National Coalition for Mental Health Recovery

BEHAVIORAL HEALTH FOUNDATION

November 1, 2021

The Honorable Ron Wyden
Chairman, Senate Finance Committee
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Senate Finance Committee
United States Senate
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo,

We are writing to express our enthusiastic support for your work on a bipartisan legislative package to address behavioral healthcare challenges currently faced by many American citizens, and to submit our responses to some of the important questions that you raise.

To remove barriers to behavioral services, increase diversity in the behavioral health care practitioners, and reduce their burnout, we propose allocating federal funding for an expansion and replication of

- services offering peer support;
- evidence-based non-coercive methods of treatment and prevention of mental crises;
- effective crisis-responder programs, such as the highly successful CAHOOTS in Oregon.[1]

Among the greatest barriers for patients are (1) unaffordable costs of efficient preventive services; (2) shortages of qualified mental health professionals; and (3) mistrust of mental health workers among the patients with a perceived negative experience of a psychiatric intervention.[2] The number of such patients is especially high among racial and ethnic minorities, who are committed involuntarily at a far greater rate than white patients, and often perceive mental health system as repressive.[3]

For patients experiencing acute mental crises, barriers to treatment will be lowered significantly by providing access to non-coercive programs approved by the World Health Organization, such as Open Dialogue and Soteria House, which provide long-term outcomes comparable, or even superior, to the outcomes of conventional psychiatric hospitalization, at a lower cost and with fewer side effects.[4] For example, nightly costs

1 B.A. Climer, B. Gicker, "CAHOOTS: A Model for Prehospital Mental Health Crisis Intervention," *Psychiatric Times 38* (2021), https://www.psychiatrictimes.com/view/cahoots-model-prehospital-mental-health-crisis-intervention.

2 Nev Jones et al., "Investigating the Impact of Involuntary Psychiatric Hospitalization on Youth and Young Adult Trust and Help-Seeking in Pathways to Care," *Social Psychiatry and Psychiatric Epidemiology* (2021) 56:2017–2027. https://doi.org/10.1007/s00127-021-02048-2

3 Jeffrey Swanson et al., "Racial Disparities in Involuntary Outpatient Commitment: Are They Real?" *Health Affairs* 28 (2009):816-26. https://doi.org/10.1377/hlthaff.28.3.816; K. J. Coleman et al., "Racial-ethnic Differences in Psychiatric Diagnoses and Treatment," *Psychiatric Services* 67 (2016):749–757. https://doi.org/10.1176/appi.ps.201500217.

4 *World Health Organization Guidance on Community Mental Health Services: Promoting Person-Centred and Rights-Based Approaches* (New York: WHO, 2021), https://creativecommons.org/licenses/by-nc-sa/3.0/igo; J Aaltonen et al., "Long-Term Stability of Acute Psychosis Outcomes in Advanced Community Care," *Psychosis* 3 (2011):1–13; S. von Peter et al. "Open Dialogue as a Human Rights-Aligned Approach." *Frontiers in Psychiatry* 10 (2019), 387, https://doi.org/10.3389/fpsyt.2019.00387; T. Wolf et al. "From Wish to Reality: Soteria in Regular Care – Proof of Effectiveness of the Implementation of Soteria Elements in Acute Psychiatry," *Frontiers in Psychiatry* 12 (2021), 992, https://www.frontiersin.org/article/10.3389/fpsyt.2021.685779; T. Calton et al. "A Systematic Review of the Soteria Paradigm for the Treatment of People Diagnosed with Schizophrenia," *Schizophrenia Bulletin* 34 (2008): 181–92.

per individual at the Soteria House in Vermont are about one-third lower than in the Vermont Psychiatric Care Hospital. Soteria was pioneered by American psychiatrists, but it is now severely underfunded in the U.S. This type of care is now being implemented by the Israel Ministry of Health, known for its sponsorship of cutting-edge medical practices. The rates of burnout among the employees of these programs and conventional psychiatric hospitals have not yet been formally studied, but personal testimonies indicate much higher job satisfaction and lower burnout for Soteria.[5]

Peer mental health workers have diverse backgrounds and unique ways to relate to patients and build trust. Since the peer-run Suicide Crisis Centre was open in the UK in 2013, it has not have a single suicide among its clients, in contrast with high rates of suicides among patients discharged from psychiatric hospitals.[6] Peer Respites and peer-run prevention programs recently started in the U. S., such as Emotional CPR, have promising initial results.[7]

To lower barriers to preventive services, we propose to support and expand (1) community-building programs, such as Self-Healing Communities, which achieved a 98% decrease in youth suicide and suicide attempts; and (2) access to in-depth psychotherapy, which reduces psychiatric hospitalizations, ER visits, law enforcement encounters and incarcerations of people with mental health problems.[8] A great demand for this kind of therapy among the low-income population is shown by an overwhelmingly positive vote on additional property tax for funding the Kedzie Center in Chicago and by the success of Volunteers In Psychotherapy, which operates on the "Habitat for Humanity" model: clients receive therapy free of charge in exchange for volunteer work for a charity of their choice.

We will be happy to share more information about preventive and acute crisis-care programs and organizations using humane and efficient approaches, or other information you would find helpful.

We are thankful for your ongoing efforts to improve mental health care for all Americans.

With gratitude,

Yulia Mikhailova, PhD
Family Member & Advocate
Socorro, New Mexico
yuliamikh@gmail.com
(505) 301-2959

Elliot Pinsly, LCSW
Behavioral Health Foundation – CEO
Nashville, Tennessee
elliot@behavioralhealthfoundation.org
(615) 669-2544

Braunwynn Franklin
NCMHR – President
Cambridge, Massachusetts
braunwynn@live.com
(313) 600-6085

5 E.g., *Being With: Stories from Soteria-Alaska*, https://www.youtube.com/watch?v=vl0YfzU341U.

6 M. J. Crawford, "Suicide Following Discharge from In-patient Psychiatric Care," *Advances in Psychiatric Treatment* 10 (2004): 434–438, https://doi.org/10.1192/apt.10.6.434; , J.T. Jordan, D.E. McNiel,"Perceived Coercion during Admission into Psychiatric Hospitalization Increases Risk of Suicide Attempts after Discharge," *Suicide and Life-Threatening Behavior* 50 (2019):180-188, http://doi.org/10.1111/sltb.12560; A. Faulkner, *Peer Support Case Studies: Suicide Crisis Centre, Gloucestershire* https://www.nsun.org.uk/wp-content/uploads/2021/05/Suicide_Crisis_Centre_PS_CS.pdf

7 M. Pelot, L. Ostrow, "Characteristics of Peer Respites in the United States: Expanding the Continuum of Care for Psychiatric Crisis," *Psychiatric Rehabilitation Journal*, 2021. http://dx.doi.org/10.1037/prj0000497; A. Myers et al., "Feasibility and Preliminary Effectiveness of a Peer-Developed and Virtually Delivered Community Mental Health Training Program (Emotional CPR)," *Journal of Participatory Medicine* 13 (2021): e25867, https://jopm.jmir.org/2021/1/e25867; D. Fisher, "Promising Evidence of the Role of Emotional CPR," *The American Journal of Geriatric Psychiatry* 29 (2021):684, https://doi.org/10.1016/j.jagp.2021.03.008.

8 Susan G. Lazar, *Psychotherapy Is Worth It: A Comprehensive Review of Its Cost-Effectiveness* (Arlington, VA: American Psychiatric Publishing, 2010).