

Calls to Action!

Track The Bills

Track the bill's progress, and easily find and call your elected officials.

HR 2646: govtrack.us/congress/bills/114/hr2646

S 2680: govtrack.us/congress/bills/114/s2680

Contact your Senators!

The House of Representatives will have voted on the bill by the afternoon of July 6th so it is now too late to reach out to your Reps there.

However, in the words of Valerie Marsh (ncmhr.org):
"Our best hope lies with the Senate and S. 2680, sponsored by Senator Chris Murphy, (D, CT). Though it does not have the solutions we need, it is far less dangerous than HR 2646."

Find out who your senators are (senate.gov/general/403.htm) and call, email and write them not to accept any amendments to **S 2680. The senate votes on S 2680 July 8th.**

Additionally, organize a group and set up an appointment to meet with your Senators during the recess when they will be home for July and August as soon as possible.

In New York, the senators are:

Kirsten Gillibrand, (D - NY)
(202) 224-4451
gillibrand.senate.gov/contact/

Chuck Schumer, (D - NY)
(202) 224-6542
schumer.senate.gov/contact/email-chuck

SIGN A 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/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://realmh-change.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](https://twitter.com/RepTimMurphy)

Further Resources

ADVOCACY TIPS FROM LARRY DRAIN, ACTIVIST:

Personal stories matter. Explain how one or two items of the Murphy Bill will affect you.

Make sure you tell them what you want them to do.
"My name is ____ and I am calling to ask Sen. ____ to do ____ I have the following concerns ____ (tell your story)

keep your call to 3-4 minutes tops. Be organized and prepared. Use clear talking points.

In email, be clear, brief and personal. Thank them for their time. Share links to other material if you like.

Websites:

The National Coalition for Mental Health Recovery Murphy Bills update and Call to Action page: ncmhr.org/

Recovery Learning Community Action Points: westernmass-rlc.org/stop-the-murphy-bill/54-uncategorized/446-take-action-to-stop-the-murphy-bill

Murphy's website - murphy.house.gov/helpingfamiliesinmental-healthcrisisact

Media:

Dr. Daniel Fisher, advocate, speaks about the bill:
[youtube.com/watch?v=Hp0OrUh6BcU](https://www.youtube.com/watch?v=Hp0OrUh6BcU)

CNN interview with Tim Murphy: http://is.gd/murphy_bill_cnn

SAMHSA Hearing: http://is.gd/murphy_samhsa_hearing

ABOUT US, WITHOUT US:

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

Crowdsourcing for Projects In Action Event
Bluestockings Bookstore
July 6th 2016
nycicarus.org



What They Say...



Tim Murphy U.S. Congressman for the 18th 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.

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

Actions we want instead

A public health approach, rather than a public safety approach

Instead of increasing funding for involuntary treatment, increasing funding for effective voluntary treatments (which have been underfunded for decades)

Making free psychotherapy, housing and job-training available for those who want it

"Nothing about us without us" - the people affected by treatments would be significantly involved in the planning and delivery of treatments.

Instead of bolstering "Assisted Outpatient Treatment": Supporting models such as Supported Decision Making and Open Dialogue, to aid choices about treatment methods without denying autonomy.

Continuing education about the flawed ideas in the Murphy bill, for intellectual protection against similar bills in the future

What We Hear...

Involuntary Outpatient Treatment & Privacy Violations

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, lack of social and community support, and lack of trust in family, friends, and health care providers. 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.

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.

Defunding Community Interventions

By incentivizing institutionalized care, disempowering SAMHSA through proposed unnecessary oversight, and continuing to underfund 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 such as people of color, the elderly, youth and children, LGBTQ communities and the economically underprivileged. It also operates on the principle that recovery is not really possible for those diagnosed with a "serious mental illness."

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).

QUICK TALKING POINTS FOR WHEN YOU SPEAK TO YOUR LEGISLATORS:

Read more at ncmhr.org

- 1 Nothing about us without us. HR 2646 excludes the voice of people who have lived experience with mental health issues in decisions that dramatically affect our lives.
- 2 The bill expands grant funding and the timeframes for Assisted Outpatient Treatment. There is no evidence that outpatient commitment is more effective than voluntary care and it violates civil rights.
- 3 HR 2646 significantly weakens the Substance Abuse and Mental Health Services Administration (SAMHSA) by the creation of unnecessary oversight by an Assistant Secretary for Mental Health. SAMHSA has been indispensable in supporting the recovery of individuals with mental health conditions.
- 4 HR 2646 uses "anosognosia" as a rationale to relax confidentiality issues and promote forced treatment. There is no scientific basis for anosognosia in mental health. The bill is hostile to programs and concepts of recovery.
- 5 Would expand Medicaid funding for institutions, rather than putting the money into evidence-based services in the community, as has been mandated by the Supreme Court's Olmstead decision. Increased services in the community are needed, they cannot be replaced by hospitals.