration with school and community-based organizations.” Often, SROs' first priority is to the police department rather than the school and they “can overrule a school administrator who wants to prevent the arrest of a student.” While SROs are tasked with working on security, counseling, and education, the majority of their time is spent on the law enforcement piece.



MENTAL HEALTH POLICY

Lingo (cont'd)

Solitary Confinement: Individuals who are incarcerated may be subject to solitary confinement, which is when they are kept in an isolated cell for about 23 hours a day. When they do leave their unit for an hour or two of exercise, they are confined to an outdoor cage. Individuals in solitary confinement often lose access to phone calls, visitation, and rehabilitative or educational programming. The American Psychological Association acknowledges that people subject to solitary confinement are “at grave risk for psychological harm.”

Medicaid: This program provides health insurance mainly based on a financial need. Eligible individuals may include low-income adults, children, pregnant individuals, elderly adults, and people with disabilities. Medicaid is managed and funded by both federal and state governments. This means that while there are federal regulations states are obligated to follow, states can also set their own regulations and parameters.

Medicaid Managed Care: “A health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contractual arrangements between state Medicaid agencies and managed care organizations (MCOs)¹⁴ that accept a set per member per month (capitation) payment for these services.”

Substance Use Disorder: The addiction to drugs or alcohol is a mental illness. It changes ones normal desires, priorities, behaviors and can interfere with work, school, and relationships.



MENTAL HEALTH POLICY

The Rundown

Mental health is health. The barriers to treatment and mental health care have created a pervasive public health crisis. Despite this crisis, persistent stigma, lack of funding, and shortage of providers continue to keep mental health in the shadows and left untreated. It's time mental health is prioritized, cared for, and normalized in our daily lives. And a self-care day of cupcakes and rainbows isn't going to cut it.

We need transformative policy change that extends from our doctors to our schools to our workplaces to our prisons. In that, we need transformative policy that intersects with our doctors, our schools, our workplaces, and our prisons. Because the realities of mental health underscore the intersectionality of policy. They emphasize that we cannot discuss one area of policy without engaging in the ways different circumstances or seemingly disparate policy areas impact the landscape.

Under the Affordable Care Act, all new small group and individual market plans are required to cover ten Essential Health Benefit categories, including mental health and substance use disorder services, and are required to cover them at parity with medical and surgical benefits.

Prior to this, 20 percent of people covered in the individual market had no coverage for mental health services, including outpatient therapy visits and inpatient crisis intervention and stabilization. Even those who did receive benefits weren't protected by the federal parity law that ensures that coverage for mental health and substance use disorder services is generally comparable to coverage for medical and surgical care. This progress is now being threatened by the Trump administration, who wants to get rid of the Affordable Care Act in its entirety.

Outside of the Affordable Care Act, there are local changes being made to support those working through mental illness. Some of these programming changes include schools focusing on smaller student to counselor ratios, and employers offering stipends for employees to use toward mental health and wellness. More local changes like this have shown higher efficiency in the workplace for employees who are treated for mental health. Taking advantage of resources like stipends at work or local school resources for mental health are increasingly important as studies have shown that more days are taken off from work for mental health related needs over chronic medical conditions.

Having more resources readily accessible is also imperative as many individuals who have mental illnesses are not actively receiving treatment. Providing resources to those who are living with mental illness is an ongoing conversation at the state and federal level. For example, New York has passed a law requiring Mental Health Education be present in curriculum from kindergarten to 12th Grade. More information about what states are doing can be found at the end of this policy pack.

While there are a lot of positive strides towards de-stigmatizing mental health, there is still a long way to go in making sure all with mental health issues are feeling supported.



MENTAL HEALTH POLICY

Numbers You Need to Know

As you read these numbers, please note that statistics are not facts. Statistics are evidence of problems, trends, etc. Furthermore, the identity and demographic language in each point below mirrors the language used in the reports, but do not necessarily reflect the language used by Platform. For example, a study may have only allowed respondents to identify as “man” or “woman,” “male” or “female,” rather than cisgender, transgender, genderqueer, nonbinary, or woman-identified. Other studies may have only provided limited racial identifiers. It is also essential we acknowledge every person with a mental health condition is an individual with a story uniquely their own. Each story is important story and cannot be properly summed up through a number. Finally, these numbers and the problems they represent can be triggering. We hope you will take care of yourself as you work through them.

Overview

- In the United States, 1 in 5 adults is living with mental illness.¹⁵
- Among uninsured adults, a quarter have a mental health condition, substance use disorder, or both.¹⁶
- About 10.2 million adults experience both mental health and addiction disorders at the same time.¹⁷
- As a result of stigma, discrimination, bullying, and more, “LGBTQ individuals are about 3 times more likely than others to experience a mental health condition such as major depression or generalized anxiety disorder.”¹⁸
- About 50 percent of all mental health conditions begin by the age of 14; 75 percent by the age of 24.”
- In the United States, 1 in 5 young people (3 to 17 years old) have a “diagnosable mental, emotional or behavioral disorder in a given year.”
- Nearly a quarter (24.9 percent) of people who identify as being two or more races report a mental illness within the past year, which is more than any other race or ethnic group: American Indian/Alaska Natives (22.7 percent), whites (19 percent), Blacks (16.8 percent).
- While Blacks and Hispanics report depression at lower rates than whites, Blacks and Hispanics experience more persistent depression.
- African Americans are 20 percent more²³ likely to experience serious mental health problems than the general population.

Care

- In the United States, about 60 percent of adults living with mental illness do not receive any form of mental health service.²⁴
- Among young people (3 to 17 years old) with diagnosable mental health conditions, only 20 percent are actually diagnosed and receive treatment.²⁵
- Therapy typically falls within a range of \$65 to \$250 per hour.²⁶
- Among American Psychological Association members, less than 2 percent are Black/African American.²⁷ As a result, many Black/African Americans seeking care have difficulty finding someone who is able to truly speak to their specific needs and many have experienced racism and microaggressions from their therapists.
- About 95 percent of imams spend a portion of their time providing counseling outside of spirituality, “addressing issues beyond spiritual concerns, including family problems, relationship or marital concerns, mood and anxiety.” After 9/11 imams noted an increased need for counseling as a result of Islamophobia and discrimination.
- “Among adults with diagnosis-based need for mental health or substance abuse care,” 37.6 percent of whites, 25 percent African Americans, and 22.4 percent of Latinos received treatment.
- In New York in 2015, the “percentage of adults with past-year serious psychological distress and unmet need of treatment, who could not afford mental health care” were: 71.1 percent of uninsured individuals, 42.4 percent of individuals using Medicare, 39.9 percent of people with private insurance, 34.1 percent of individuals using Medicaid,³¹ and 19 percent of people using VA/military health insurance.



MENTAL HEALTH POLICY

Numbers You Need to Know (cont'd)

Care (cont'd)

- About “30 percent of transgender individuals reported postponing or avoiding medical care when they were sick or injured, due to discrimination and disrespect.”³²
- Approximately 8 percent of lesbian, gay, and bisexual individuals and nearly 27 percent of transgender individuals report being denied needed health care outright.³³

School

- The American School Counselor Association recommends a student-to-counselor ratio of 250:1.³⁴ The national average, however is 500:1.³⁵
- In New York City, home to the largest public school system, for every 1,000 students there are about six security officers and three counselors.³⁶
- Among college survivors of sexual violence, 34 percent have experienced post traumatic stress disorder, whereas 9 percent of non-survivors in college have experienced post traumatic stress disorder.³⁷
- Among college survivors of sexual violence, 33 percent have experienced depression, whereas 11 percent of non-survivors in college have experienced depression.³⁸
- College students with disabilities are more likely to experience intimate partner violence than students without disabilities. Furthermore, victims with disabilities are also more likely than victims without disabilities “to report experiencing depressive symptoms, self-harm behavior, and stress.”

Work

- More than 80 percent of employees who receive treatment for mental illness reported greater work efficacy and satisfaction.⁴⁰
- Among workers, about ten percent are considered heavy alcohol users—drink large amounts of alcohol on a regular basis— while about 8 percent of workers use illicit drugs.⁴¹
- Untreated and unsupported, mental health conditions can impact business productivity, thus there is a business case for addressing mental health. Annually, employers lose⁴² about \$80 to \$100 billion in indirect costs due to mental illness and substance abuse.
- Companies need to work with employees experiencing mental health conditions, not against them because mental illness leads to more lost work days and work impairment than caused by other chronic health conditions (i.e. asthma, back pain, diabetes, hypertension and heart disease).



MENTAL HEALTH POLICY

Numbers You Need to Know (cont'd)

Veterans

- “Nearly 1 in 4 active duty members showed signs of a mental health condition.”⁴⁴
- Nearly a quarter of veterans who served in Iraq or Afghanistan displayed signs of substance abuse disorder.⁴⁵
- Only about half of all veterans “who need veteran mental health treatment will receive these services.”⁴⁶
- Among adult women, veterans were 1.8 times more likely than non-Veterans to die by suicide.⁴⁷

Prison

- In New York, there are approximately 10,000 people with a diagnosed mental illness out of 48,000 people in the state’s correctional facilities.⁴⁸ It costs the state about \$500 million every year to incarcerate people with serious mental illnesses.⁴⁹
- In the United States, there are over 4,000 people with serious mental illnesses who are held in solitary confinement.⁵⁰
- Mental health conditions are prevalent among incarcerated individuals. In local jails, 75 percent of women and 63 percent of men; in state prisons, 73 percent of women and 55 percent of men; and in federal prisons, 61 percent of women and 44 percent of men have at least one mental health problem.

Suicide

- About 66 percent of all gun deaths in the United States are suicides. About 59 people die by suicide with a gun every day in the United States.⁵²
- The American Psychological Association reported that suicide is the second leading cause of death among Asian-American women aged 15-34.⁵³
- With a suicide attempt rate of 13.5 percent, Latina teenagers are more likely to attempt suicide at a higher rate than their non-Hispanic white female and Hispanic male peers.⁵⁴
- In 2016, suicide was the second leading cause of death among people ages 10 to 34.⁵⁵
- In 2015, the suicide rate among girls reached a 40 year-high.⁵⁶



MENTAL HEALTH POLICY

Who's Saying What

“Mental health continues to draw more national attention, yet it remains severely underfunded and misunderstood. We need greater investment at all stages of life, especially early on. Every child in America, regardless of ZIP code or socioeconomic status, must be provided the services he or she needs.” - **Congresswoman Grace Napalitano (D-CA-32) and Congressman John Katko (R-NY-24)** at a bipartisan briefing on childhood depression

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“The administration’s policy of separating children from their families as they attempt to cross into the United States without documentation is not only needless and cruel, it threatens the mental and physical health of both the children and their caregivers. Psychological research shows that immigrants experience unique stressors related to the conditions that led them to flee their home countries in the first place. The longer that children and parents are separated, the greater the reported symptoms of anxiety and depression for the children. Negative outcomes for children include psychological distress, academic difficulties and disruptions in their development.” - **American Psychological Association President Jessica Henderson Daniel, PhD**

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“[T]he risks associated with long-term solitary confinement of prisoners with serious mental illness is ‘so well known and so well established that it’s a violation of the 8th amendment...Part of the issue here is we have turned jails and prisons into mental health hospitals, and they aren’t mental health hospitals’...Instead of treating people with mental illness, prisons place them in solitary to get rid of them. ‘They’re burying them alive in the prison system.’” - **Amy Fetting, Deputy Director of the ACLU National Prison Project, in an interview with Fortune**

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“Every survivor’s healing journey is unique and it’s crucial that we’re aware of the effects trauma can have on mental health. It’s time to start speaking openly about mental health concerns, and dismantle the environment of shame, fear, and silence that too often prevents individuals from seeking treatment and support.” - **Keeli Sorensen, Vice President of Victim Services at RAINN.**

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MENTAL HEALTH POLICY

Who's Saying What (cont'd)

"There are many social injustices that those dealing with serious mental illness face. Poor access to good medical care is a grave injustice, leading to increased hospitalization, loss of productivity, loss of relationships, homelessness, suicide, etc. In the end, the cost to society is morally and fiscally catastrophic."-**Karen Winters Schwartz, President of the National Alliance on Mental Illness of Syracuse, speaking on behalf of The Mental Health Access Improvement Act**

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"The Muslim travel ban and the rise of nationalist rhetoric, which views immigrants as the unwelcome 'other,' have contributed to feelings of being bullied, harassed, and otherwise treated with suspicion. 'There's this collective feeling of being under siege.'" -**Dr. Hamada Hamid Altalib, a psychiatrist and neurologist who is president of the Institute for Muslim Mental Health and chief editor of the Journal of Muslim Mental Health**

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"In terms of mental health: young LGBT people who are in inclusive school environments are more likely to report higher self esteem, higher GPA's and, they're less likely to say that they've missed school because of bullying and harassment. So when we find those school supports for young people, we have greater success. Greater outcomes. So what we do is find those [people who can serve as] supports and then try to make implementing LGBT support systems in those schools as easy as possible. To help spread awareness to all teachers, school counselors, nurses, and whoever can provide support.- **Becca Mui, Education Manager at GLSEN**

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MENTAL HEALTH POLICY

Stories of Help

Here are the unique experiences of women-identified folks in their personal and professional fight for mental health equity.

"I have always been transparent about my journey with addiction. What I've learned is that this illness is not something that disappears or fades with time. It is something I must continue to overcome and have not done yet... I look forward to the day where I can say I came out on the other side. I will keep fighting."- Demi Lovato, Actress⁶⁴

Demi Lovato, American pop singer and actress, has battled substance abuse, eating disorders, and alcoholism all while remaining in the public eye. In addition to speaking candidly about her fight with addiction, Lovato works with the Be Vocal Initiative as an advocate for open dialogues about mental health. She strongly believes that increased advocacy will put an end to bias towards individuals living with mental health conditions.⁶⁵

"So instead of avoiding my bipolar disorder while writing, I purposefully left it there, letting my crazy seep into my protagonist's every thought, every feeling, and every word. It wasn't until I'd faced my mental illness monster on the page that I understood the monster was me, and it was worthy."- S. Jae-Jones, author of the New York Times bestselling author of *Wintersong* and the forthcoming *Shadowson*

S. Jae Jones is a writer, a first generation American, and a queer woman of color living with bipolar disorder. In her debut novel, *Wintersong*, Jones develops a protagonist character called Liesl who experiences her bipolar disorder. Jones does so as a method of confronting her mental health condition as opposed to sugar coating the reality she faces every day.

"People in the African-American community have long been afraid to talk about our mental health; we just don't do it. We're told to pray it away, we're told to be strong, we're told it's a sign of weakness or, a lot of times, mental health issues comes off as 'rage' and is dismissed or ignored. There's shame and taboo around the topic. We have to break that silence."- Taraji P. Henson, Actress and Founder of Boris Lawrence Henson Foundation⁶⁹

Taraji P. Henson is an American actress and the daughter of the late Boris Henson, a veteran of the Vietnam War who battled with his mental health following his return. In commemoration of her late father, she founded the Boris Lawrence Henson Foundation to address the stigma associated with the discourse of mental health in the African American community. The mission of the foundation is to raise awareness and provide resources for populations affected by mental illness.

"One layer is that we need to know we are free. Being sedentary and sick as Native people is genocide. The reservation system was always meant to be a trap. And being too afraid to go outside and move our bodies is killing us. Running is freedom for many of us. We also know, though, that being out in the woods or on roads is dangerous, especially for us Native women."- Anishinaabe artist Sarah Agaton Howes, a Kwe Pack organizer

Sarah Agaton Howes is an Anishinaabe artist and teacher from the Fond du Lac Reservation in Minnesota, where she connects her community through art. Her label, House of Howes, seeks to perpetuate Indigenous traditions of making crafts such as moccasins and custom beadwork. In March 2019, Howes took part in the Antelope Canyon Half-Marathon as a member of the Kwe Pack, a running group of Native women. The women of the Kwe Pack view the act of running as a medium for liberation and healing.



MENTAL HEALTH POLICY

Stories of Healing (cont'd)

“For example, a woman wearing the hijab and seeking out psychotherapy may not want to be told, ‘You just need to take off your hijab and assimilate and be like everybody else and then you’ll be able to find a job’.”- Shaykh Suhail Mulla, resident scholar at the Islamic Society of West Valley in Los Angeles and the Muslim chaplain at UCLA ⁷²

Shaykh Suhail Mulla is an advocate for faith-based and culturally sensitive approaches to mental health. Mulla is working to launch a branch of the Muslim Center for Mental Health in the Los Angeles area of the Khalil Center. Mulla’s efforts will further integrate mental health practices with Islamic theology to better cater to the Muslim mental health community.

“In my second month on campus, I received a health insurance bill for a mandatory checkup that cost hundreds of dollars. Stressed, I confided in the GSP director, Missy Foy, that I wanted to help change the health insurance policy on campus to assist low-income students. She encouraged me to apply to a ‘necessity fund’ to cover the costs. A week later, the program issued a refund to my account to cover the full cost of the bill.”- Emily Kaye, Georgetown Alumna and First-Generation College Student

Emily Kaye had an anxiety attack after learning she had pneumonia and receiving the associated doctors bills. Not knowing how to pay the bills for her physical health put her mental health at risk and she didn’t have a network to assist her. Then, she transferred to Georgetown, which has the Georgetown Scholars Program to support “low-income and/or first-generation college students by providing loan relief as well as other support to help meet the emotional and financial needs of students.” When she found a community and a place to turn to when the stresses set in, things started to look up.





MENTAL HEALTH POLICY

Recent Legislation

H.R.100 Veteran Overmedication and Suicide Prevention Act of 2019

Rep. Vern Buchanan [R-FL-16]

To direct the Secretary of Veterans Affairs to conduct an independent review of the deaths of certain veterans by suicide, and for other purposes.

H.R.1109 Mental Health Services for Students Act of 2019

Rep. Grace Napolitano [D-CA-32]

To amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs.

H.R.1301 Mental Health Telemedicine Expansion Act

Rep. Susan DelBene [D-WA-1]

To amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of certain mental health telehealth services.

H.R.1302 Expanding Opportunities for Recovery Act of 2019

Rep. Bill Foster [D-IL-11]

To authorize the Assistant Secretary for Mental Health and Substance Use, acting through the Director of the Center for Substance Abuse Treatment, to award grants to States to expand access to clinically appropriate services for opioid abuse, dependence, or addiction.

H.R.1336 Mental Health Care for Children Inhumanely Separated from Parents by the Federal Government Act of 2019

Rep. Nanette Barragan [D-CA-44]

To require the Federal Government to provide mental health services to each child who has been separated from one or more parent as a result of implementation of the Trump Administration's zero tolerance policy at the United States border, and for other purposes.

H.R.1345 Restoring the Partnership for County Health Care Costs Act of 2019

Rep. Alcee Hastings [D-FL-20]

To amend titles XVI, XVIII, XIX, and XXI of the Social Security Act to remove limitations on Medicaid, Medicare, SSI, and CHIP benefits for persons in custody pending disposition of charges.

H.R.1350 Corey Adams Searchlight Act

Rep. Gwen Moore [D-WI-4]

To encourage, enhance, and integrate Green Alert plans throughout the United States, and for other purposes.

H.R.1384 Medicare for All Act of 2019

Rep. Pramila Jayapal [D-WA-7]

To establish an improved Medicare for All national health insurance program.

H.R.1395 Youth Mental Health Services Act of 2019

Rep. David Roe [R-TN-1]

To amend the Elementary and Secondary Education Act of 1965 to improve mental health services for students, and for other purposes.

H.R.1532 Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act

Rep. Barbara Lee [D-CA-13]

To establish the Social Work Reinvestment Commission to provide independent counsel to Congress and the Secretary of Health and Human Services on policy issues related to recruitment, retention, research, and reinvestment in the profession of social work, and for other purposes.

H.R.1564 Outpatient Mental Health Modernization Act of 2019

Rep. Alcee Hastings [D-FL-20]

To amend title XVIII of the Social Security Act to stabilize and modernize the provision of partial hospitalization services under the Medicare Program, and for other purposes.



MENTAL HEALTH POLICY

Recent Legislation (cont'd)

H.R.1646 H.R.1646 - HERO Act of 2019

Rep. Ami Bera [D-CA-7]

To require the Secretary of Health and Human Services to improve the detection, prevention, and treatment of mental health issues among public safety officers, and for other purposes.

H.R.1749 PFC Joseph P. Dwyer Peer Support Program Act

Rep. Lee Zeldin [R-NY-1]

To authorize the Secretary of Veterans Affairs to make grants to State and local entities to carry out peer-to-peer mental health programs.

H.R.1801 Warrior Wellness Act

Rep. Lloyd Smucker [R-PA-11]

To direct the Secretary of Defense to develop a strategy to recruit and retain mental health providers, to direct the Secretaries of the military departments to develop medication monitoring programs, and for other purposes.

H.R.1812

Rep. David Roe [R-TN-1]

To amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to certain individuals.

[Became Law] H.R.1839 Medicaid Services Investment and Accountability Act of 2019

Rep. Raul Ruiz [D-CA-36]

To amend title XIX to extend protection for Medicaid recipients of home and community-based services against spousal impoverishment, establish a State Medicaid option to provide coordinated care to children with complex medical conditions through health homes, prevent the misclassification of drugs for purposes of the Medicaid drug rebate program, and for other purposes.

H.R.1920

Rep. Joseph Kennedy, III [D-MA-4]

To amend title XIX of the Social Security Act to provide a higher Federal matching rate for increased expenditures under Medicaid for mental and behavioral health services, and for other purposes.

H.R.223 Hate Crime Victim Assistance Act of 2019

Rep. Nydia Velázquez [D-NY-7]

To amend the Omnibus Crime Control and Safe Streets Act of 1968 to establish grants to reduce the incidence of hate crimes, and for other purposes.

H.R.873 / S.260 Transformation to Competitive Employment Act

Rep. Bobby Scott [D-VA-3] / Sen. Bob Casey, Jr. [D-PA]

To assist employers providing employment under special certificates issued under section 14(c) of the Fair Labor Standards Act of 1938 to transform their business and program models, to support individuals with disabilities to transition to competitive integrated employment, to phase out the use of such special certificates, and for other purposes.

H.R.884 Medicare Mental Health Access Act

Rep. Judy Chu [D-CA-27]

To amend title XVIII of the Social Security Act to provide for treatment of clinical psychologists as physicians for purposes of furnishing clinical psychologist services under the Medicare program.

H.R.973 Violence Against Women Health Act of 2019

Rep. Debbie Dingell [D-MI-12]

To amend the Public Health Service Act to provide for additional programs funded by grants to strengthen the healthcare system's response to domestic violence, dating violence, sexual assault, and stalking, and for other purposes.



MENTAL HEALTH POLICY

Recent Legislation (cont'd)

H.R.981 Put School Counselors Where They're Needed Act

Rep. Linda Sanchez [D-CA-38]

To amend the Elementary and Secondary Education Act of 1965 to create a demonstration project to fund additional secondary school counselors in troubled title I schools to reduce the dropout rate.

S.211, H.R.1351 SURVIVE Act

Rep. Tom O'Halleran [D-AZ-1] / Sen. John Hoeven [R-ND]

To amend the Victims of Crime Act of 1984 to secure urgent resources vital to Indian victims of crime, and for other purposes.

S.286, H.R.945 Mental Health Access Improvement Act of 2019

Sen. John Barrasso [R-WY] / Rep. Mike Thompson [D-CA-5]

To amend title XVIII of the Social Security Act to provide for the coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program, and for other purposes.

S.317, H.R.1226 ACE Kids Act of 2019

Sen. Grassley, Chuck [R-IA] / Rep. Kathy Castor

To amend title XIX of the Social Security Act to provide States with the option of providing coordinated care for children with complex medical conditions through a health home.

S.319, H.R.955 Women Veterans and Families Health Services Act of 2019

Sen. Patty Murray [D-WA] / Rep. Rick Larsen [D-WA-2]

To improve the reproductive assistance provided by the Department of Defense and the Department of Veterans Affairs to severely wounded, ill, or injured members of the Armed Forces, veterans, and their spouses or partners, and for other purposes.

S.374, H.R.1092 Servicemembers and Veterans Empowerment and Support Act of 2019

Sen. Jon Tester [D-MT] / Rep. Chellie Pingree [D-ME-1]

To amend title 38, United States Code, to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma, and for other purposes.

S.388 Families, Not Facilities Act of 2019

Sen. Kamala Harris [D-CA]

To reduce the ability of U.S. Immigration and Customs Enforcement to engage in inappropriate civil immigration enforcement actions that harm unaccompanied alien children and to ensure the safety and welfare of unaccompanied alien children.

S.413 Behavioral Health Crisis Response Improvements Act

Sen. Amy Klobuchar [D-MN]

To amend the Omnibus Crime Control and Safe Streets Act of 1968 to promote behavioral health crisis response training among law enforcement officers.

S.467, H.R.1191 Native American Suicide Prevention Act of 2019

Sen. Elizabeth Warren [D-MA] / Rep. Raul Grijalva [D-AZ-3]

To amend section 520E of the Public Health Service Act to require States and their designees receiving grants for development and implementation of statewide suicide early intervention and prevention strategies to collaborate with each Federally recognized Indian tribe, tribal organization, urban Indian organization, and Native Hawaiian health care system in the State.

S.606 Reach Every Veteran in Crisis Act

Sen. Richard Blumenthal [D-CT]

To improve oversight and evaluation of the mental health and suicide prevention media outreach campaigns of the Department of Veterans Affairs, and for other purposes.



MENTAL HEALTH POLICY

Recent Legislation (cont'd)

S.697, H.R.1893 Next Step Act of 2019

Sen. Cory Booker [D-NJ] / Rep. Bonnie Watson Coleman [D-NJ-12]

To reform sentencing, prisons, re-entry of prisoners, and law enforcement practices, and for other purposes.

S.699 National Green Alert Act of 2019

Sen. Maggie Hassan [D-NH]

To establish an interagency committee on the development of green alert systems that would be activated when a veteran goes missing, and for other purposes.

S.711 CARE for Reservists Act of 2019

Sen. Jon Tester [D-MT]

A bill to amend title 38, United States Code, to expand eligibility for mental health services from the Department of Veterans Affairs to include members of the reserve components of the Armed Forces, and for other purposes.

S.719 Solitary Confinement Reform Act

Sen. Dick Durbin [D-IL]

To reform the use of solitary confinement and other forms of restrictive housing in the Bureau of Prisons, and for other purposes.

S.782, H.R.1533 Improving Access to Mental Health Act

Sen. Debbie Stabenow [D-MI] / Rep. Barbara Lee [D-CA-13]

To amend title XVIII of the Social Security Act to improve access to mental health services under the Medicare program.

S.785

Sen. Jon Tester [D-MT]

A bill to improve mental health care provided by the Department of Veterans Affairs, and for other purposes.

S.824, H.R.1767 Excellence in Mental Health and Addiction Treatment Expansion Act

Sen. Stabenow, Debbie [D-MI] / Rep. Doris Matsui [D-CA-6]

To increase the number of States that may conduct Medicaid demonstration programs to improve access to community mental health services.

S.840 Healthy Families Act

Sen. Patty Murray [D-WA]

To allow Americans to earn paid sick time so that they can address their own health needs and the health needs of their families.



MENTAL HEALTH POLICY

What States Are... Or Are Not Doing

This is not an exhaustive list of state-level policy change. This section is intended to lay out the different types of legislation and laws that are at play on a more localized scale.

California

Though nearly two-decades old, California's Substance Abuse and Crime Prevention Act, or Prop 36, is worth noting. Passed by ballot measure in 2000, the law directed individuals who committed a first or second-time nonviolent offense to receive drug and alcohol treatment rather than go to jail. It is hailed as one of the "most popular and controversial drug diversion initiatives," and has enabled over 36,000 Californians annually to get addiction treatment.

Colorado

A bill before the Colorado state legislature would improve the state's behavioral healthcare system in an effort to move away from jails and other institutions. The bill would ensure individuals with serious mental health and substance abuse disorders receive care, rather than being turned away. The legislation received an endorsement from Mental Health Colorado.

Georgia

At the end of its legislative session, Georgia sent mental health care legislation to the Governor's desk. Included in these bills were HB 514, which would create the Georgia Mental Health Reform and Innovation Commission, and the 2020 budget to include increases in mental health services.

Hawaii

A bill before the state legislature would allocate funds to open additional mobile clinics, with mental health resources, for homeless individuals.⁷⁷

Iowa

At the end of March, Iowa passed legislation to reform pieces of the state's mental health system. Such changes include the creation of regional "access centers," to support people experiencing a crisis with mental illness but do not need hospitalization; "assertive community treatment" to support people in taking medication and receiving treatment so they do not have to go to the hospital; and calls for "subacute" treatment centers for individuals leaving hospitals but needing significant care. The state will still have to work to properly fund the programs outlined by the legislation. Under a separate bill, public school teachers will receive mandatory suicide-prevention training.⁷⁸

New Jersey

Governor Phil Murphy just signed legislation to improve care for people with mental illness. The new law mandates coverage for all mental illnesses defined by the Diagnostic and Statistical Manual of Mental Disorders. It also requires all insurance companies to create an annual report to show that it treated requests for mental health and physical health care equally. The reports also have to provide reasons as to why policy holders were denied mental health coverage. After the report is reviewed, companies that are not in compliance must detail how they are making appropriate changes.



MENTAL HEALTH POLICY

What States Are... Or Are Not Doing (cont'd)

New York

Held in Prison

A recent lawsuit in New York revealed that people with mental illnesses who are incarcerated have been held up to 16 months past their release date. They can be held due to the lack of community-based support. In response to the lawsuit, the Office of Mental Health has indicated it will seek proposals to “provide up to \$12.5 million in annual funding for the operation of 500 units of supportive housing for homeless individuals and families statewide. These 500 scattered-site supportive housing units will be targeted to homeless individuals who are living with mental illness, with over 20 percent of the units dedicated to individuals leaving the prison system, according to the Office of Mental Health.”

Solitary Confinement

Under Governor Cuomo’s proposed budget, the use of solitary confinement would be restricted in some aspects. However, it does not go far enough according to NY Campaign for Alternatives to Isolated Confinement (NYCAIC). The proposal would still allow indefinite solitary, as the limitations only apply to “segregated confinement,” but not the practice of leaving people in their own cells, administrative segregation, or protective custody. Cuomo’s proposal does not adequately account for “people with pre-existing mental health conditions, young people aged 18-21, and people with physical disabilities. The only two ‘special populations’ that would be barred from solitary under the proposal are adolescents in a designated Adolescent Facility and pregnant women/new mothers.” The proposal still allows people to be placed in solitary confinement for minor, non-violent infractions. Finally, the proposal does not present sufficient alternatives to the practice of solitary confinement.⁸¹

Mental Health Education

New York state schools are required to provide mental health education in its kindergarten through 12th grade curriculum. The mandate for such education passed in 2015, yet the full implementation across grades is still in the works. The regulation calls for a program that includes “instruction in the several dimensions of health, and must include mental health and the relation of physical and mental health; and enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity.” Helping the implementation is the year-old New York Mental Health Association’s School Mental Health and Training Resource Center. It was established with a \$1 million budget and is tasked with “working with educators to develop sample lesson plans and conducts training sessions at school districts around the state.” Currently, seminars are providing teachers with the tools to identify and address their students’ mental health conditions.⁸²

Ohio

In 2018, Ohio passed SB 66, which allows judges to sentence individuals⁸³ “convicted of non-violent, fourth- and fifth-degree felonies that are not sexual in nature” to “community control” programs, including addiction treatment, rather than prison.⁸³

Virginia

While the state already has requirements for general mental health education for students in 7th to 10th grade, a new law will mandate the state’s department of education consult with experts to establish clearer standards that align with best practices.



MENTAL HEALTH POLICY

Think On It

We provided you with the information we found most relevant, but there's always more to the story. Here are some sources to help you continue learning in order to develop your own conclusions.



American Psychological Association is a leading scientific and professional organization representing psychology in the United States, with more than 118,000 researchers, educators, clinicians, consultants and students as its members. Their mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives. apa.org

National Alliance on Mental Illness (NAMI) is a grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. It is an association of more than 500 local affiliates who work in communities to raise awareness and provide support and education that was not previously available to those in need. nami.org



National Indian Health Board



The National Indian Health Board (NIHB) represents Tribal governments —both those that operate their own health care delivery systems through contracting and compacting, and those receiving health care directly from the Indian Health Service (IHS). The NIHB continually presents the Tribal perspective while monitoring federal legislation, and opening opportunities to network with other national health care organizations to engage their support on Indian health care issues. nihb.org

Mental Health America (MHA) is a community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promote the overall mental health of all Americans. Their work is driven by a commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care, services, and supports for those who need it, with recovery as the goal. Mentalhealthamerica.net



The Boris Lawrence Henson Foundation is a nonprofit organization committed to changing the perception of mental illness in the African-American community by encouraging those who suffer with this debilitating illness to get the help they need. Through their partnerships, the foundation will ensure cultural competence in caring for African Americans who struggle with mental illness by providing scholarships to African-American students who seek a career in the mental health field; offer mental health services and programs to young people in urban schools; and combat recidivism within the prison system. They support organizations who educate, celebrate, and make visible the positive impact of mental health wellness. borislhensonfoundation.org

The Journal of Muslim Mental Health is an interdisciplinary peer-reviewed academic journal and publishes articles exploring social, cultural, medical, theological, historical, and psychological factors affecting the mental health of Muslims in the United States and globally. The journal publishes research and clinical material, including research articles, reviews, and reflections on clinical practice. journalofmuslimmentalhealth.org





MENTAL HEALTH POLICY

On the Table

When we surround ourselves with passionate women-identified folk, our knowledge grows. Get together with your organization, a few friends, or your peers and talk about your process in learning or reexamining this topic. These questions are meant to aide your conversation, but feel free to explore ideas and questions of your own. Step outside your comfort zone. None of us have all the answers, that's why we need to work together. You are sure to bring something to the table that no one else considered. Your voice is meant to be heard. Let's hear what ideas you have on the table. Share only what you feel comfortable sharing, but be sure to share the space.

Do you have any lingering questions about Mental Health?

What were your initial reactions to the statistics or the information presented?

How did you feel learning about/working through this Policy Pack?

What do you think is the most common misconception about mental health?

What are the main barriers to advancing mental health care?

How do communities you identify with approach mental health?

What strategies would you employ to overcome them?

Of the bills in Congress, which one do you want to mobilize around? How would you build a campaign to promote/prevent it?

Of the policy needs, which do you think should be addressed first and how would you go about it?

What was your favorite solution that you discussed?

What would be your ideal solution?

What was one solution that someone else suggested that you want to discuss more?

What do you wish people knew about mental health?

What does your campus/community do to support mental health?

What can you do at the local level to address mental health?

What policy would you like to see advocated for by Platform?



MENTAL HEALTH POLICY

Do Something

Take a stand and make your thoughts heard. We ask that in your outreach you do not state that your opinion is the official stance of Platform, unless it is taken from our Platform Pledge. But you can certainly give us a shoutout for having the conversation.

Blog It

We know you have something to say!

Walk us through your perspective and rally people to your cause. Your posts will be featured on our website and social media.

Email your blog to: media@platformwomen.org, include "Blog Post" and a title in the subject line

Get On Social Media

This isn't "slacktivism!"

According to a report from the Congressional Management Foundation, which surveyed Congressional Staff, "71 [percent of respondents] said social media comments directed to the Member/Senator by 'multiple constituents affiliated with a specific group or cause' would have 'some' or 'a lot' of influence on an undecided lawmaker." There you have it—tweet, Instagram, and post away on Facebook. #GiveMeAPlatform.



@PlatformWomen



facebook.com/PlatformWomen



@PlatformWomen

Contact Your Reps

You have a right to be heard!

Head over to All In Together's Action Center* and once you sign up they will provide you with the names and portals to contact your elected officials. You can write/say whatever comes to mind, but feel free to use the prompt below.

All In Together is nonpartisan and does not take a stance on this issue but gives you the tools to make your input known.

Dear _____,

This month, I, along with young women across the nation, worked with Platform to advance the conversations on mental health. As your constituent, you should know that I believe _____ because _____;

We need to further conversations and advance policies that will _____. I ask that you _____. I plan on using my voice and staying active until change is realized. You should know that I certainly exercise my right to vote.

Go to: aitogether.org/actioncenter



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