

# Calls to Action!

## Track The Bill

Download this App (iphone/android) and track the bill's progress, and easily call your elected officials. Search for H.R. 2646:  
<http://congress.sunlightfoundation.com/>

## Communicate With Congress!

Find out who your elected congressmen and senators are and call, email and write them:  
<http://www.congressmerge.com/online/db/communicating.htm>  
<http://www.contactingthecongress.org/>

## Annotate and comment on the bill:

<https://www.opencongress.org/bill/hr2646-114/show>

## Sign a petition:

[http://is.gd/stop\\_murphy\\_petition](http://is.gd/stop_murphy_petition)  
<http://petitions.moveon.org/sign/stop-the-murphy-bill/>

And, let's outdo this one! <http://petitions.moveon.org/sign/mental-health-reform-2>

## Express yourself:

Write a letter to the editor of a dead tree newspaper, or, if you have the stamina, hop on the comments section of your favorite internet water cooler (Reddit, Huffington Post, BuzzFeed).

Engage with people beyond the choir.

[http://reclaimdemocracy.org/effective\\_letters\\_editor/](http://reclaimdemocracy.org/effective_letters_editor/)

[http://reclaimdemocracy.org/talk\\_radio\\_tips\\_activism/](http://reclaimdemocracy.org/talk_radio_tips_activism/)

## Raise Awareness:

Share this message with all your friends and family on Facebook, Twitter, Instagram, Snapchat, Diaspora, Ello, and even in person.  
<http://realmhchange.org/social-media-samples/>

Use the hashtags

#RealMHChange and #StopMurphy

You may want to direct your messages to your congress-people, celebrities, or Tim himself  
@RepTimMurphy

# Further Resources

## Websites:

**Murphy's website** - <http://murphy.house.gov/helpingfamiliesinmentalhealthcrisisact>

**Campaign for Real Mental Health Change:** <http://realmhchange.org/>  
Infographic: <http://realmhchange.org/2015/09/23/new-murphy-bill-infographic/>

**Recovery Learning Community Action Points:**  
<http://www.westernmassrlc.org/stop-the-murphy-bill/54-uncategorised/446-take-action-to-stop-the-murphy-bill>

## Media:

**CNN interview with Tim Murphy**  
[http://is.gd/murphy\\_bill\\_cnn](http://is.gd/murphy_bill_cnn)

**SAMHSA Hearing:**  
[http://is.gd/murphy\\_samhsa\\_hearing](http://is.gd/murphy_samhsa_hearing)

**Colbert on "chip in a pill"**  
[http://is.gd/corbert\\_sensor\\_pills](http://is.gd/corbert_sensor_pills)

# Helping or Harming?

Tim Murphy's (R-PA)  
Mental Health Crisis Act

An Icarus Project Event  
Bluestockings Bookstore  
January 6th 2016



[nycicarus.org](http://nycicarus.org)

# What They Say...



**Tim Murphy**

U.S. Congressman for the 18<sup>th</sup> District of Pennsylvania

## **The Helping Families in Mental Health Crisis Act**

Untreated serious mental illness in recent acts of mass violence – Adam Lanza (Newtown, CT), James Holmes (Aurora, CO), Jared Loughner (Tucson, AZ), Aaron Alexis (Washington, DC), Elliot Rodger (Santa Barbara, CA) – demands action.

The federal government spends \$130 billion annually on mental health. Yet, over the last 20 years the rates of violence, suicide, homelessness, victimization, and incarceration among the mentally have increased.

The House Energy & Commerce Subcommittee on Oversight and Investigations revealed that those who need help the most have been getting it the least. An astounding forty percent of Americans with a serious mental illness (SMI) are not receiving treatment.

Despite this record of failure, the Substance Abuse and Mental Health Services Administration (SAMHSA) has not been reauthorized since the Clinton Administration. More than half of the programs for those with serious mental illness at SAMHSA have never been evaluated for effectiveness or quality.

That is why I will reintroduce the **Helping Families in Mental Health Crisis Act** (H.R. 3717, 113<sup>th</sup>) to refocus programs and resources to families and patients with the most challenging cases of serious mental illnesses and bring accountability to federal programs. The legislation:

### **Reforms the Substance Abuse & Mental Health Services Administration (SAMHSA)**

For the first time, brings accountability to how mental health dollars are spent. Requires grant recipients to follow evidence-based standards, eliminates unauthorized programs, and mandates congressional oversight of all federal behavioral health grants. Prohibits taxpayer dollars from going to legal advocates and antipsychiatry activists working to stop medical care.

### **Empowers Parents and Caregivers**

Breaks down barriers to allow families to work with doctors and mental health professionals to be part of the front-line care delivery team

### **Fixes Shortage of Inpatient Beds**

Provides more psychiatric hospital beds, instead of expensive emergency rooms, for those experiencing a mental health crisis and in need of immediate inpatient care.

### **Reaching Underserved and Rural Populations**

Advances tele-psychiatry to link pediatricians and primary care doctors with psychiatrists and psychologists in areas where patients don't have access to mental health professionals.

### **Alternatives to Institutionalization**

Helps those with serious mental illness get into treatment when they are unable to understand the gravity of their condition and cannot voluntarily seek out care, thereby reducing rates of imprisonment, homelessness, substance abuse, and costly ER visits.

### **Criminal Justice Reforms**

Expands Crisis Intervention Team training for law enforcement, so patients are treated in the healthcare system and not warehoused in the criminal justice system.

### **High Quality Behavioral Health Clinics**

Improves quality, accountability, and access to integrated medical and mental healthcare at community mental health providers.

### **Advances Critical Medical Research**

Increases funding for brain research to better understand the underlying causes of neurological and psychiatric conditions. Advances successful NIMH early intervention programs like Recovery After Initial Schizophrenia Episode (RAISE), which reduces suicide rates & helps patients recover through a combination of low-dose medication and support services.

### **Integrates Primary & Behavioral Care**

Extends health IT laws, so mental health providers can coordinate care with primary care doctors using electronic medical records

### **Major Contributors**

- American Psychological Association (APA)
- American Psychiatric Association
- National Alliance on Mental Illness (NAMI)
- American Academy of Child & Adolescent Psychiatry
- Center for Substance Abuse Research
- American Academy of Emergency Medicine

THIS BILL WAS REINTRODUCED IN 2015 AS H.R. 2646

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Murphy.House.Gov/HelpingFamiliesInMentalHealthCrisisAct

# What We Hear...

*"American families deserve real change. The Murphy Bill would return us to failed practices of the past. This legislation takes a public safety approach to mental health that will only serve to punish victims. We recommend proven and comprehensive public health approaches to support people and their families in their communities, where they belong"*

**-RealMHChange.org**

## **Involuntary Outpatient Treatment**

The bill's so-called "Assisted Outpatient Treatment" incentivizes institutionalized care and forces patients into emergency rooms and psychiatric facilities against their will. The recent trend toward preventative treatment and early interventions vastly expand diagnostic reach. Treatment options are often restrictive, traumatizing, and stigmatizing. Forced treatment can be chilling, often leading to fear of disclosure and lack of social and community support.

## **Privacy Violations**

The bill allows authorities to disclose private health information to family members without patient consent and without considering the patient's relationship to those individuals. Disclosure and privacy violations are made with the assumption that most individuals who are "seriously mentally ill" are incapable of making autonomous decisions and denies individuals the right to determine their own treatment plan.

## **Defunding Community Interventions**

By incentivizing institutionalized care and defunding SAMHSA and already underfunded community based programs (e.g. respite houses and community centers), the bill limits access to important social and peer support, differential therapeutic options, and less traumatic crisis alternatives. It promotes exclusively medical models of treatment which historically have disproportionately targeted minorities and the economically underprivileged.

## **Biased Models of Care**

The bill is backed by and serves to fund organizations such as NAMI that have specific agendas to promote medical models of mental health. The bill also claims to endorse "evidenced-based practices" but only funds and implements brain research and early intervention strategies, models they deem to be "best practices". This raises questions regarding who gets to decide which practices are deemed fit, when a large portion of the existing research is already biased and corrupt.

## **Linking Mental Health Issues and Gun Violence**

While the bill blames those who are "mentally ill" for mass gun violence, those with diagnoses are no more likely to commit acts of violence than the general population, but are more likely to become victims of violence. Murphy uses fear tactics to stereotype and criminalize those with mental and emotional problems rather than focusing on gun reform and accessibility (For more information dispelling these myths see: [http://is.gd/ncnhr\\_mh\\_violence\\_myths](http://is.gd/ncnhr_mh_violence_myths)).