



NATIONAL ASSOCIATION FOR RIGHTS PROTECTION AND ADVOCACY

November 12, 2021

Hon. Ron Wyden
Chair, Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

Hon. Mike Crapo
Ranking Member, Senate Finance Committee
239 Dirksen Senate Office Bldg.
Washington, DC 20510

Re: Request for Stakeholder Input on Improving Access to Behavioral Health Services

Dear Chair Wyden and Ranking Member Crapo:

The National Association for Rights Protection and Advocacy (NARPA) submits these comments in response to your request for stakeholder input on how Congress can improve access to behavioral health services for individuals enrolled in Medicare, Medicaid, CHIP, and the Affordable Care Act marketplaces. We offer these suggestions to help our mental health dollars go further, to avoid counter-productive expenditures, and to help align service systems with recommendations [recently issued by the World Health Organization](#) (WHO).

The WHO [urges national governments to transition](#) “from mental health services that use coercion and focus almost exclusively on the use of medication to manage symptoms of mental health conditions,” to a rights-based model that “offers a variety of approaches for treatment and support.” An overreliance on medications at the expense of other approaches may contribute to the well-known paradox: countries without access to modern medicine consistently show better outcomes for serious mental illness than the developed world.

Rights-based, non-coercive programs approved by the WHO include [Open Dialogue](#) and [Soteria House](#). They work with individuals experiencing psychosis, one of the most expensive mental health conditions, and achieve [better long-term outcomes](#) than conventional psychiatric hospitalization at a lower cost. For example, nightly costs per individual at the highly successful [Soteria House in Vermont](#) are about one-third lower than in the Vermont Psychiatric Care Hospital. This type of care is now being implemented in Israel and other countries; ironically, Soteria was pioneered by American psychiatrists, but it is now marginalized and severely underfunded in the U.S.

Rights-based programs offering psychological and social support are cost effective because they:

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- minimize psychiatric hospitalizations, ER visits, law enforcement encounters and incarcerations
- minimize the use of expensive medications, which are standard in conventional psychiatric hospitals, but needed by about 20% of patients, or less, in institutions practicing psychosocial approaches;
- decrease chronic disability and, therefore, disability rates;
- do not rely on intrusive and expensive devices to ensure compliance because their employees are trained to build trust and achieve full consent and cooperation from the patients.

We believe that directing more resources to proven recovery-oriented care models will:

- lead to better outcomes for patients and their families;
- bridge the current social and racial inequality in access to humane and efficient treatments;
- decrease tremendous expenses currently spent on coercive treatments of people in acute mental crises and on physical disabilities resulting from the side effects of psychiatric medications;
- help the U.S. move towards a rights-based model of mental health, recommended by WHO;
- create an infrastructure that will help people immediately, and also will be of crucial importance should the U.S. move to a single-payer system.

Currently, the U.S. has a *de facto* two-tier mental health system, in which those who can afford a therapist have access to high-quality preventive care that helps resolve psychological traumas and stressors before they accumulate and lead to an acute mental health crisis. Such crises are disproportionately experienced by racial minorities and uninsured individuals, who are brought to the ER, often by police, and receive costly and inefficient treatments of the kind criticized by WHO.

Healthcare managers often underestimate the role of social and psychological factors in mental illness and overestimate the necessity of medications and medical devices, because they operate within a model of physical medicine. [Statistics show that in-depth long-term psychotherapy is correlated with major cost savings on ER and other medical visits](#), but most American insurance companies put severe limits on psychotherapy coverage. The same organizations cover multiple hospitalizations and years-long courses of expensive medications.

We ask that you please consider the following suggestions:

- Increase public funding for comparative research of various psychiatric treatments conducted by scientists without conflict of interest and accounting for patient perspectives. Studies have found that many patients [fear and mistrust mental health workers](#) and hide their symptoms and concerns. Person-centered research can help us develop a more efficient and welcoming system.
- Dedicate public funding for humane, cost effective, non-coercive treatments for psychosis and other severe mental health conditions, providing more options for patients to choose from.
- Support organizations providing psychotherapy to those who cannot afford a private therapist.

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 health care for all Americans and would greatly appreciate an opportunity to meet with you virtually to discuss our requests further and answer any questions you may have.

With gratitude,

Kwamena Blankson, President
National Association for Rights Protection and Advocacy (NARPA)