

Withdrawal/Redaction Sheet

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001. list	Re: DOB's and SSNs [partial] (13 pages)	6/5/99	b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Sarah Bianchi
OA/Box Number: 15606

FOLDER TITLE:

[Mental Health] Background Mental Health

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sb6

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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Background: Mental Health

PHOTOCOPY
PRESERVATION

THE CLINTON/GORE ADMINISTRATION CHALLENGES CONGRESS TO PASS LEGISLATION TO IMPROVE CARE AND SERVICES FOR PEOPLE WITH MENTAL ILLNESS

June 7, 1999

At the first-ever White House Conference on Mental Health, The Clinton-Gore Administration called on Congress to enact legislation to ensure quality care and services for Americans with mental illness. The Clinton-Gore Administration challenged Congress to pass a number of important bills to support people with mental illness including; allocating an unprecedented increase in the mental health block grant, passing a strong enforceable patients' bill of rights, and challenging Congress to hold hearings on mental health parity legislation. The proposals include:

Fund an historic increase in the mental health block grant. The Administration called on the Congress to pass the President's FY 2000 budget proposal for a \$70 million increase in the mental health block grant. In addition, the Administration asked Congress to pass a 19 percent increase in funds for the Projects for Assistance in Transition from Homelessness (PATH) program. In an era of surpluses, the Administration also called on states to expand their coverage in this area.

Challenge Congress to hold hearings on mental health parity legislation. The Administration urged the Congress to hold hearings right away on the strengths and weaknesses of the current mental health parity law and to determine the feasibility of congressional legislation that would expand mental health parity for private health plans.

Pass a strong enforceable patients' bill of rights. The Administration also challenged the Congress to pass a strong enforceable patients' bill of rights that assures that consumers, including those with mental health needs, receive critical protections such as access to specialists, the continuity of care protections, and an independent appeals process to address grievances with their health plans.

Pass the Jeffords-Kennedy-Roth-Moynihan legislation to enable people with disabilities return to work. Access to affordable health insurance is the biggest barrier preventing people with disabilities from returning to work. The President and Vice President encouraged Congress to pass this legislation right away, which would help people with disabilities, including mental illnesses, buy into Medicare and Medicaid so they can return to work.

Pass strong comprehensive privacy protections and legislation to eliminate genetic discrimination. The President and Vice President also urged Congress to pass comprehensive legislation to assure medical records privacy so that information, including sensitive information about mental illness, is protected. In addition, as researchers continue to unlock the genetic code, which enhances the potential to expand treatment options, the Administration urged the Congress to pass legislation that prevents employers and health care plans from discriminating against Americans based on their genetic information.

Increase funding for the Individuals with Disabilities Education Act. The Clinton/Gore budget includes a \$50 million increase to support a Primary Education Intervention Program, for early identification and intervention with children ages 5-9 years old who are experiencing significant behavior or reading problems. Research has conclusively shown that early intervention in these areas is strongly associated with elimination or reduction of behavioral and mental health problems in adolescence and adulthood.

Establish a \$1,000 tax credit for workers with disabilities. Under this proposal, workers with significant disabilities would receive an annual \$1,000 tax credit to help cover the formal and informal costs that are associated with and are even prerequisites for employment, such as special transportation and technology needs.

Protect the health benefits of workers' and their families'. This proposal provides more than \$2.5 million for the Pension and Welfare Benefits Administration's capabilities to interpret, investigate and provide customer service to protect American workers' and their families' rights under health laws governing job-based health benefits, which include mental health benefits under the Mental Health Parity Act.

Improve access to assistive technology. This new \$35 million initiative would accelerate the development and adoption of information and communications technologies, which can improve the quality of life for people with disabilities and enhance their ability to participate in the workplace.

Enact Project Employ. Project Employ is a program initiated in 1996 by the President's Committee on Employment of People with Disabilities to expand and enhance employment opportunities for persons with cognitive disabilities. The program promotes the hiring of people with disabilities in jobs that pay higher than minimum wage, include benefits, and promotional opportunities. In the President's FY 2000 budget the President's Committee on Employment of People with Disabilities has budgeted \$200,000 to develop a similar program for persons with psychiatric disability.

Expand funds for clinical and preventive programs. This proposal encourages Congress to grant a 17 percent increase for Indian Health Service (IHS), which will support oriented clinical and preventive services for Native American/Alaskan Native communities, enabling the mental health needs of 31,000 individuals are met.

White House Conference on Mental Health

Plenary Session with the President

Howard University

12.15-2.00pm, Monday, June 7, 1999

Meeting requested by the President.

Briefing prepared by Sarah Bianchi, Gina Tesauero, and Trooper Sanders.

EVENT

The Vice President and Mrs. Gore are joining the President and Mrs. Clinton for the main plenary session of the White House Conference on Mental Health. **Approximately 500 guests will attend, and there are over 5000 events from around the country that will participate by satellite. This event is open press.**

PROGRAM NOTES

- The President, the First Lady, **the Vice President and Mrs. Gore** enter the room.
- The President, the First Lady, **the Vice President and Mrs. Gore** meet plenary participants.
- The President, the First Lady, the Vice President and Mrs. Gore hold.

Pre-program during hold.

- Children's Choir of Washington and Hop Urban Nations of Youth will perform.
- Benediction by Rev. Alan Goetcheus.
- H. Patrick Swygert, President, Howard University, will make welcoming remarks and introduce Secretary of Health and Human Services, Donna Shalala.
- Secretary Shalala makes remarks and introduces the "Faces of Mental Health" video.
- The film is shown.

Off-stage announcement of the President, First Lady, Vice President and Mrs. Gore.

- The President, First Lady, Vice President and Mrs. Gore proceed to the center head table and take their seats.
- **Mrs. Gore will make opening remarks and leads the first group discussion.**

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- Upon conclusion of the discussion, Mrs. Gore introduces The Vice President.
- **The Vice President makes remarks and leads the second group discussion.**
- Upon conclusion of the discussion, Mrs. Gore introduces The First Lady.
- The First Lady makes remarks and leads the third group discussion.
- Upon conclusion of the discussion, Mrs. Gore introduces The President.
- The President makes remarks.
- The President introduces Bob Chase, President, National Education Association.
- Bob Chase makes remarks from the first row of the audience and introduces Bill Vanderpool, President, Egostar.
- Bill Vanderpool makes remarks from the audience.
- The President makes closing remarks.
- **The President, the First Lady, The Vice President and Mrs. Gore depart.**

YOUR ROLE AND CONTRIBUTION

You should use this opportunity to highlight some of the “faces” of mental illness, highlight what communities can do to support people with mental illness, and address the scientific and social advancements in mental health.

PROGRAM NOTES

- The plenary will begin with Mrs. Gore’s panelists who will talk about their experiences with mental illness. The Vice President’s panel will focus on the family and community response to mental health, and Mrs. Clinton’s panel will focus on the scientific advances in mental health.



ATTACHMENTS

- Remarks and script.
 - Profiles of panelists.
 - Summary of policy announcements.
 - Detailed descriptions of policy announcements.
 - Summary of legislative proposals.
 - Myths of mental illness.
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TALKING POINTS BY VICE PRESIDENT AL GORE
WHITE HOUSE CONFERENCE ON MENTAL HEALTH
Monday, June 7, 1999

- I want to start by thanking my wife, Tipper. I don't know anyone who has worked more passionately, with more energy, to educate America about this important issue. She has been my teacher on this issue at the same time she has helped teach the rest of America. I am particularly proud of her recent decision to help break down barriers by telling her own story. Tipper, I think I speak for everyone here today when I say: thank you for your longstanding efforts to bring national attention to this important issue.
- Tipper just talked about our experience. One thing we learned as a family through that experience is that mental illness doesn't just affect an individual – it touches the whole family. Mental illness doesn't occur in a vacuum, because that's not how people live their lives. The first place most of us turn when we are in trouble – the primary place we seek healing and fulfillment – is our family. Our experience as a family brought us closer together.
- This is not just a family issue – it's a community issue as well. Just as an individual turns to their family, the first place a family turns when they need to solve problems is the community. We need to have places throughout our communities where people can get help -- through venues like community mental health centers and health treatment and health counseling—but also in our schools, churches, and senior centers.
- A survey recently released by the National Mental Health Association confirms what all of you know: we still have a lot of work to do as a nation. Only one in three Americans surveyed said that their community had adequate services.
- That's not right. It's hard enough to overcome the stigmas and stereotypes to seek help for mental illness. When people finally do, they should find a waiting ear – not a waiting list.
- As a nation, we need to do more to make sure services are available – and we are. As part of this year's budget, we have proposed the largest increase in mental health block grants in history. Today, we are proposing to build on that proposal with three new ones.
- First, we are launching a new initiative to help assure that vulnerable homeless Americans with mental illness get the treatment and services they need.
- Second, we are beginning a new effort to reach out to those people who can't work because of mental illness -- and are on disability insurance -- to help them get the treatment they need to return to work.

- Third, we are launching a new effort to meet the mental health needs of crime victims, including a renewed commitment to ensure that our efforts to respond to major crises address the mental health needs in these communities. After the bombing in Oklahoma City, suicides increased dramatically – at least half a dozen people associated with the bombing have taken their own lives, and at least twice as many have attempted suicide. Our new initiative will help ensure that the response to tragedies like these include mental health training and services, to help victims recover and lead healthy lives.
- This challenge will not be met by government alone – we all have a role to play. A first grade teacher will tell you that in the first week of class, he or she can already tell which students are troubled; schools have a role to play. Business owners will tell you that employees with mental illness who receive quality treatment are more efficient and more productive; business has a role to play. Religious leaders will tell you that some people with mental illness are more comfortable talking to their rabbi or priest than a stranger; faith-based organizations have a role to play.
- I want to spend the next few minutes talking about how we can all work together as a community to give our families the support and services they need . . .

VP start follow Mta

Q: Robin Kitchell, from Nashville Tennessee, has a son who suffers from bipolar disorder. She recently met Tipper at an event like this one in Tennessee. Robin tell us about some of the challenges and rewards of caring for a child with a mental illness?

Background: Ms. Kitchell struggled with schools to assure her son received the support he needed to succeed. Robin is also an activist with Tennessee Voices for Children and fights to make sure that schools and other aspects of the community work effectively to help children with mental illness.

Possible follow-up: How can we help communities and schools do a better job of reaching and supporting kids with mental illness?

Q: Dr. Wayne Burton is the Corporate Medical Director of Bank One Corporation. Dr. Burton, tell us how the comprehensive mental health services Bank One offers has helped your business?

Background: In 1983, Bank One began to implement comprehensive mental health services for its employees including: (1) training managers to reduce stigma; (2) increasing employee awareness of services; and (3) enhancing covered mental health benefits. As a result, the costs of mental health have gone from 15 percent of health care costs in 1982 to 6 percent in 1996.

Possible follow-up: What are some of the things your program does to raise awareness among your employees?

Possible follow-up: Do your employees worry about discussing these issues in the workplace because of confidentiality? How do you all address this issue?

Q: I'd like to call on **Dr. David Satcher**, who is joining us from the Carter Center in Atlanta where he is leading a discussion on how communities can better respond to the short-term and long-term impact of crises, such as school violence or floods. Dr. Satcher tell us about some of what you all are focusing on today?

Background: Dr. Satcher is with leaders who address mental health needs in their communities, including a woman from Oklahoma who helped set up comprehensive mental health services following the bombings.

President possible follow-up: What are the long-term mental health effects of these types of crises?

VP possible follow-up: What can communities do to assure they can respond in times of crisis and address every day mental health needs?

Thank you Al. The past ten years have come to be known as “the Decade of the Brain” -- because of the tremendous progress we have made in unraveling the mysteries of the mind and mapping the architecture of the brain. The impact of these advances on our ability to understand and treat mental illness – and to reduce stigma – has been remarkable.

To lead a discussion of these advances, and to talk about what we are doing to ensure that they continue, please welcome a woman who has touched the lives of so many people -- our First Lady, Hillary Rodham Clinton.

[HRC leads discussion.]

Q: Dr. Steven Hyman: I'd like to talk with this distinguished group of panelists about the science of mental health and illness. We're happy to have Dr. Steven Hyman with us today, a distinguished scientist who directs the National Institute of Mental Health. NIMH is part of the National Institutes of Health.

Dr. Hyman, you are dealing with some very difficult diseases that affect millions of people. Over the last few years, what progress are we making and what have we really learned about these diseases?

Possible Follow-up: How have these scientific discoveries changed the way we as a society deal with mental illness?

Q: Dr. Koplewicz is an expert on mental health issues, particularly in children. What steps can we take as a nation to demystify mental illness?

Background: Dr. Koplewicz, founder and director of the New York University Child Study Center, is a nationally renowned child and adolescent psychiatrist. He has written many scientific articles on the diagnosis and treatments of children and adolescents with behavioral disorders, anxiety disorders, and mood disorders. He is also the author of It's Nobody's Fault: New Hope and Help for Difficult

Children And Their Parents. Dr. Koplewicz seeks to change the way we treat and deal with child mental illness so that no parent or child is ashamed to seek the help they need.

Possible Follow-up: What are the particular issues associated with children with mental illness?

POTUS POSSIBLE FOLLOW-UP: What can we do to intervene early, before the mental illness causes a child to become violent to themselves or others?

Q: Representative Lynn Rivers: So all this offers us new hope about treatment of mental health, but also the importance of early diagnosis. Congresswoman Rivers, would you share with us your experience?

Background: Representative Rivers has been outspoken about her history of mental illness. Though she was diagnosed with manic depression in her early twenties, she has accomplished a great deal due to her effective treatment.

Possible follow-up: How did you decide to come forward?

Thank you, Hillary. We have heard and learned a lot this afternoon. One of the most important things we have learned is also one of the most simple to express: Mental illness is no different from physical illness – and we must treat take it just as seriously. This is especially important when it comes to health care benefits, which can make all the difference in ensuring that people with mental illness get the treatment they need.

To lead our discussion, I would like to introduce a man who has dedicated his life to helping people make the most of theirs -- **President William Jefferson Clinton.**

WHITE HOUSE CONFERENCE ON MENTAL HEALTH: *WORKING FOR A HEALTHIER AMERICA*

Panelist Biographies

Mike Wallace, Co-Editor, CBS' *60 Minutes*

Mike Wallace has become an American icon as co-editor of CBS's *60 Minutes* and an award-winning journalist, whose career spans nearly 60 years. His incisive interviewing techniques and expansive knowledge of current affairs has enabled him to produce an impressive series of interviews with American and international leaders, including every President from John F. Kennedy through George Bush. More recently, Mr. Wallace has openly discussed his experience with depression with the same candor that he has demanded of his interviewees. His hour-long HBO documentary, "Dead Blue: Surviving Depression," has helped draw attention to the pervasiveness of depression and the ability to recover from it. He is a testament to the contributions that people living with mental illness can and do make in our society.

John Wong, Rosemead, CA

John Wong immigrated to the United States with his parents and two stepbrothers from Hong Kong in 1973 when he was seven years old. He first experienced symptoms of schizophrenia when he was 16 years old and had the first of his four psychiatric hospitalizations when he was about 18 years old. John's symptoms have been reduced gradually through medication and psychosocial rehabilitation treatment in the past 17 years. In fact, John is president of the Consumer Planning Council of Pacific Clinics Asian Pacific Family Center (APFC) where he is also a part-time employee. As part of his work duties, he teaches an "English as a Second Language" class to other Asian immigrant consumers. He also participates in home visits and outreach activities in collaboration with other agency staff. John's father, Mr. Hoi Wong, gave up his restaurant business in 1980 in order to take care of his two children- John with mental illness and another son with a heart disease.

Jennifer Gates, Scotch Plains, NJ

Jennifer Gates is a nineteen-year-old from Scotch Plains, NJ. She is a sophomore at the College of William and Mary in Virginia, hoping to double major in English and psychology. She has been recovering from an eating disorder for the past three years, and has always felt strongly about dispelling the misconceptions the public has about eating disorders. She hopes that by speaking about her struggle today she will be able to give a personal perspective and to increase understanding of this very debilitating disease.

Harold S. Koplewicz, M.D, New York, NY

Dr. Harold S. Koplewicz, founder and director of the New York University Child Study Center, is a nationally renowned child and adolescent psychiatrist. He is the Editor-in-Chief of the *Journal of Child and Adolescent Psychopharmacology*. He has written many scientific articles on the diagnosis and treatments of children and adolescents with behavioral disorders, anxiety disorders, and mood disorders. He is also the author of It's Nobody's Fault: New Hope and Help for Difficult Children And Their Parents. Dr. Koplewicz seeks to change the way we treat and deal with child mental illness so that no parent or child is ashamed to seek the help they need.

Steven E. Hyman, MD

Dr. Hyman is the Director of the National Institute of Mental Health, the component of the National Institute of Health charged with generating the information needed to understand, treat, and prevent mental illness. He was Professor of Psychiatry at Harvard Medical School and Director of Psychiatry Research at Massachusetts General Hospital. He was also the first faculty Director of Harvard University's Interfaculty Initiative on Mind, Brain, and Behavior. In addition to his many scientific writings, he has authored and edited several widely used clinical texts. He also serves on several review and advisory boards including the Riken Brain and Sciences Institute in Japan, the Max Planck Institute in Germany, and the Howard Hughes Medical Institute in the United States.

**CLINTON-GORE ADMINISTRATION UNVEILS NEW INITIATIVES
TO ADDRESS MENTAL HEALTH AT THE WHITE HOUSE CONFERENCE ON
MENTAL HEALTH**

June 7, 1999

Today, at the White House Conference on Mental Health, chaired by the President's Mental Health Advisor Tipper Gore, the Clinton-Gore Administration will unveil unprecedented measures to improve mental health. "To improve the health of our nation, we must ensure that our mental health is taken as seriously as our physical health. That is why we are taking new steps to break down the myths and misperceptions of mental illness, highlight new cutting-edge treatments, and encourage Americans to get the help they need." said Tipper Gore.

The Administration's proposals provide parity, improve treatment, bolster research, and expand community responses to help those with mental illnesses. Highlights of these initiatives include:

- **Ensuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation's largest private insurer - implements full mental health and substance abuse parity.** Today, the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that they will have to offer full mental health and substance abuse parity to participate in the program. This step will provide full parity for nine million beneficiaries by next year and ensure that the Federal government leads the way to providing parity. The Department of Labor (DOL) is also launching a new outreach campaign to inform Americans about their rights under the Mental Health Parity Act of 1996, including a DOL toll free number (1-800-789-2647) to call to clarify these rights.
- **Launching national school safety training program for teachers and education personnel.** The President announced that later this year the Vice President and Mrs. Gore will launch a major nationwide public/private partnership between the National Education Association (NEA), EchoStar, and other partners to improve school safety. The partnership, which includes the Departments of Education, Justice, and Health and Human Services, will create and run a comprehensive program that will be available at the beginning of the new school year and reaching schools across the country, that provide training to teachers, school personnel, and community members on how to improve school safety. Training sessions, created principally by NEA, will be transmitted to school districts across the country by satellite technology, including 1,000 satellite dishes donated by EchoStar for this purpose.
- **Accelerating progress in research.** In July, the National Institute of Mental Health (NIMH) will launch a \$7.3 million landmark study to explore the nature of mental illness and treatment nationwide and to help guide strategies and policy. This new study will collect information on mental illness, including the prevalence and duration of mental illness as well as the types of treatment that are most commonly used. NIMH will also announce the launch of two new clinical trials, investing a total of \$61 million, to build on effective treatments for those affected by mental illness.

- **Encouraging states to offer more coordinated Medicaid services for people with mental illness.** Millions of Americans with severe mental illness rely on Medicaid to pay for their health care. To encourage states to make the most effective services available, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with the most severe and persistent mental illness; (2) Medicaid recipients are entitled to medications approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about their ability to enter into “advance planning directives” that set out treatment guideline for people who became severely incapacitated in the future.
- **Launching a pilot program to help people with mental illness get the quality treatment they need to return to work.** Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the Social Security Administration (SSA) estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many people suffering from these disorders could get effective treatment and perhaps return to work. The Administration will launch a new five-year, \$10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. This project complements the Jeffords-Kennedy-Roth-Moynihan legislation that allows people with disabilities to buy into the Medicaid or Medicare program when they return to work.
- **Educating older Americans and their health professionals about the risks of depression.** Five million Americans over the age of 65 suffer from some form of depression, but many do not recognize their symptoms as depression and do not receive the treatment they need. The NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals about mental illness. The Department of Veteran Affairs will invest \$17 million to launch six new study sites to test two modes of primary care for older Americans with mental health and/or substance abuse disorders.
- **Reaching out to vulnerable homeless Americans with mental illnesses.** The Department of Housing and Urban Development is launching a new initiative to encourage communities to create safe havens where homeless mentally ill Americans can get treatment and care. The Substance Abuse and Mental Health Services Administration (SAMHSA) will also launch a two-year, \$4.8 million grant program to study the treatment, housing, education, training, and support services needed by homeless women and their children given to as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. The Department of Veteran Affairs will double the number of “stand down” events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.
- **Implementing new strategies to meet the mental health needs of crime victims.** To ensure that the federal response to community crises, like acts of terrorism or mass violence, includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice’s Office for Victims of Crime and the Center for Mental Health Services within SAMHSA. This partnership also will ensure that strategies are in place to address the mental health needs of victims of violent crime.

- **Developing and implementing new strategies to address mental illness in the criminal justice system.** SAMHSA and DOJ are hosting a conference later this summer to focus on how the criminal justice system can prevent crime by mentally ill people, and address the needs of offenders with mental illness. Following this conference, DOJ will launch an outreach effort to educate the criminal justice community on how better to serve people with mental health needs. This initiative will include a new partnership with the National GAINS center so that communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.
- **Implementing a new comprehensive approach to address combat stress in the military.** At least 30 percent of those who have spent time in war zones experience combat stress reaction. Today the President will direct the Department of Defense to report back within 180 days on an implementation plan for a more comprehensive combat stress program throughout the military. DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current prevention strategies.
- **Launching the expansion of the “Caring For Every Child” mental health campaign.** At least one in ten American children and adolescents may have behavioral, or mental health problems. SAMHSA will launch a five-year \$5 million dollar campaign in targeted communities to target and address the special mental health needs of children.
- **Improving the mental health of Native American youth.** The suicide rate for Native Americans between the ages of five and 24 years old is three times higher than the rest of the U.S. population in this age group. This initiative allocates at least \$5 million for a collaboration between the Departments of Interior, Justice, Education, and HHS, to go to ten Native American communities to develop effective strategies to address mental health needs of youth in settings such as the home, school, treatment centers, and the juvenile justice system.
- **The Administration Also Challenged Congress to Pass Legislation to Improve Care and Services for People with Mental Illness.** The Administration urged Congress to:
 - Pass the Jeffords-Kennedy-Roth-Moynihan-Lazio-Waxman-Bliley-Dingell legislation that would enable people with disabilities to return to work by accessing affordable health insurance.
 - Hold hearings on the mental health parity law to review its strengths and weaknesses.
 - Fund the historic \$70 million increase in the mental health grant.
 - Pass a strong enforceable patients’ bill of rights which ensures that people with mental health needs obtain critical protections such as access to specialists and the continuity of care protections.
 - Pass strong comprehensive privacy and legislation to eliminate genetic discrimination.

MYTHS AND FACTS ABOUT MENTAL ILLNESS

June 7, 1999

MYTH #1: Mental illness is not a disease and cannot be treated.

FACT: Research in the last decade proves that mental illnesses are diagnosable disorders of the brain. New brain imaging technologies visually illustrate the differences in the brains of healthy people and people with serious mental disorders, such as schizophrenia. They show reductions in the overall volume of the brain and distinct differences in the way in which the brain processes information. There are also now effective treatments for mental illness that, for example, relieve symptoms for 80 percent of people with major depression; control symptoms such as hallucination or delusions for 70 percent of people with schizophrenia; and alleviate symptoms for 50 to 60 percent of people with Obsessive Compulsive Disorder.

MYTH #2: Mental illness doesn't happen to people like me or my family.

FACT: Mental illness affects most extended American families. One in five Americans suffer from mental illness at some point in their life. These illnesses strike all kinds of families, regardless of race, socioeconomic class, educational level or place of residence. Schizophrenia occurs at equal rates regardless of education, socioeconomic status, or culture. Depression, panic disorder and obsessive compulsive disorders are also equal opportunity illnesses. Women suffer from depression at twice the rate of men regardless of where they live, their culture, or socioeconomic status. Five million older Americans suffer from depression, and one in ten children and adolescents suffer from some type of mental illness. Mental illness can happen to anyone.

MYTH #3: Depression is a part of life that can be worked through without seeking help.

FACT: Depression is a diagnosable, treatable illness that affects 19 million adult Americans each year. It is a disorder of the brain that is characterized by serious and persistent symptoms such as changes in sleep, appetite, and energy; cognitive losses such as slowed thinking; and clearly discernible feelings like irritability, hopelessness, and guilt. The severity and duration of depression symptoms are clearly distinguishable from sadness and mood swings that are part of life. When untreated, depression can have serious consequences. Depression is the cause of over two-thirds of the 30,000 American suicides each year, and according to the World Health Organization, it is the leading cause of disability in the United States. However, there are effective treatments available that have proven to have 80 percent success rate for people diagnosed with depression.

MYTH #4: Teenagers don't suffer from "real" mental illness; they are just moody.

FACT: We now know that teenagers and even younger children, can and do suffer from mental illness. One in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment, but fewer than 20 percent of these children receive treatment. Without treatment, schoolwork may suffer, normal family and peer relationships may be disrupted, and violent acts may occur. In fact, depression may lead to suicide, which is the third leading cause of death among young adults. However, recent studies indicate that 60 percent of depressed teenagers will improve with modern treatments.

MYTH #5: Depression is a part of aging.

FACT: Research shows that depression is *not* a normal part of aging, but that it is relatively prevalent among older people and can have serious adverse consequences. Nearly 5 million of the 32 million Americans age 65 and older suffer from clinical depression. While only 13 percent of the U.S. population, individuals ages 65 and older account for 20 percent of all suicide deaths, with white males being most vulnerable. And older persons with other serious health problems (strokes, hip fractures, heart conditions) depression may delay recovery, cause refusal of treatment, and lead to excessive disability and even death. However, effective mental health treatment is available for older Americans suffering from mental illness.

MYTH #6: Talk about suicide is an idle threat that need not be taken seriously.

FACT: People who admit to having thoughts and plans about suicide and people who have attempted suicide are at increased risk for completing suicide in the future. In a study of nearly 4,000 adults seeking psychiatric treatment, persons with a history of severe suicidal thoughts were 14 times more likely than other individuals to later commit suicide within four years. Research has shown that 90 percent of all suicide victims have had a mental or substance abuse disorder.

MYTH #7: **We cannot afford to treat mental disorders.**

FACT: We cannot afford NOT to treat mental illness. Researchers estimate that mental illnesses, including indirect costs such as days lost from work, cost America tens of billions of dollars each year. At the same time, businesses and states that have implemented new strategies to treat these disorders have not found notable increases in costs. For example, one business, Bank One, spearheaded a comprehensive effort to improve the company's ability to identify and get appropriate treatment for employees with depression in a timely manner. Between 1991 and 1995, the direct treatment costs for depressive disorders decreased by 60 percent. Moreover, Ohio implemented full mental health parity for its state employees and did not find that this action increased costs at all.

MYTH #8: **People with severe and persistent mental illnesses cannot be productive members of society.**

FACT: People with psychiatric disabilities face many barriers, but appropriate support services can help them to succeed. A 1995 study of the Employment Intervention Demonstration Program run by the Center for Mental Health Services assessed the effectiveness of employment strategies to assist individuals with severe mental illness get and keep employment. It found that 55 percent of individuals receiving such employment support services were working after two years. Clearly, people with severe and persistent mental illnesses want to be employed and productive, and given appropriate treatment and support, they can be.

MYTH #9: **Homeless people suffering from mental illness have little chance of recovery.**

FACT: There are effective treatments for homeless people with mental illness. While one-third of homeless Americans suffer from an untreated mental illness, research demonstrates a decrease in homelessness when outreach to these individuals is coupled with case management that provides them with appropriate medical treatment and connects them to housing and other supportive services. One study reported a 45 percent reduction in the number of days of homelessness after three months of this type of treatment. Over a year, clients had a 70 percent increase in the number of days worked, demonstrating that homeless persons with mental illnesses can make substantial improvements in the overall quality of their lives.

MYTH #10: There is no hope for people with mental illness.

FACT:

These illnesses, which will affect one in five Americans, can be extremely debilitating. However, research proves that mental illnesses are diagnosable and treatable disorders of the brain. Eighty percent of people treated for severe depression and 70 percent of people treated for schizophrenia show positive responses to treatment—far higher rates than for many physical illnesses. The challenge is to ensure that Americans with mental illness recognize these disorders and get the help that they need.

White House Conference on Mental Health Issues Forum

Howard University
3.30-5.00pm, Monday, June 7, 1999

Meeting requested by the President.

Briefing prepared by Sarah Bianchi and Trooper Sanders.

EVENT

The Vice President and Mrs. Gore are moderating an issues forum discussion with conference participants and, via satellite, sites in Portland, Oregon; Flint, Michigan; and, Atlanta, Georgia. **Approximately 500 people are attending. This event is open press.**

LOGISTICS

- Janice La Chance, Director of OPM, will make welcoming remarks and introduce video clips.
- Video clips are played.
- **Off-stage announcement of The Vice President and Mrs. Gore.**
- The Vice President and Mrs. Gore proceed to the center of the issues forum.
- **The Vice President will make brief remarks and introduce Mrs. Gore.**
- **Mrs. Gore will make remarks.**
- The Vice President and Mrs. Gore will moderate a discussion.
- **Mrs. Gore delivers closing remarks.**
- The Vice President and Mrs. Gore depart.

YOUR ROLE AND CONTRIBUTION

You should use this opportunity to dispel some of the myths surrounding mental illness and highlight promising programs and solutions to the challenges surrounding mental health.

PROGRAM NOTES

- This is the final working session of the White House Conference. Through your conversations with discussion participants, you will highlight and dispel many of the myths surrounding mental illness. In addition, you will go to three interactive remote

sites around the country and talk about promising programs or innovative approaches to mental health.

- The film highlights film and television's portrayal of mental illness over the years.
- Interactive remote sites include:

Atlanta, Georgia -- Mayor Bill Campbell and Surgeon General David Satcher will host a conversation on community response to tragedy at the Carter Center.

Flint, Michigan -- Mayor Woodrow Stanley and Assistant Surgeon General Susan Blumenthal are hosting a general discussion on mental health. They will highlight early childhood mental health and family education issues during the forum.

Portland, Oregon -- Multnomah County Commissioner Sharron Kelley is hosting a general discussion on mental health. They will highlight the Portland Police Department's Crisis Intervention Team during the issues forum.

- In addition to the remote sites, NASA is hosting an Internet discussion on mental health that started on Friday evening. Mrs. Gore will pose one of the questions posted to the audience.
- Howard University graduate Steve Silver is the last participant. He just completed his undergraduate degree and, after working in a local law firm, he would like to attend Howard's law school. You will present him with a small gift celebrating his achievement.

ATTACHMENTS

- Script with remarks and discussion questions (to be provided on cards on Monday).
- Myths of mental health.

MYTHS AND FACTS ABOUT MENTAL ILLNESS

June 7, 1999

MYTH #1: Mental illness is not a disease and cannot be treated.

FACT: Research in the last decade proves that mental illnesses are diagnosable disorders of the brain. New brain imaging technologies visually illustrate the differences in the brains of healthy people and people with serious mental disorders, such as schizophrenia. They show reductions in the overall volume of the brain and distinct differences in the way in which the brain processes information. There are also now effective treatments for mental illness that, for example, relieve symptoms for 80 percent of people with major depression; control symptoms such as hallucination or delusions for 70 percent of people with schizophrenia; and alleviate symptoms for 50 to 60 percent of people with Obsessive Compulsive Disorder.

MYTH #2: Mental illness doesn't happen to people like me or my family.

FACT: Mental illness affects most extended American families. One in five Americans suffer from mental illness at some point in their life. These illnesses strike all kinds of families, regardless of race, socioeconomic class, educational level or place of residence. Schizophrenia occurs at equal rates regardless of education, socioeconomic status, or culture. Depression, panic disorder and obsessive compulsive disorders are also equal opportunity illnesses. Women suffer from depression at twice the rate of men regardless of where they live, their culture, or socioeconomic status. Five million older Americans suffer from depression, and one in ten children and adolescents suffer from some type of mental illness. Mental illness can happen to anyone.

MYTH #3: Depression is a part of life that can be worked through without seeking help.

FACT: Depression is a diagnosable, treatable illness that affects 19 million adult Americans each year. It is a disorder of the brain that is characterized by serious and persistent symptoms such as changes in sleep, appetite, and energy; cognitive losses such as slowed thinking; and clearly discernible feelings like irritability, hopelessness, and guilt. The severity and duration of depression symptoms are clearly distinguishable from sadness and mood swings that are part of life. When untreated, depression can have serious consequences. Depression is the cause of over two-thirds of the 30,000 American suicides each year, and according to the World Health Organization, it is the leading cause of disability in the United States. However, there are effective treatments available that have proven to have 80 percent success rate for people diagnosed with depression.

MYTH #4: Teenagers don't suffer from "real" mental illness; they are just moody.

FACT: We now know that teenagers and even younger children, can and do suffer from mental illness. One in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment, but fewer than 20 percent of these children receive treatment. Without treatment, schoolwork may suffer, normal family and peer relationships may be disrupted, and violent acts may occur. In fact, depression may lead to suicide, which is the third leading cause of death among young adults. However, recent studies indicate that 60 percent of depressed teenagers will improve with modern treatments.

MYTH #5: Depression is a part of aging.

FACT: Research shows that depression is *not* a normal part of aging, but that it is relatively prevalent among older people and can have serious adverse consequences. Nearly 5 million of the 32 million Americans age 65 and older suffer from clinical depression. While only 13 percent of the U.S. population, individuals ages 65 and older account for 20 percent of all suicide deaths, with white males being most vulnerable. And older persons with other serious health problems (strokes, hip fractures, heart conditions) depression may delay recovery, cause refusal of treatment, and lead to excessive disability and even death. However, effective mental health treatment is available for older Americans suffering from mental illness.

MYTH #6: Talk about suicide is an idle threat that need not be taken seriously.

FACT: People who admit to having thoughts and plans about suicide and people who have attempted suicide are at increased risk for completing suicide in the future. In a study of nearly 4,000 adults seeking psychiatric treatment, persons with a history of severe suicidal thoughts were 14 times more likely than other individuals to later commit suicide within four years. Research has shown that 90 percent of all suicide victims have had a mental or substance abuse disorder.

MYTH #7: **We cannot afford to treat mental disorders.**

FACT: We cannot afford NOT to treat mental illness. Researchers estimate that mental illnesses, including indirect costs such as days lost from work, cost America tens of billions of dollars each year. At the same time, businesses and states that have implemented new strategies to treat these disorders have not found notable increases in costs. For example, one business, Bank One, spearheaded a comprehensive effort to improve the company's ability to identify and get appropriate treatment for employees with depression in a timely manner. Between 1991 and 1995, the direct treatment costs for depressive disorders decreased by 60 percent. Moreover, Ohio implemented full mental health parity for its state employees and did not find that this action increased costs at all.

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FACT: People with psychiatric disabilities face many barriers, but appropriate support services can help them to succeed. A 1995 study of the Employment Intervention Demonstration Program run by the Center for Mental Health Services assessed the effectiveness of employment strategies to assist individuals with severe mental illness get and keep employment. It found that 55 percent of individuals receiving such employment support services were working after two years. Clearly, people with severe and persistent mental illnesses want to be employed and productive, and given appropriate treatment and support, they can be.

MYTH #9: **Homeless people suffering from mental illness have little chance of recovery.**

FACT: There are effective treatments for homeless people with mental illness. While one-third of homeless Americans suffer from an untreated mental illness, research demonstrates a decrease in homelessness when outreach to these individuals is coupled with case management that provides them with appropriate medical treatment and connects them to housing and other supportive services. One study reported a 45 percent reduction in the number of days of homelessness after three months of this type of treatment. Over a year, clients had a 70 percent increase in the number of days worked, demonstrating that homeless persons with mental illnesses can make substantial improvements in the overall quality of their lives.

MYTH #10: There is no hope for people with mental illness.

FACT:

These illnesses, which will affect one in five Americans, can be extremely debilitating. However, research proves that mental illnesses are diagnosable and treatable disorders of the brain. Eighty percent of people treated for severe depression and 70 percent of people treated for schizophrenia show positive responses to treatment—far higher rates than for many physical illnesses. The challenge is to ensure that Americans with mental illness recognize these disorders and get the help that they need.

White House Conference on Mental Health Reception

NAVOBS

6.00-7.00pm, Monday, June 7, 1999

**Meeting requested by the President.
Briefing prepared by Trooper Sanders.**

EVENT

The Vice President and Mrs. Gore are hosting a reception concluding the day's activities for the White House Conference on Mental Health. **Over 500 guests will attend. This event is closed press.**

LOGISTICS

- **The Vice President and Mrs. Gore** enter the tent and proceed to proceed the stage.
- **The Vice President** will make brief remarks and introduces **Mrs. Gore**.
- **Mrs. Gore** will make brief remarks and introduce Judy Collins.
- Judy Collins will perform three songs.
- The Vice President and Mrs. Gore will mingle with guests.

ATTACHMENTS

- Remarks.
- Guest list.
- Biography of Judy Collins.

REMARKS TO BE PROVIDED.

Withdrawal/Redaction Marker

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001. list	Re: DOB's and SSNs [partial] (13 pages)	6/5/99	b(6)

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FOLDER TITLE:

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P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Table4

6/5/99

Dr.	Samella	Abdullah ✓
Ms.	Jennle	Adams ✓
Dr.	Howard	Adelman ✓
Dr.	Jeffrey	Akman
Mr.	Daniel P.	Amos
Honorable	Eric	Andell
Ms.	Cathy	Anderson
Ms.	Barbara	Andres
Dr.	Joseph	Andrews
Mr.	Chris	Antly
Mr.	Bernard	Arons
Mr.	Smith	Bagley
Dr.	Sue	Bailey
Ms.	Ann	Baker
Mrs.	Susan	Baker
Mr.	Thomas	Barrett
Mr.	Alfonso	Batres
Ms.	Cheryl	Becker
Mr.	Lawrence	Belcher
Mr.	Carl	Bell
Ms.	Cecelia	Belone
Dr.	Francine	Benes
Mr.	Marc	Berkowitz
Mr.	Robert	Bernstein
Mr.	Delores	Big Foot
Ms.	Elizabeth	Blmie
Dr.	Walter	Bland
Major	Paul	Bliese
Ms.	Marsha	Block
Ms.	Gayle	Bluebird
Dr.	Susan	Blumenthal
Ms.	Iris	Bolton
Ms.	Linda	Boone
Mr.	Bob	Boorstin
Mr.	Robert	Booth Jr.
Dr.	Wade	Boykin
Ms.	Loretta	Bradley
Ms.	Mary	Brainerd
Mr.	Barry	Brand
Dr.	Carlos	Brandenburg
Ms.	Celia	Brown
Ms.	Jane	Browning
Ms.	Charlotte	Bryson
Mr.	Frank	Burgman
Mr.	Wayne	Burton
Ms.	Jean	Butzen
Ms.	Annmarie	Cameron

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Table4

6/5/99

Ms.	Jo Anne	Cantor
Ms.	Kimberly Rea	Carey
Ms.	Randee	Chafdn
Mr.	Robert	Chase
Ms.	Nelba	Chavez
Ms.	Penny	Chelucci
Mr.	J.T.	Childs
Ms.	Marge	Christensen
Ms.	Mary	Chung
Ms.	Molly	Cisco
Ms.	Antoinette	Cisowski
Mr.	William	Clifford
Lt.	Sam	Cochran
Dr.	Joseph	Cocozza
Dr.	Neal	Cohen
Dr.	Donald	Cohen
Mr.	James	Comer
Dr.	Sandra	Cornelius
Mr.	Mark	Covall
Ms.	Kathy	Cronkite
Mr.	Terry	Cross
Dr.	Charles	Curle
Mr.	Bruce	Dalziel
Mr.	Allen	Daniels
Mr.	Justin	Dart, Jr.
Dr.	Richard	Davidson
Dr.	Ramona	Davis
Mr.	Marten	de Vries
Ms.	Robin	Dea
Mr.	Kurtis	Decker
Ms.	Carmen	Delgado Votaw
Mr.	Karl	Dennis
Mr.	John	Dignam
Ms.	Mary Beth	Donohue
Dr.	Ron	Dazoretz
Mr.	Kenneth	Dudek
Ms.	Margaret	Dukinas
Mr.	Kevin	Dwyer
Dr.	Thelma	Dye-Holmes
Ms.	Lucille	Eber
Ms.	Ruth	Edelman
Ms.	Verna	Eggleston
Mr.	Robert	Egnew
Ms.	Mary Kathleen	Ellers
Dr.	Gillian	Einstein
Mr.	John	Eisenberg
Mr.	William T.	Emmet

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Table4

6/5/99

Ms.	Jean	Endicott
LTC	Charles	Engel
Dr.	Mary Jane	England
Dr.	Richard	Englsh
Mr.	Roger	Enrico
Ms.	Shelly	Eppley
Mr.	Robert	Epstein
Mr.	Michael	Faenza
Ms.	Claire	Falkner
Ms.	Katherine	Feinstein
Ms.	Lynn	Ferrell
Ms.	Loretta	Ferry
Mr.	Michael	Finkle
Mr.	Daniel	Fischer
Mr.	Raymond Pete	Fitzgerald
Dr.	Brian	Fitzsimmons
Ms.	Laurie	Flynn
Mr.	Romaine	Foege
Ms.	Evelyn	Ford*
Ms.	Judith	Ford*
Mr.	Steven	Fomess
Ms.	Maria	Foscarinis
Dr.	Edward	Foulks
Mr.	Raymond	Fowler
Mr.	Richard	Frank
Ms.	Ellen	Frank
Ms.	Katherine	Frankfurt
Mr.	Joshua	Freedman
Mr.	Michael	Freedman
Mr.	Thomas Lawre	Fricks
Mr.	Stephen	Friedman
Mr.	Matthew	Friedman
Ms.	Eve	Fuerth
Mr.	Stephen	Gammarino
Dr.	James	Garbarino
Ms.	Laurie	Garduque
Dr.	Robert	Garofalo
Ms.	Jennifer	Gates
Mr.	John	Gates
Ms.	Katrina	Gay
Mr.	S. Murray	Gaylord
Mr.	Jeffrey	Geller
Mr.	Michael	George
Dr.	Suzanne	Gibbard
Ms.	Mary Jo	Gibson
Ms.	Rosa Maria	Gil
Ms.	Flor	Glusti

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6/5/99

Dr.	Martin	Glasser	(b)(6)
Ms.	Mary Ann	Gleason	
Dr.	Stephen	Gleason	
Ms.	Rhoda	Glickman	
Dr.	Robert	Glover	
Mr.	Jerry	Godbehere	
Ms.	Karen	Gold Jacobs	
Mr.	Bert	Goldberg	
Mr.	Howard	Goldman	
Mr.	Robert	Goldstraw	
Mrs.	Willie Mae	Goodman	
Ms.	Susan	Gorin	
Mr.	Kevin	Gover	
Dr.	Jerry	Grammer	
Dr.	Ellen	Grant-Bishop	
Ms.	Phyllis	Greenberger	
Ms.	Diane	Greenley	
Mr.	Vartan	Gregorian	
Mr.	Thomas	Grunden	
Ms.	Mary	Guardino	
Mr.	Al	Guida	
Mr.	David Fred	Gusman	
Mr.	Randolph	Hack	
Ms.	Judith	Hahn	
Dr.	Margaret	Hamburg	
Ms.	Beatrix	Hamburg	
Mr.	Roger	Hannan	
Mr.	David	Hanrahan	
Ms.	Linda	Harris	
Ms.	Skila	Harris	
Mr.	Thomas	Hatathli	
Ms.	Lols	Hatton	
Ms.	Angela	Hatton	
Ms.	Nancy Lee	Head	
Ms.	Melody	Heaps	
Mr.	John	Heavener	
Dr.	Michael	Henry	
Dr.	Pablo	Hernandez	
Dr.	Clarita	Herrera	
Mr.	David	Herzbg	
Ms.	Judy	Heumann	
Dr.	Daniel	Hicks	
Dr.	Leslie	Hicks	
Mr.	J. Edward	Hill	
Dr.	Robert	Hirschfeld	
Ms.	Ellen	Hofheimer-Bettma	
Mr.	Michael	Hogan	

Table4

6/5/99

Dr.	Rodney	Hood
Mr.	Glee	Hooper
Ms.	Marcia	Hudgins
Ms.	Barbara	Huff
Ms.	Ruth	Hughes
Ms.	Enid	Hunkeler
Ms.	Joyce	Hunter
Ms.	Mary	Hurtig
Dr.	Cheryl	Hussey
Ms.	Gail	Hutchings
Mr.	Steven	Hyman
Mr.	DJ	Ida
Mr.	Andrew	Imparato
Ms.	Ethleen	Iron Cloud-Two Do
Mr.	Richard	Isay
Dr.	Murray	Itzkowitz
Ms.	Sandi	Jackson
Ms.	Phyllis	Jackson
Dr.	Douglas	Jacobs
Ms.	Gilda	Jacobs
Ms.	Sibyl	Jacobson
Dr.	Kay	Jamison
Ms.	Jeannie	Jew
Mr.	Stephen	Jiang
Ms.	Nicole York	Johnson
Ms.	Judith	Johnson
Ms.	J. Rock	Johnson
Dr.	David	Johnson
Mr.	A. Sidney	Johnson
Ms.	Donna Hill	Johnson
Mr.	Phil	Johnston
Dr.	Linda Wolf	Jones
Ms.	Joyce	Jorgerson
Dr.	Lewis	Judd
Mr.	Bruce	Kamradt
Mr.	John	Kane
Dr.	Nancy	Kahoe
Dr.	Starr	Kelton-Locke
Ms.	Margo	Kernigan
Mr.	Ronald	Kessler
Dr.	Clance	Kestenbaum
Mr.	Dean	Kilpatrick
Mr.	Tracy Charles	King
Ms.	Kristen	Kingdon
Mr.	Damian	Kirwan
Ms.	Robin	Kitchell
Dr.	Kenneth	Kizer

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Table4

6/5/99

Mr.	James	Klein
Ms.	Marcla	Klocksın
Mr.	Mark	Knight
Mr.	Ed	Knight
Mr.	Stephen	Knight
Ms.	Gay	Koerber
Mr.	Harold	Koplewicz
Ms.	Christine	Koyanagi
Dr.	Allta	Kullman
Dr.	Ford	Kuromoto
Mr.	Bill	Lann Lee
Ms.	Sylvia	Lask
Ms.	Cindy	Laughead
Mr.	Lance	Laurence
Mr.	Itzhak	Lavav
Dr.	Pedro	Lecca
Ms.	Evelyn	Lee
Ms.	Salley	Lee-Niosi
Mr.	Anthony	Lehman
Dr.	Ellen	Leibenluft
Ms.	Patricia	Letke-Alexander
Ms.	Barbara	Lett Simmons
Dr.	Saul	Levine
Mrs.	Marilyn	Levitt
Ms.	Lydia	Lewis
Dr.	Jeffrey	Lichtman
Mr.	David	Liederman
Dr.	Paul	Ling
Ms.	Susan	Liss
Col.	David	Litts
Ms.	Leigh	Loazla*
Mr.	Chris	Locke
Mr.	Carl	London
Ms.	Maria Guajardo	Lucero
Mr.	John	Luzler
Ms.	Kathleen	Lyons*
Ms.	Beryce	MacLennan
Mr.	David	Mahoney
Mr.	Robert	Malenka
Ms.	Lucinda	Mallen*
Ms.	Beverly	Malone
Dr.	Floyd	Malvoaux
Ms.	Jennifer	Mankey
Dr.	Spero M.	Manson
Mr.	Steve	Marans
Mr.	Joe	Mardeusz
Dr.	Richard	Margolin

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Table4

6/5/99

Ms.	Clarissa	Marques
Ms.	Anne	Marshall
Ms.	Margaret	Matisko
Ms.	Doris	Matsui
Ms.	Donna	Mauch
Ms.	Deborah	Maxwell
Dr.	Steve	Mayberg
Dr.	James	Mayo
Ms.	Joanne	Mayo Mangum
Ms.	Carolyn	Mazure
Dr.	John	Mazzuchi
Mr.	James	McAttee
Mr.	Patrick	McCarthy
Dr.	Thomas	McClellan
Mr.	Richard	McCormick
Mr.	John B.	McCoy
Ms.	Kathleen	McGinley
Mr.	Thomas	McGuire
Ms.	Jackie	McKinney
Ms.	Susan	McKinney
Mr.	Daniel	McLaughlin
Ms.	Loretta	McLaughlin
Ms.	Martha	McSteen
Mr.	Matthew E.	Melmed
Mr.	Hector	Mendez
Ms.	Kathleen	Merikangas
Ms.	Joy	Midman
Mr.	Fernando	Milanes
Mr.	William	Miller
Ms.	Christine	Miller
Ms.	Cynthia	Miller
Dr.	Steven	Mirin
Ms.	Beatrix	Mitchell
Mr.	Monty	Moeller
Mr.	Allan	Moghal
Mr.	John	Monahan
Ms.	Lisa	Moreno
Mr.	David	Moskowitz
Mr.	Paul	Murphy
Ms.	Shirley	Murphy
Mr.	Randell	Myers
Dr.	Carol	Nadelson
Ms.	Diana	Narasaki
Ms.	Jane	Nathanson
Mr.	Scott	Nelson
Mr.	Ethan	Nevelkopf
Mr.	Francis	Newman

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Table4

6/5/99

Dr.	Tuan	Nguyen
Dr.	Josephine	Nieves
Ms.	Karen	Noel
Mr.	Andres	Novesky*
Dr.	Richard	O'Connor
Dr.	Dean	Ornish
Ms.	Naomi	Ortiz
Ms.	Melissa	Osher
Mr.	David	Osher
Ms.	Trina	Osher
Ms.	Betty	Ottinger
Dr.	Ura Jean	Oymade Bailey
Dr.	Nelson	Page
Mr.	Richard	Palmisano
Ms.	Abha	Pandya
Ms.	Madeline	Paniagua
Dr.	Herbert	Parde
Ms.	Marilyn	Park
Ms.	Jan	Paschal
Mr.	Susan	Patricof
Dr.	Steven	Paul
Ms.	Delfi	Pena Roach
Ms.	Darby	Penney
Ms.	Carol	Pensky
Ms.	Anne	Peretz
Dr.	Jon	Perez
Mr.	Stephen	Pfeiffer
Mr.	Eckhard	Pfeiffer
Ms.	Mary	Phipher
Ms.	Ellen	Piekalkewicz
Mrs.	Helen	Pollack
Mr.	Ronald	Pollack
Mr.	Davis	Pollack
Ms.	Irene	Polin
Dr.	Marie Kanne	Poulsen
Dr.	Alvin	Poussaint
Mr.	Hugh	Price
Ms.	Rona	Purdy
Dr.	Robert	Pyles
Dr.	Robert	Pynbos
Ms.	Gloria	Quinonez
Ms.	Ruth	Ralph
Mr.	Marion	Ramey
Dr.	Terri	Rau
Mr.	Charles	Ray
Mrs.	Landra	Reid
Ms.	Laurie	Reynolds

(b)(6)

Table4

6/5/99

Ms.	Virginia	Richardson
Ms.	Estelle	Richman
Ms.	Corrine	Rieder
Dr.	Elena	Rios
Lt. Gen.	Charles H.	Roadman, II
Dr.	Kenneth	Robins
Dr.	Luther	Robinson
Ms.	Mary Jane	Roden*
Mr.	Joseph	Rogers
Ms.	Nan	Roman
Ms.	Martha	Romans
Mr.	Robert	Rosenheck
Ms.	Eloisa	Roses Ramos
Mr.	R.J.	Ross
Ms.	Jerilyn	Ross
Dr.	Sandra	Rosswork
Mr.	Richard	Roukema
Ms.	Nancy	Rubin
Ms.	Elisabeth	Rukeyers
Ms.	Jane	Ryan
Mr.	Arthur	Ryan
Ms.	Shirley	Sachs Mourlatides
Dr.	Lawrence	Sack
Dr.	Judith	Salerno
Mr.	Paul	Samuels
Mr.	Gilbert	Sanchez
Mr.	Manuel	Sanchez
Ms.	Sherry	Sanders
Dr.	Jose	Santiago
Mr.	Herb	Scannell
Mr.	John	Schestack
Ms.	Andrea	Schmook
Dr.	Steven	Schnee
Dr.	Herbert	Schreier
Ms.	Linda	Schwartz
Ms.	Esther	Sciamarella
Ms.	Diana	Sciocchettic
Mr.	James T.	Sears
Ms.	Patricia	Serna
Ms.	Luba	Shagawat
Ms.	Peggy	Shanley
Mr.	Steven	Shon
Mr.	Steven	Shulman
Mr.	Gale	Siegel
Dr.	Peter M.	Silberfarb
Mr.	Stephen	Silver
Dr.	Golnar	Simpson

(b)(6)

Table4

6/5/89

Ms.	Ann	Simpson
Mr.	Bernice	Skirboll
Mr.	Joel	Slack
Ms.	Shari	Slavin
Ms.	Marva	Smalls
Mr.	Jack	Smith
Ms.	H. Sally	Smith
Dr.	Ronald	Smith
Mr.	Kermit	Smith
Mr.	Richard	Smith
Ms.	Betty	Smith-Williams
Mr.	Howard	Smolkin
Mr.	Richard	Socarides*
Ms.	Esta	Soler
Ms.	Kathleen	Somach
Mr.	John	Sommer
Dr.	Jean Gallard	Spaulding
Mr.	Scott	Spruill
Ms.	Judy	Stanton
Ms.	Dianne	Steele
Mr.	Darrell	Steinberg
Ms.	Altha	Stewart
Mr.	James	Stone
Dr.	Sylvia	Straub
Ms.	Suzanne	Stutman
Ms.	Marylou	Sudder
Dr.	Stanley	Sue
Dr.	Richard	Suinn
Ms.	Greer	Sullivan
Dr.	Yesuhiro	Suzuki
Ms.	Nancy	Sweet
Mr.	Jesse	Taken Alive
Dr.	Allan	Tasman
Dr.	Orlando	Taylor
Mr.	Peter	Taylor
Ms.	Cynthia Ann	Telles
Ms.	Linda	Teplin
Mr.	Kevin	Thurm
Ms.	Alice	Tinsley
Mr.	Fuller	Torrey
Dr.	Michael	Trujillo
Dr.	Eric	Trupin
Ms.	Lorraine	Underwood
Ms.	Rae	Unzicker
Col.	Robert	Ursano
Dr.	Jerome	Vaccara
Ms.	Mary Margaret	Valenti

(b)(6)

Table4

6/5/99

Mr.	Jack	Valenti
Mr.	Harold	Varmus
Ms.	Allison	Vickery
Mr.	Howard	Vogel
Dr.	Fredia	Wadley
Mr.	Clarice	Walker
Mr.	Mark	Walker
Mr.	Ivan	Walks*
Mr.	Michael	Wallace
Ms.	Selena	Walsh
Mr.	Richard	Wannemacher
Mr.	Robert	Washington
Ms.	Linda	Webb
Mrs.	Sheila	Wellstone
Mr.	Sydney	Werkman
Mr.	David	Wertheimer
Dr.	Thomas	Wessel
Ms.	Mary Jo	West
Dr.	Harvey Alick	Whiteford
Ms.	Sheena	Wiggins
Mr.	Roy	Wilson
Ms.	Oprah	Winfrey
Ms.	Cindy	Winsky
Ms.	Rosalie	Wolf
Ms.	Jessica	Wolfe
Dr.	Mark	Wolralch
Mr.	Gerald	Womack
Mr.	John	Wong
Dr.	Marlene	Wong
Mr.	Hol	Wong
Mr.	C. Roy	Woodruff
Ms.	Rachel	Yehuda
Dr.	Frank	Young
Ms.	Sally	Zinman

(b)(6)

Table3

6/5/99

The Honorable	Sandra	Allen
Honorable	Eric	Andell
The Honorable	Dennis	Archer
The Honorable	Elizabeth	Bagley
Representative	Brian	Baird*
The Honorable	Elizabeth	Brater
Representative	Sherrod	Brown*
Representative	Lois	Capps*
The Honorable	James	Cayce
Senator	John	Chafee*
Representative	Donna	Christian-Christensen
The Honorable	Deedee	Corradini
The Honorable	Rudy	de Leon
Representative	Pete	DeFazio*
Representative	Rosa	DeLauro*
Representative	Sam	Farr*
The Honorable	Raymond	Fisher
Secretary	Dan	Glickman*
The Honorable	Jim	Graham
Secretary	Alexis	Herman*
The Honorable	Herschella	Horton
Reverend	Jesse	Jackson
Representative	Shella	Jackson Lee*
Representative	Jessie	Jackson, Jr.*
Representative	Nancy	Johnson*
Representative	Marcy	Kaptur*
Representative	Patrick	Kennedy*
The Honorable	Scott	King
The Honorable	Ginger	Lerner-Wren
The Honorable	Phillip	Lesser
The Honorable	Samuel	Levine
Senator	Joseph	Lieberman*
Representative	Jim	McDermott*
Representative	George	Miller*
The Honorable	Carol	Moore
The Honorable	Marc	Morial
The Honorable	Sally	Pederson
Senator	Harry	Reid*
The Honorable	Janet	Reno
Secretary	Richard	Riley
Representative	Lynn	Rivers*
Representative	Ciro	Rodriguez*
Representative	Marge	Roukema*
The Honorable	Donna	Shalala
Senator	Arlen	Spector*
Representative	Ted	Strickland*
The Honorable	Helen	Thomson

(b)(6)

Mrs. Riley

Table3

6/5/99

The Honorable	Shella	Tillerson Adams	(b)(6)	
Senator	Paul	Wellstone*		
The Honorable	Togo	West	Cabinet	Cabinet

Judy Collins

"If amethysts could sing...."



Photograph by Gayle Burns

Judy Collins is a living legend. Nearing forty illustrious years in the music industry, 30 albums, top ten hits, Grammy nominations and gold and platinum selling albums, Judy is yet again proving to be unstoppable. Summer of 1999 kicks off with paperback release of her best selling memoir *Singing Lessons*, (A Pocket Book Softcover), in which she looks back on her life and career, her triumphs and mistakes, and the devastating aftermath of her son's suicide. This memoir of love, loss

and healing has been listed on the LA Times Best Seller List and includes a five song CD including a new release, "Singing Lessons," and some favorites, "Born to the Breed" and "Amazing Grace." Judy's recent appearances include *The Rosie O'Donnell Show*, *Politically Incorrect*, *The Today Show* and *CBS Sunday Morning*.

In early 1999, Judy Collins headlined a benefit concert with Jewel, Paula Cole and other special guests at the Theater at Madison Square Garden to benefit the Zero Population Growth Organization. Also this year, Platinum Entertainment announced the release of *BOTH SIDES NOW* - the harmonious marriage of the traditional music Judy Collins grew up along with the Folk songs and hits that have made her famous throughout the world. *BOTH SIDES NOW* is the pinnacle collection of the music that has made Ms. Collins "A National Treasure." "Great songs. Judy's voice. What more could you want?" Pete Seeger. *BOTH SIDES NOW* includes new recordings of "Barbara Allen," "The Times They Are A-Changin'" and a poignant tribute to the late John Denver.

Judy maintains a rigorous 60-80 city concert schedule annually. In addition to her Performing Arts Center engagements and her Symphony dates with groups like the Honolulu Symphony and Chicago Symphony, she scored another triumph recently with her hugely successful appearance with the Hollywood Bowl Symphony, drawing over 33,000 people. This year will mark Judy's 20th appearance at Wolftrap. WETA in conjunction with Wolftrap and Wildflower Records - A Judy Collins Record Company will be releasing a live album in honor of this monumental occasion.

This year Judy will wind up her annual twenty city Holiday tour with two concerts at Carnegie Hall on December 26. In December, A&E will also rebroadcast Judy's annual holiday program *Judy Collins, Christmas at the Biltmore Estate*. The Biltmore album brilliantly captures this Judy Collins Christmas tradition. The album features the Charlotte's Children's Choir and includes classics such as "Joy to the World," "O Come, All Ye Faithful," and "The Twelve Days of Christmas." Ms. Collins also performs her own adaptation of the Clement Moore Christmas favorite, "The Night Before Christmas."

During her concerts, she takes the audience through her own personal journey into our nation's social and musical conscience. With her memorable interpretations of the music of Leonard Cohen, Joni Mitchell, Bob Dylan, John Denver, Pete Seeger as well as the spiritual and folk traditions and her own biography compositions, Judy leaves her audience with an intimate picture of the artist, humanitarian, songwriter and performer. This is Judy Collins.

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In 1995 Judy Collins became a Special Representative for the Arts. Driven to action by an unjust war, Judy wrote "Song For Sarajevo." In the capacity of UNICEF's Special Representative for the Arts, Ms. Collins has made several visits to the former Yugoslavia and Vietnam. Judy is currently involved in producing an all star collection of songs to raise money for UNICEF's landmine awareness programs worldwide. The album is set to be released in 2000. On May 12, 1999 Judy will be participating in the opening ceremonies of the 100th Anniversary of the HAUGE PEACE CONFERENCE.

Ms. Collins' early musical background was classical piano. Her father, Chuck Collins, was a singer, composer and broadcaster during the golden age of radio. By age 10 Ms. Collins was studying with mentor Antonia Brico, the famed orchestral conductor who made a name for herself conducting major symphony orchestras in the United States and Europe. 1999 marks the 25th Anniversary of Ms. Collins' prize winning documentary about the conductor, Antonia: A

Portrait Of The Woman. The film received an Academy Award nomination for Best Documentary. (Collins produced and co-directed with Jil Godmilow), as well as being named one of the top ten films of the year by Time Magazine. Brico, a fine teacher, believed Collins had a major career ahead as a pianist.

At 13, Judy made her public debut performing Mozart's "Concerto for Two Pianos". But the music of Woody Guthrie and Pete Seeger, the traditional songs of the folk revival, fired Judy's love of lyrics; and by 16, she had moved from playing the Steinway to playing guitar. Soon she was singing at the folk clubs in Denver, Boulder and Central City. Heading east, she sang at the Gate of Horn in Chicago, and in New York, the Greenwich Village folk clubs. It was there after an appearance at The Village Gate in 1961 that Jac Holzman of Elektra Records signed Judy to what was to become a thirty-five year involvement with the company, beginning with her first three albums of traditional material.

"In those days, Elektra's symbol was the butterfly. I had the wings. Elektra would give me the sky and let me fly." (Judy Collins). And that was exactly what she did. With platinum (Judith) and gold albums, five Grammy nominations, top ten hits - "Send In the Clowns," "Amazing Grace," "Someday Soon" "Chelsea Morning" to name a few - it is certainly no wonder that this artist was the muse for the classic song, "Suite Judy Blue Eyes."

As the Sixties grew more rebellious, Judy was drawn to songs by the social poets of

the time: Tom Paxton, Phil Ochs and Dylan. She also worked with some of the best musicians of the era, among them Jim (Roger) McGuinn, who played guitar on her versions of "Mr. Tambourine Man" and Seeger's "Turn, Turn, Turn." McGuinn would form The Byrds and perform both songs with that group. Judy was the first to record the songs of Leonard Cohen and she brought other performers like Randy Newman and Joni Mitchell to widespread public exposure.

Soon to come were early dramatic moves that established Judy's eclectic

nature. Her 1966 album *In My Life* had her stepping assuredly into a broad mixture of songs, a quality that has stamped her albums ever since. Music from "Marat Sade" a Peter Brook play, the Beatles, and Kurt Weill and Bertholt Brecht, all found their way onto *In My Life*.

She also began playing the piano again, bringing her musical roots back into

her performance. On her next album *Wildflowers*, she asked Joshua Rifkin to arrange the entire album for orchestra, breaking new ground in the contemporary song movement. Today, it's regarded as a turning point in her career, giving Judy her first major single, Joni Mitchell's "Both Sides Now" and earning her first of many Grammy nominations.

In 1972 Ms. Collins released the renown collection *Colors of the Day*. To this day the album remains one of WEA's Top 50 catalogue albums, year in, year out, for the past 26 years. It is also the album most noted by her number one fan, President Clinton, who cites this as his favorite album and also says it was Judy's version of "Chelsea Morning" that inspired the naming of his daughter,

Chelsea.

Ms. Collins has also done her share of acting throughout the years. Her acting career began in 1969 in New York's Shakespeare Festival where she played Solvig in *Peer Gent* opposite Stacy Keach. Her subsequent roles include appearances in the Arnold Schwarzenegger film *Junior*, the CBS series *Christy* and a cameo in the soon to be released remake of the Rod Sterling story *A Town Has Turned to Dust*, directed by the renowned director Ron Nilsson.

Ms. Collins kicked off the 90's with the inspired *Fires of Eden*, the collection of mostly her own song writing, including Judy's classic song, "The Blizzard." The album also includes four songs on which Judy joined forces with David Buskin and Robin Bateau. Soon after, Ms. Collins recorded an all-Dylan album, *Judy Collins Sings Dylan: Just Like a Woman*, which garnered rave reviews. In 1995, Ms. Collins released her first novel *Shameless*, accompanied by an album of that same name. Both the book and LP were critically acclaimed, with writers across the country citing the continuing relevance of this remarkable Renaissance woman.

1997 marked the unveiling of the long awaited Judy Collins anthology - *Forever: The Judy Collins Anthology*. A winding, musical map of Ms. Collins' most treasured hits, as well as rarer nuggets, *Forever* is the summation of her thirty-five years and nineteen albums with Elektra Records. Poet and songwriter Dick Farina once described this voice of the century as having the sound you would hear, "if amethysts could sing... they would sound like Judy Collins." *Forever: The Judy Collins Anthology* beautifully chronicles America's most active social, political and foremost musical decades. Included on the anthology are folk standards and hits such as "Both Sides Now," "Bird on a Wire," and "Master's of War"

Judy Collins is truly the definition of a living legend. Her influence in music and politics has spread over decades. Her vocal interpretations have inspired millions. From the time she discovered folk music and was signed to Elektra in 1961 to her current new albums, new songs, television specials, books and work with UNICEF and landmines awareness, Judy has always remained creative and vibrant as an artist.

TALKING POINTS BY VICE PRESIDENT AL GORE
TOWN MEETING ON MENTAL ILLNESS
Monday, June 7, 1999

- I want to welcome all of you back. As you've heard, every year, Tipper and I moderate a Family Conference. As part of that conference, we host an issues forum on a particular subject. Today, I want to thank all of you for joining us for a forum on mental illness.
- Seeing the film clips we just watched reminded me of the last time I was at Howard University -- last fall -- when I had the honor of swearing in George Haley as our Ambassador to the Republic of the Gambia. Not only is George Haley the brother of writer Alex Haley, but the Republic of Gambia is the land of his great, great, great, great grandfather, who was also immortalized on film -- Kunta Kinte.
- On that day, George Haley told a story about a different kind of discrimination. George Haley was drafted to serve in the Air Force in World War II. He was once traveling with his fellow soldiers to a base in Arizona, when they stopped to get food. The waitress looked at their uniforms, looked at their faces -- all black -- and said, "Sorry, colored soldiers can't eat here." A few minutes later, they were astonished to see a group of white soldiers get served at the same table. These soldiers weren't American soldiers -- they were German prisoners of war. Somebody asked George Haley how it made him feel. He said: "you can get hostile and make things worse. Or you can get determined, and make things better."
- Obviously the discrimination is different -- but the message is the same. The film clips we just watched provide only a glimpse of the kind of stigmas and discrimination that people living with mental illness have faced in this country. The only reason we have made the progress we have made -- on film and in society -- is that courageous Americans like the people in this room -- and the more than 6,000 people who join us by satellite today -- have gotten determined, and are trying to make things better.
- What we hope to accomplish here is to begin a national dialogue that will help us begin to dispel the myths and misperceptions of mental illness -- and encourage more people and their families to get the help they need to lead healthy, productive lives. For too many Americans with mental illness the shame and stigma they experience are harder to bear than the illness itself. And too many don't seek treatment that can change their lives -- and the vicious cycle of silence, ignorance, and stigma continues. If we are ever going to put an end to this cycle, we have to take responsibility and dispel the myths about mental illness once and for all.
- We cannot rest until our entire nation recognizes that mental illness is an illness just like any other -- and people with mental illness have nothing to hide and nothing to be ashamed of.
- There is one person who has helped me understand that better than anyone, one person who has educated me on these issues more than anyone -- and that one person is my wife, Tipper. I have known Tipper since I was 17 years old. We have grown together, learned together, and raised four beautiful children together. Soon, we will become grandparents for the first time. As I said earlier, for 30 years, I have watched her meet every single challenge that came along in our lives with courage and dignity. She is really a great advocate on this issue.
- It's my pleasure to introduce my teacher, my friend, and my wife -- Tipper Gore.

TALKING POINTS BY VICE PRESIDENT AL GORE
WHITE HOUSE CONFERENCE ON MENTAL HEALTH RECEPTION
Monday, June 7, 1999

- What a great day. Today's conference was the first of its kind in American history – and brought much-needed attention to an important issue that hasn't been adequately addressed. There were thousands of Americans who joined us from remote locations across the country today to shine a much-needed light on this issue.
- Today, we did more than make history – I think we also made a lot of Americans understand that mental illness is an illness just like any other illness – and that people with mental illness have nothing to hide and nothing to be ashamed of.
- As we move into the 21st Century, I hope we as a nation will recognize that our mental health is just as important as our physical health – and as a society, we can't afford to leave anybody behind. Let's build on the work of this conference and take that message back to every state and every community, until all Americans understand.
- It's my pleasure to introduce one person who will never forget that lesson – one person who will not rest until we replace the vicious cycle of stigma and discrimination with a virtuous cycle of parity, honesty, and treatment – one person who no matter what her future holds will work today, tomorrow, and every day to turn the goals of this conference into a reality – my teacher, my friend, my partner, and my wife – Tipper Gore.

Notes: ~~Verakatz~~ not
there

→ VP → last time is
after career center

→ wrap up

→ Portland
Fint
Atlanta

Vera Katz

**White House Conference on Mental Health
Issues Forum with the Vice President and Mrs. Gore
Discussion Format & Participant Profiles**

June 7, 1999

Jonathan
Mauger
Quinonez
→ anything to sum up

- **Janice LaChance**, director, Office of Personnel Management delivers brief remarks and introduces the video.
- The video is played (about 6 minutes).
- **Off stage announcement of the Vice President and Mrs. Gore.**
- **The Vice President delivers brief remarks and introduces Mrs. Gore.**
- **Mrs. Gore delivers brief remarks:**

Thank you, Al. I'd like to thank Jeff Coles with the UCLA Media Center for putting together that clip. As you can see, the way in which media projects the image of mental illness has come a long way since the days of "Gaslight" and "One Flew Over the Cuckoo's Nest."

But we still have a long way to go. The most common source of information for Americans about mental illness is the mass media – what is it telling us?

For starters, it is telling us that people with mental disorders are more likely to be criminals and villains. More than 70% of characters in prime time television portrayed as violent. The typical article in print doesn't focus on the millions of people with disability who are working hard to be productive members of society.

Instead, newspapers and magazines pick out isolated and sensational incidents that depict people with mental illness as psychotic, unemployed, transient and dangerous.

These inaccurate and harmful images influence our perceptions and color our thinking about mental illness. But we can change the situation. Mass media can perpetuate the stigma, stereotypes and myths surrounding mental illness, but it can also help educate us about the realities. In fact, journalists helped expose the deplorable conditions inside some of our nation's psychiatric hospitals and institutions – and played a significant role in helping to reform our system of psychiatric care.

Our goal at this forum is to talk a bit about what we can do to dispel these myths – by exposing them for what they are: misperceptions and stereotypes. We all have a stake in this, and we all have the power – and the responsibility -- to make a difference.

So let's get started.....

##

MEG: One of the most widely believed myths that prevents many Americans with mental health needs from getting help is that this illness is something that happens to other people and other families. In fact, one in five Americans suffer from mental illness at some point: it strikes people regardless of race, culture, or socioeconomic background.

I first met **Mary Jo West** -- known as the first lady of television in Arizona -- a few weeks ago at a forum like this one in Flagstaff. Mary

Jo, can you tell us about your experience and what lessons can be learned from it?

(Mary Jo West participated in MEG's Flagstaff, Arizona issues forum. West is a former television news reporter from Phoenix, Arizona who experienced severe depression at the height of her television career. She went through several years of treatment and now successfully manages her illness. She currently works for the City of Phoenix.)

VP:

Unfortunately, this pervasive notion that mental illness is something that happens to "other people" prevents millions of Americans with symptoms from recognizing they might need help. Joanne Mangum is with us today. How did you realize that you might be suffering from an illness?

What are some of the barriers keeping people from getting the help they need?

(Joanne is a 59-year old woman diagnosed with bi-polar disorder in her early fifties after years of suffering. She was a mother and wife who believed mental illness couldn't happen to her and only realized her behavior was an illness after visiting a counselor and reviewing her family's history with mental illness and the symptoms of bi-polar. She is now being treated successfully and participants in Green Door's Clubhouse program that provides rehabilitation and support services for people with mental illness. Joanne serves on the advisory board of an international council to create Clubhouses worldwide.)

MEG:

Another myth that prevents people from getting help is the notion that depression is a part of life that can be worked through without treatment. Nothing could be further from the truth. Bernice Skirball organizes volunteers nationwide to help people with mental illness recognize the help they need to succeed in their daily lives. Please tell us what role your volunteers play in supporting people with mental illness.

What is the most important lesson we can learn from the success of your program?

(Bernice Skirball is director of the Compeer Program, an initiative that provides lay volunteers that work with children and adults with mental illness receiving formal treatment. Volunteers serve as advocates, mentors, and role models helping consumers with issues such as housing, personal finance, nutrition, and respite for caregivers. More importantly, Compeer volunteers provide consumers with friendship and one-on-one support.)

VP: Another myth that is critical to address is that homeless people with mental illness have little chance of recovery. There are far too many homeless Americans with untreated mental illnesses, but that does not mean we should give up. The reality is that there are many who lead successful lives because of the intervention of people like **Pat Letke**, a woman who has worked with Tipper and someone we both admire and treasure. Pat please tell us about your work and how we can better support the homeless with mental illness.

VP: I know another common myth is that people with severe and persistent mental illnesses cannot be productive members of society. I was wondering if you and Tipper could tell us about some of the people you have worked with who show us that this is not the case?

(Pat Letke is an outreach worker with Christ House, a D.C. area homeless service provider. Pat and MEG have worked together with several homeless men and women.)

GO TO PORTLAND SITE:

MEG: We will now go to Portland, Oregon, the first of three interactive sites around the country that are joining us live today. All of these sites include innovative programs that have found creative solutions to support people with mental illness. I would like to thank **Mayor Vera Katz** and **County Commissioner Sharon Kelley** for hosting the event. Hello Mayor Katz and Commissioner Kelley! (Allow them to respond briefly.)

We have talked about how all parts of the community should be more responsive to people with mental illness. Sargent Karl Mc Dade has been on the Portland police force for 28 years. Please tell us about the Portland Police Department's efforts to help officers work more effectively with people with mental illness.

What lessons have your officers learned from this program?

How has this program helped change the relationship between the police, mental health community and Portland's citizens in general?

(Sgt. Mc Dade has been with the Portland Police Department for 28 years. After three 1994 shootings incidents of people with mental illness by Portland police officers, the chief of police asked Sgt. McDade to develop a training and outreach program that helps officers respond more appropriately to people with mental illness. The Crisis Intervention Team, based on a similar program in Memphis, Tennessee, has training over 120 officers on understanding mental illness, de-escalating confrontations, and other techniques to work with the mentally ill. Through this program, the Portland PD has developed a strong working relationship with the city's mental health community.)

END PORTLAND REMOTE SITE:

MEG:

This White House Conference is truly a national conversation on mental health. In addition to the people here in Washington there are over 6,000 sites around the country participating in this conference via satellite. The conference is also being carried live on the Internet and thanks to NASA, people are carrying on a discussion on the Internet. In fact, I would like to take one of the questions posted during their discussion (**QUESTION TO BE PROVIDED ON MONDAY**).

VP:

Another troubling and damaging myth is that young people don't suffer from mental illness, they are just naturally moody. Unfortunately, this attitude is one reason that one in five children suffering from mental illness do not get any help. Gloria Quinonez is one of the millions of young Americans who have suffered from depression. Tell us about your experience.

How did you get the support you needed through your experience?

(Gloria Quinonez came to the U.S. from Columbia when she was 15 after several years of abuse and neglect by her family. Placed in foster care at 16, Gloria developed depression and an anorexia. With counseling and the support of her family Gloria has been able to face the trauma in her life and manage her illnesses. Now 21, she is working to build an independent adult life, works full time, and lives in transitional housing in Los Angeles. She is applying for a job as a teaching assistant and is applying for scholarships to attend college.)

MEG:

Secretary Riley what would you like to add about how we can reach out to our young people?

GO TO FLINT REMOTE SITE:

VP:

We will now go to Flint, Michigan where they too are focusing on how to assure children with mental illnesses get help early. I would like to thank Mayor Woodrow Stanley for hosting this event. Hello Mayor Stanley! (Allow the mayor to respond briefly.)

I would also like to acknowledge Assistant Surgeon General Susan Blumenthal. Hello Susan! (Allow Susan to respond briefly.)

The first few years of life are the most critical years of development – and some mental illnesses can be detected and treated early. I would like to ask Carol Burton of the Mott Children's Health Center tell us about how we can reach children early to more effectively diagnose mental illness.

How can parents identify and address their children's early mental health needs?

(Carol Burton is program director for Project SEEK, a program providing services to children whose parents are incarcerated. In addition to tutoring, crisis intervention and mentoring services for children of all ages, the program helps parents of young children ages

all teachers need

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child's need
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Mrs Clinton
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0-3 at-risk of developing behavioral and mental disorders. They help the parents understand their child's mental health and developmental needs and work on caregiver-child attachment issues.)

END FLINT REMOTE SITE:

MEG: Just as too many children with mental illness go untreated, too many older Americans accept the notion that depression is a natural part of aging and do not get the help they need. In fact, five million older Americans suffer from clinical depression.

I would like to call on **Dr. Richard Margolin**, an associate professor of psychiatry at Vanderbilt University. Dr. Margolin, please tell us about the mental health needs of the elderly.

How can we help elderly Americans better recognize and respond to their mental health needs?

VP: One of the most widely believed -- and most damaging -- myths is that mental illness is a personal failure, not a physical disease. A recent study shows that the majority of Americans don't believe that mental illness can be accurately diagnosed or treated. We talked some about that this morning, but I'd like to ask **Dr. Ivan Walks** to briefly respond to this myth.

What do we need to do to insure that our approach to mental health fully reflects and responds to our country's diversity?

(Dr. Ivan Walks is associate national medical director for ValueOptions, the nation's second largest managed behavioral health care company. He is a member of a CMHS working group that developed standards on cultural competence. He can speak to some of the unique needs of communities of color and effective strategies to get mental health information to those communities.)

MEG: Another widespread myth that must be addressed if we are going to address mental health needs in this country is that we cannot afford to treat mental disorders. **Janice LaChance** runs the Office of Personnel

Management for the federal government – the nation's largest employer. Tell us what employers can do to better help their employees with mental illness?

GO TO ATLANTA REMOTE SITE:

VP: I would like to go back to Atlanta Georgia again where we want to highlight successful community efforts to address mental illness. Welcome Mayor Campbell and welcome back Dr. Satcher. I would like to thank you and the Carter Center for hosting your event. (Allow them to respond briefly.)

People often rely on their faith community to address their mental health needs. I would like to ask Peggy White to tell us about the faith community's role in providing mental health support.

In addition to one-on-one counseling and care, how can the faith community help fight the stigma of mental illness and help people get access to the mental health resources and services in their community?

(Peggy White is a parish nurse with the All Saints Catholic Church in suburban Atlanta. She works in the church to provide parishioners with mental health information and access to other services in the community. She can speak to the faith community's role as first responders to people's daily mental health needs and the faith community's role in destigmatizing mental illness.)

END ATLANTA REMOTE SITE:

MEG: One of the most devastating myths is that there is no hope for people with mental illness. I would like to recognize Steve Silvera a young man who is a powerful reminder to us all that there can be hope and a bright future for all people with mental illness.

Steve, please tell us about the road you have traveled over the past few years. (Note: Steve will read from a prepared statement.)

11/10/2011

Go to Dr. Satcher
Steve Silvera
Peggy White

(Steve Silver has been living with mental illness for over 6 years. With schizo-affective disorder and clinical depression. His first point of diagnosis was made after a suicide attempt. He has been hospitalized 5 times. Once he started to manage his illness, the Social Security Administration (SSA) worked out a way for him to go to college and collect a disability check. When the pressures of school at Howard University interfered with his illness, he disclosed his illness to professors, many of whom worked with him to accommodate his special learning needs. He credits his professors, his family and his own strength with his current success as a working graduate from Howard University. He is working as a legal assistant and would like to attend Howard's law school one day. Note: Silver would like to respond to the discussion questions from a prepared text.)

MEG: The Vice President and I are proud of your achievements and wish you the best of luck in the future. To get you off to a good start in your professional career, we thought you might like a few things....
(The Vice President and Mrs. Gore present gift to Steve.)

• **Mrs. Gore delivers closing remarks:**

We have heard and learned so much here today – and I thank all of you for helping broaden our understanding.

We have already heard about the new public-private partnerships that our administration is launching to meet this challenge. But you and I know that to put an end to stigma that prevents so many people from getting the treatment they need, we must all do our part. There is so much that we can do in our daily lives to help replace fear and misperception with understanding and awareness. We can start by listening more to people who have experienced mental illness to learn how stigma affects their lives and how it can be eradicated. We can

encourage all people to talk more openly about mental illness and empower others to do the same.

We can refuse to let others discriminate against people with mental illness – insisting that our schools, our workplaces, and every corner of our society give everyone an equal chance to make the most of their lives.

We can fight against discrimination in health care systems and eliminate disparities in insurance coverage for mental and physical illnesses.

We can begin to take our mental health as seriously as we take our physical health, ensuring that mental illness is treated with the same degree of strategic prevention, priority, and care as physical illness.

Finally we can demand more of ourselves -- questioning our own assumptions about mental illness, refraining from using derogatory expressions to describe mental disorders, and opening our minds – and our hearts – to better understand people who are living with mental illness.

I hope that we all leave here today with a renewed determination to continue this dialogue in our communities. I want to thank all of you for the work you have done and will continue to do to strengthen our families -- mentally and physically -- and to help keep our nation strong, healthy and whole. Thank you and God bless you.

1. ADVANCES IN SCIENCE AND RESEARCH

Administration Official: Dr. Steven E. Hyman (NIMH)
Members of Congress: Senator John Chafee (R-RI)
Representative Brian Baird (D-WA)
Facilitator: Steve Galloway

During the last several decades, research into the nature of the brain and innovations in pharmacology and psychotherapy have dramatically altered the landscape of mental health service delivery. Instead of viewing mental illness as a permanent condition that precludes an individual's participation in society, we now recognize that mental illnesses are treatable and that people with mental illnesses can make tremendous contributions to society. What are some of the most recent scientific discoveries about the brain? What are the results of recent research on how psychosocial factors help facilitate recovery? What are the possibilities for the future? How does this research affect our approach to clinical treatment?

2. MENTAL HEALTH AND THE CRIMINAL JUSTICE SYSTEM

Administration Official: Attorney General Janet Reno (DOJ)
Member of Congress: Representative Ted Strickland (D-OH)
Facilitator: Dr. John Monahan

A growing number of people with mental disorders are cycling in and out of jail with minimal or no treatment, often having committed minor offenses. A number of complex issues contribute to this, including inadequate community mental health services, lack of insurance coverage, unemployment, and homelessness. How can we dispel public misconception about the relationship between violence and mental disorder? How can the criminal justice system --working in partnership with community mental health, substance abuse treatment, and other support systems -- improve its response to persons with mental illness who come in contact with the justice system? What are the mental health needs of juvenile offenders, and how can we do a better job in diagnosing and treating mental health problems early on?

3. MENTAL HEALTH AS A PUBLIC HEALTH ISSUE

Administration Official: Secretary Donna E. Shalala (HHS)
Members of Congress: Representative Rosa DeLauro (D-CT)
Representative Sherrod Brown (D-OH)
Facilitator: Dr. Howard Goldman

Although in any given year approximately 50 million people will experience a mental illness, mental health affects everyone. How can we more effectively integrate mental health services into the traditional settings of elementary and secondary education, general health care, and social services for people on government assistance? What are the potential aggregate benefits to society in maximizing the potential of every citizen? As recent reports indicate, failure to address depression as a widespread social issue can lead to a tremendous waste of human resources and potential. And failure to make early investments in mental health care can lead to much higher costs – both to the individual and society -- in the long run.

4. ACCESS TO EMPLOYMENT, HOUSING, TRANSPORTATION, AND COMMUNITY SUPPORTS

Administration Official: Secretary Alexis M. Herman (DOL)
Congressional Member: Representative Marcy Kaptur (D-OH)
Facilitator: Caryl Stern-LaRosa,

People with psychiatric disabilities have the same needs, aspirations, rights, and responsibilities as other citizens, and should be treated with dignity and respect. Employment opportunities are indispensable in addressing mental health needs: being gainfully employed builds self-esteem and promotes mental well-being. But to obtain and hold jobs, many people need access to affordable housing, accessible public transportation, vocational training, and other community services and supports. What can be and is being done to increase opportunities for people with psychiatric disabilities? What is the current implementation and enforcement status of anti-discrimination laws relating to employment and housing?

5. CHILDREN'S MENTAL HEALTH

Administration Official: Secretary Richard W. Riley (Education)
Congressional Members: Representative George Miller (D-CA)
Representative Sheila Jackson Lee (D-TX)
Facilitator: Dr. Laurie Garduque

While as many as 13.7 million of the nation's children have a diagnosable mental illness, only about one-third of these children receive mental health services. Even though advances have been made in treatment development for some childhood disorders, the prevalence of child and adolescent mental illnesses, the usage rates of mental health services, and the gap between them have remained essentially the same for almost 15 years. What ingredients are paramount to ensure that America's children maximize their opportunity to grow up mentally and emotionally healthy? What are the major barriers? What kinds of prevention and intervention programs, services and supports are most effective for children? What role can pediatricians play? How can our communities best support children with emotional and mental health illnesses and their families? How do we address the needs of special youth populations?

6. EDUCATION AND TRAINING FOR HEALTH CARE PROVIDERS

Administration Official: Secretary Togo D. West Jr. (VA)
Congressional Members: Representative Nancy Johnson (R-CT)
Representative Lois Capps (D-CA)
Facilitator: Dr. Ellen Frank

How do we translate advances in research and clinical innovations to therapists, psychiatrists, physicians, nurses, and others who work closely with those who have mental illnesses? This applies not only to mental health professionals, but also other general practitioners, medical specialists, nurses, and non-traditional professionals – such as teachers and clergy -- who interact, knowingly or unknowingly, with people with psychiatric disabilities. What can be done to incorporate new approaches to mental health service delivery into training and academic curriculums?

7. BARRIERS TO EFFECTIVE MENTAL HEALTH SERVICES

Administration Officials: Director Janice R. Lachance (OPM)
Commissioner Kenneth S. Apfel (SSA)
Congressional Members: Senator Paul Wellstone (D-MN)
Representative Marge Roukema (R-NJ)
Facilitator: Dr. Richard G. Frank

Mental health should be as accessible as services for any other medical illness. But because mental health care has not been a national priority, there are significant barriers to receiving quality services. These barriers may include the financing of services, health plan restrictions, limited information about treatment options, and poor proximity to service providers. What are other major barriers -- at the national, state, and local level -- to accessing services? What strategies can we pursue to improve access to quality mental health care?

8. ETHNIC AND CULTURAL ISSUES IN MENTAL HEALTH SERVICE DELIVERY

Administration Officials: Secretary Dan Glickman, (DOA)
Nelba Chavez, (SAMHSA)
Dr. Michael Trujillo, (Indian Mental Health)
Congressional Member: Representative Ciro Rodriguez (D-TX)
Facilitator: Dr. Ivan C.A. Walks

Attitudes about mental health, as well as effective approaches to prevention, treatment, and recovery, vary by culture. How can we tailor mental health services, resources and treatments to meet the needs of a multi-cultural society more effectively? In what ways does discrimination -- based on race, ethnicity, gender, sexual orientation, religion, and disability -- influence how we approach people with mental health needs? For example, is there a disproportionate level of diagnosis among minorities, and/or a greater level of involuntary treatment?

9. MEETING THE MENTAL HEALTH NEEDS OF PEOPLE WITH MULTIPLE DISABILITIES

Administration Officials: General Barry R. McCaffrey (ONDCP)
Dr. Kenneth W. Kizer, Undersecretary for Health, (VA)
Dr. H. Westley Clark, (SAMHSA/CSAT)
Congressional Member: Representative Jim McDermott(WA)
Facilitator: Sandra Thurman

Many people go with their mental health needs unmet because their needs are more complex than the specialties of particular providers. Some individuals, for example, experience a "dual diagnosis" of mental illness and substance abuse; others have mental retardation as well as mental illness. In these and similar situations, people may be shortchanged both by mental health providers and specialists unfamiliar with mental health care. Too often, individuals are referred to multiple providers. As a result, individuals receive fragmented treatment -- or no services at all -- not comprehensive care. What can be done to integrate the delivery of services to people with overlapping physical, mental, and/or developmental needs?

10. PRIMARY CARE, PREVENTION, AND THE LIFECYCLE

Administration Officials: Dr. Sue Bailey (DOD)
Dr. Margaret Hamburg (HHS)
Congressional Members: Representative Donna Christian-Christensen (D-VI)
Representative Patrick J. Kennedy (D-RI)
Facilitator: Dr. Don Vereen

Primary care physicians are often the first point of contact for people with a mental illness. Too often, however, mental illnesses go unrecognized and therefore untreated. Studies show that only 40 percent of adults with depression can expect a correct diagnosis in routine primary care settings (as low as 20% for children), and only half will receive adequate treatment. The problem is especially acute for older persons who experience depression. Americans age 80-84 have the highest suicide rate -- nearly double that of the general population. This occurs even though roughly 75 percent of older adults visit a primary care physician within a month before their death. How can we promote the effective integration of mental health services into primary care and other relevant community settings, including military hospitals? What more can be done to meet the mental health needs of older persons and men and women deployed overseas?

11. INDIVIDUAL RIGHTS: PROMOTING FAIRNESS AND RESPECTING PRIVACY

Administration Official: Acting Assistant Attorney General Bill Lann Lee (DOJ)
Congressional Member: Senator Joseph Lieberman (D-CT)
Facilitator: Jonathan Young

Perhaps the most controversial aspect of mental health service delivery is how to respect individual rights. This concerns issues of privacy (e.g. confidentiality of medical records) as well as involuntary treatment (e.g. involuntary inpatient and outpatient commitment, physical and chemical restraint, and seclusion). Both issues, many advocates argue, can discourage people from seeking treatment. Some advocates argue that involuntary treatment can also be inappropriate and harmful. Other people argue that the sharing of medical information and involuntary treatment are sometimes necessary. How can we facilitate a better understanding of the concerns on each side of these issues? What laws currently address individuals' rights to privacy and refusal of treatment? What legislative and administrative initiatives are now under discussion?

12. PEER SUPPORT, CONSUMER ADVOCACY, AND RECOVERY

Administration Officials: Dr. Bernie Arons (SAMHSA)
Judith E. Heuman, Assistant Secretary, (Education)
Congressional Members: Senator Harry Reid (D-NV)
Representative Lynn Rivers (D-MI)
Facilitator: Debra Batiste

What does "quality of life" have to do with recovering from mental illnesses? For over two decades, people with psychiatric disabilities have joined the refrain of other civil rights movements in repudiating assumptions of biological inferiority, promoting self-determination, and claiming a place in the mainstream of society. They have developed and advocated for a holistic approach to mental health issues that focuses on the individual. This approach tailors peer support, community resources, research, and professional treatment to what helps an individual achieve the best quality of life. What can the consumer movement teach us about improving mental health treatment?

13. COMMUNITY RESPONSES TO YOUTH AT-RISK

Administration Official: Bruce Reed, Assistant to the President & Director of the Domestic Policy Council

Congressional Members: Senator Arlen Specter (R-PA)
Representative Jesse Jackson Jr. (D-IL)
Representative Pete DeFazio (D-OR)

Facilitator: Richard Socarides

Recent tragedies in Littleton, Atlanta, and elsewhere have galvanized national attention on the subject of youth violence. How can a more effective and comprehensive national mental health policy address the underlying issues causing these crises? What role can mental health professionals and families play in preventing the outbreak of violence? What can mental health professionals, families, and communities do to respond to the emotional fallout resulting from school violence?

14. MENTAL HEALTH ONLINE

Administration Officials: Chairman William Kennard (FCC)
Dr. John M. Eisenberg (HHS)

Congressional Members: Representative Sam Farr (D-CA)

Facilitator: Ellen Hofheimer Bettmann

The Internet is emerging as a preferred source of information on mental health for Americans, with over millions having retrieved information already. Adolescents, for example, are often more honest and comfortable answering questions about their mental health and behavior through computers than with adults. And people in remote areas may find resources not otherwise available where they live. The internet can even provide opportunities for people to assess certain mental conditions, and facilitate home-based work opportunities, which can be less stressful and result in greater productivity among consumers of mental health services. How can the Internet be used most effectively to educate people seeking resources relating to mental health and maximize employment opportunities? What other technologies can be used to improve mental health service delivery?

**White House Conference on Mental Health
DoD Programs and Initiatives for Active Duty Service Members
Meeting March 12, 1999**

General Mental Health Care

PROVIDERS: The DoD provides a full range of active duty and civilian mental health specialists to evaluate and treat active duty Service members. These include psychiatrists, psychologists, social workers, and substance abuse specialists. Each service has a cadre of subspecialists as well—such as geriatric, forensic, child/adolescent, consultation/liaison psychiatrists and neuropsychologists--available upon referral. DoD also provides education for a broad range of mental health specialists at all levels, from training for psychiatric technicians, through internships for psychologists and medical school, residency and fellowship for psychiatrists.

MENTAL HEALTH SERVICES WITHIN CONUS: Evaluation and treatment of individuals for the full range of psychiatric disorders (psychoses, anxiety and depressive disorders, substance use/abuse disorders, personality disorders, etc.) are available. For those Service members assigned to billets in the Continental United States (CONUS), retired members and their families, individual, couple, family, group, substance abuse treatments, partial hospitalization and full inpatient care are available, in addition to psychopharmacotherapeutics. In most TRICARE Regions, Service members can make an appointment for assessment without referral from a primary care physician. Active duty and retired members and their families who participate in TRICARE Prime (the DoD managed care program) are allowed eight unmanaged mental healthcare visits each year, and additional visits upon approval from their primary care manager. The US Navy and US Army have telemedicine programs for mental health in the National Capital Area. These provide assessment and treatment to Service members within a 500 mile radius, where equipment is available. In San Diego (Region 9), a Telepsychology project is in early stages of development and implementation.

MENTAL HEALTH SERVICES FOR OVERSEAS AND DEPLOYED FORCES: Many of the overseas hospitals' staffs include mental healthcare providers. In those small hospitals and clinics which do not, general practitioners, flight surgeons, general medical officers, nurse practitioners, independent duty corpsmen, etc. are credentialed to do mental health assessment, initial treatment, and to refer to a mental healthcare specialist, as needed. For special operations, such as in Operation Joint Guard (Bosnia), the US Army deploys Combat Stress Control teams. These teams provide consultation to area commanders about operational stress, morale, and unit cohesion. Teams also evaluate and treat Service members referred for stress reactions or those with frank mental disorders. The US Navy deploys one psychologist to every carrier battlegroup. In addition to conducting individual assessments, deployed Navy psychologists also manage the substance abuse and family advocacy programs aboard the ships. Through the US Navy's Telemedicine Program, psychiatric consultations are conducted between specialists in CONUS (Bethesda or San Diego) to deployed carriers around the world.

Prevention and Screening

RECRUIT SCREENING: The RAP (Recruit Assessment Program) is under development. Beta testing will begin in the near future. The RAP is an extensive questionnaire administered shortly after basic training begins. The screening tool queries extensively for baseline mental health information, including exposure to violence, trauma and abuse.

PERIODIC SCREENING: The HEAR (Health Evaluation Assessment Review) is an extensive health assessment tool first deployed two years ago (HEAR 1.0) and is administered to all beneficiaries. The HEAR 1.0 screens for the presence of approximately 10 diagnosed mental health conditions, and substance use/abuse disorders. Subsequent versions of the HEAR (2.0, 2.1 and 2.5) additionally screen for symptoms of stress and mental illness, not simply the presence or absence of a mental disorder.

FORCE HEALTH PROTECTION: Every Service member who deploys for greater than 30 days is given a brief health screening questionnaire within 30 days before and after deployment. The checklist specifically inquires about mental health concerns. If the individual endorses the item positively, he/she is referred for mental health screening and full referral, if necessary.

CRITICAL EVENT DEBRIEFING (CED): CED is a technique of debriefing combat or operational units after a traumatic event--such as an accident at sea, friendly fire, the death of a member or leader, etc. Debriefing is usually done by a group of professionals from the fields of mental health, nursing and the chaplaincy, on request from a commander. There are four Specialized Psychiatric Rapid Intervention Teams (SPRINTs) in the US Navy which carry out this function. In the US Army, CSC Program coordinates this function. The US Air Force has 85 Combat Incident Stress Management (CISM) teams standing and trained and six deployable teams for overseas operations. They also have 29 Mental Health Readiness teams for prolonged operations. All of these CED teams have been utilized in CONUS, both for military operations and in response to civilian disasters.

POPULATION SCREENING: The DoD World Wide Survey (of Health Behaviors) is administered anonymously every three years. Data from this survey provide valuable information to DoD Health Affairs/TRICARE Management Activity about general and mental health issues in the global population, and informs where prevention efforts should be directed. Individual services also conduct their own survey questionnaires.

Research

The Department of Defense has numerous research programs that focus on mental health problems that are of particular importance to the military Services. Among these are the Walter Reed Army Institute of Research, the Naval Health Research Center which conducts psychiatric epidemiological studies and the Uniformed Services University of the Health Sciences which studies the psychological trauma from war, terrorism and disasters.

Protections

PROTECTIONS OF SERVICE MEMBERS RIGHTS AND PROCEDURES FOR REFERRAL: The Department of Defense published the DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces" and DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces" in 1997. These policies establish regulations which protect Service members from reprisal for "whistleblowing" and establish individual protections for involuntary referral, evaluation and hospitalization. These policies define potential and imminent dangerousness. They provide commanders and healthcare providers specific guidance on when and how to refer Service members for evaluation who may be dangerous while protecting the individual Service member's rights.

SUICIDE AWARENESS AND PREVENTION: All three Services have suicide awareness/suicide prevention programs. These vary in length and depth, but at a minimum, consist of a half hour videotape or lecture on the signs, symptoms and appropriate referral of potentially suicidal Service members—usually required annually. The Navy is developing the DON Suicide Incident Report (DONSIR). The instrument standardizes data collection on suicides; yields risk factor information; establishes a reporting process; and offers lesson learned to assist commanders in risk management. The DON also is producing an All Hands Suicide Prevention Video which will be filmed in April 99 and distributed in Sep 99. The Air Force recently has completed a major revision of its suicide prevention program which includes an integrated delivery system for mental health and related services, improved suicide prevention training and a new system for data collection on suicide and suicide attempts. The Armed Forces Radio and Television provides public service announcements on suicide prevention to its viewers and listeners.

SPECIAL PROGRAMS: The Family Advocacy Program oversees programs for spouse and child physical abuse, sexual abuse, etc. Social workers usually serve as heads of these programs, and staffs include chaplains, mental health professions and other physicians as consultants. Cases are investigated, reviewed and treatment and/or legal options recommended. Preventive services such as the New Parent Support Program are also offered.

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Improving Services to Children and Youth with Emotional and Behavioral Problems

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Promising Practices in Children's Mental Health

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on our site!



About the Center

All about the CECP: Information booklet, calendar, staff directory, strategic plan



Partners & Collaborators

Contact information, descriptions, areas of expertise, and in some cases, research-based vignettes for the organizations and people working with the CECP.



Information Resources

Browse the CECP's collection of online resources, including articles, reports, monographs, mini-websites, statistics, e-mail listservs, and state resources.



Interactive!

Join our online discussions, ask questions, share your experiences with others, and review archived discussions.



Links

Check out our extensive collection of Web sites related to emotional and behavioral problems in such areas as education, families, mental health, juvenile justice, child welfare, early intervention, school safety, and legislation.

The CECP is part of the American Institutes for Research ([AIR](#)), and is funded under a cooperative agreement with the Office of Special Education Programs ([OSEP](#)), U.S. Department of Education ([ED](#)), with supplemental funding from the Center for Mental Health Services ([CMHS](#)), U.S. Department of Health and Human Services ([HHS](#)).



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[Help!](#)

- [Community-Based Social Skills](#) - Dr. Michael Bullis is our [Online Expert](#) through July 15!

Added in April/May 1998

- [Safe, Drug-Free, and Effective Schools](#) - Have a look at the Center's new report on what works!
- [Success Stories](#) - The Center has collected Success Stories in Special Education from a number of effective programs.
- [Author Online](#) - Join Dr. Frank Fecser in a discussion on effective strategies for dealing with aggression.
- [April's Article Online](#) - "Life Space Crisis Intervention," by Dr. Frank Fecser and Dr. Nick Long.
- [International Adolescent Conference](#) - Upcoming conference on the needs of adolescents with behavioral disorders.
- [Promising Programs](#) - Look over background material for CEC/NASP collaborative strand from the 1998 NASP convention in Orlando.

Added in January/February 1998

- [Greenhouses and Nurseries](#) - Updated contact information includes project descriptions, where available.
- [Center Staff Resumes](#) - The Staff Directory now contains links to resumes.
- [State Children's Health Insurance Program](#) - Helpful information from Georgetown University's Center for Child Health and Mental Health Policy.
- [Addressing Student Problem Behavior](#) - Read the Center's document on Functional Behavioral Assessment and Behavior Intervention Plans.
- [Author Online](#) - Join Dr. Brenda Scheuermann in a discussion of an article on challenges, barriers and recommended action for the field of emotional and behavioral disorders.
- [January's Article Online](#) - "A Challenging Future: Current Barriers and Recommended Action for Our Field," by Dr. Jo Webber and Dr. Brenda Scheuermann.

Added in November/December 1997

- [Author Online](#) - Join Dr. Carl Smith in a discussion of his article on advocacy for students with emotional and behavioral disorders.
- [State Children's Mental Health Contacts](#) - A list of phone numbers for information from the National Association of State Mental Health Program Directors.
- [State Consultants in Emotional and Behavioral Disorders](#) - A list of phone numbers for specialists in each state department of education.
- [November's Article Online](#) - "Advocacy for Students with Emotional and Behavioral Disorder -- One Call for Redirected Efforts," by Dr. Carl Smith.

Added in October 1997

- [Proposed Regulations for IDEA](#) - The U.S. Department of Education has released proposed rules for implementing the 1997 Amendments to the Individuals with Disabilities Education Act. Instructions for accessing the draft regulations are included.
- [Behavioral Management Techniques](#) - The Council for Exceptional Children's Fall 1997 Issue of Research Connections in Special Education focuses on school-wide systems of behavioral

**White House Conference for Mental Health
Interagency Meeting**

March 12, 1999

12:00- 2:00

Department of Health and Human Services

Margaret Hamburg, M.D.
Assistant Secretary for Planning and Evaluation

Delores Parron
DAS of Program Systems

Kevin Hennessy
Program Analyst

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Department of Interior

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Judith White McBride
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Monitor →

202 006-9194

THE WHITE HOUSE
WASHINGTON

June 6, 1999

WHITE HOUSE CONFERENCE ON MENTAL HEALTH:
WORKING FOR A HEALTHIER AMERICA

DATE:	June 7, 1999
LOCATION:	Blackburn Auditorium Howard University
BRIEFING TIME:	11:35am – 11:50am
EVENT TIME:	12:30pm – 1:50pm
FROM:	Bruce Reed, Audrey Tayse-Haynes, Marsha Scott

I. PURPOSE

To bring together a broad coalition of consumers, providers, advocacy groups, business leaders, state, local, and national elected officials, and leaders in the mental health research and pharmacology, service delivery and insurance coverage – as well as communities across the country through over 1,000 satellite sites – to increase awareness on issues surrounding mental illness and its impact on people of all ages.

II. BACKGROUND

Today, at the first-ever White House Conference on Mental Health, chaired by your Mental Health Advisor Tipper Gore, the Clinton/Gore Administration will unveil unprecedented measures to improve mental health. “We are taking new steps to breakdown the myths and misperceptions of mental illness and to encourage and enable Americans to get the care they need,” said Tipper Gore. The Administration’s proposals provide parity, improve treatment, bolster research, and expand community responses to help those with mental illnesses. Highlights of these initiatives include:

- **Ensuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation’s largest private insurer - implements full mental health and substance abuse parity.** Today, the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that starting next year they will have to offer full mental health and substance abuse parity to participate in the program. This step will provide full parity for nine million beneficiaries by next year and ensure that the Federal government leads the way to providing parity. The Department of Labor is also launching a new

outreach campaign to inform Americans about their rights under the Mental Health Parity Act of 1996.

- **Launching national school safety training program for teachers and education personnel.** You will announce a major nationwide public/private partnership between the National Education Association (NEA), EchoStar, and other partners to improve school safety. The partnership, which includes the Departments of Education, Justice, and Health and Human Services, will create and run a comprehensive program that will be available at the beginning of the new school year with the goal of reaching every school across the country and providing training to teachers, school personnel, and community members on how to improve school safety.
- **Accelerating progress in research.** In July, National Institute of Mental Health (NIMH) will launch a \$7.3 million landmark study to determine the nature of mental illness and treatment nationwide and to help guide strategies and policy for the next century. This new study will collect information on mental illness, including the prevalence and duration of mental illness as well as the types of treatment that are most commonly used. NIMH also will announce the launch of two new clinical trials, investing a total of \$61 million, to build on effective treatments for those affected by mental illness.
- **Encouraging states to offer more coordinated Medicaid services for people with mental illness.** Millions of Americans with severe mental illness rely on Medicaid to pay for their health care. To encourage states to make the most effective services available, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with the most severe and persistent mental illness; (2) Medicaid recipients all have access to medications approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about their ability to enter into "advance planning directives" that set out treatment guideline for people who became severely incapacitated in the future.
- **Launching a pilot program to help people with mental illness get the quality treatment they need to return to work.** Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the Social Security Administration (SSA) estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many of the people suffering with these disorders could get effective treatment and perhaps return to work. The Administration will launch a new five-year, \$10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. This complements the Jeffords-Kennedy-Roth-Moynihan legislation, which allows people to buy into the Medicaid or Medicare program when they return to work.

- **Educating older Americans and their health professionals about the risks of depression.** Five million Americans over the age of 65 suffer from some form of depression, but many do not recognize their symptoms as depression and do not receive the treatment they need. NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals about mental illness. The Department of Veteran Affairs will also launch six new study sites to test two modes of primary care for older Americans with mental health and/or substance abuse disorders.
- **Reaching out to vulnerable homeless Americans with mental illnesses.** The Department of Housing and Urban Development is launching a new initiative to encourage communities to create safe havens where homeless mentally ill Americans can get treatment and care. HHS will also launch a two-year, \$4.8 million grant program to study the treatment, housing, education, training, and support services needed by homeless women and their children given to as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. The Department of Veteran Affairs will double the number of “stand down” events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.
- **Implementing new strategies to meet the mental health needs of crime victims.** To ensure that the federal response to community crises, like acts of terrorism or mass violence, includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice’s Office for Victims of Crime and the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMSHA). This partnership also will ensure that strategies are in place to address the mental health needs of victims of violent crime.
- **Developing and implementing new strategies to address mental illness in the criminal justice system.** SAMHSA and DOJ are hosting a conference later this summer to focus on how the criminal justice system can prevent crime by mentally ill people and can address the needs of offenders with mental illness. Following this conference, DOJ will launch an outreach effort to educate the criminal justice community on how to better serve people with mental health needs. This initiative will include a new partnership with the National GAINS center so that communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.
- **Implementing a new comprehensive approach to address combat stress in the military.** At least 30 percent of those who have spent time in war zones experience combat stress reaction. Today you will direct the Department of Defense to report back within 180 days on an implementation plan for a comprehensive combat stress program throughout the military. DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current prevention strategies.

- **Launching the expansion of the “Caring For Every Child” mental health campaign.** At least one in ten American children and adolescents may have behavioral, or mental health problems. The Administration will launch a five-year \$5 million dollar campaign in targeted communities to highlight the special mental health needs of children.
- **Improving the mental health of Native American youth.** The suicide rate for Native Americans between the ages of five and 24 years old is three times higher than the rest of the U.S. population in this age group. This initiative allocates at least \$5 million for a collaboration between the Departments of Interior, Justice, Education, and HHS, to go to ten Native American communities to develop effective strategies to address mental health needs of youth in settings such as the home, school, treatment centers, and the juvenile justice system.
- **The Administration Also Challenged Congress to Pass Legislation to Improve Care and Services for People with Mental Illness.** The Administration urged Congress to:
 - Pass the Jeffords-Kennedy-Roth-Moynihan-Lazio-Waxman-Bliley-Dingell legislation, which would enable people with disabilities to return to work by accessing affordable health insurance.
 - Hold hearings on the mental health parity law to review its strengths and weaknesses.
 - Fund the historic \$70 million increase in the mental health grant.
 - Pass a strong enforceable patients’ bill of rights which ensures that people with mental health needs obtain critical protections such as access to specialists and the continuity of care protections.
 - Pass strong comprehensive privacy and legislation to eliminate genetic discrimination.

I. PARTICIPANTS

Briefing Participants:

Bruce Reed
 Audrey Tayse-Haynes
 Chris Jennings
 Marsha Scott
 Sarah Bianchi
 Neera Tanden
 Jordan Tamagni

Event Participants:

The Vice President
 The First Lady
 Mrs. Gore
 Bob Chase, President, National Education Association
 Bill Vanderpoel, Vice President, EchoStar
 Panel Participants (*see attached participants list*)

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

NOTE: SUGGESTED DISCUSSION SEQUENCE OF EVENTS AND QUESTIONS ATTACHED

- **YOU**, the Vice President, the First Lady, and Mrs. Gore will be announced onto the stage.
- Mrs. Gore will make brief opening remarks and lead the first group discussion.
- Upon conclusion of the discussion, Mrs. Gore will introduce the Vice President.
- The Vice President will make brief remarks and lead the second group discussion.
- Upon conclusion of the discussion, Mrs. Gore will introduce the First Lady.
- The First Lady will make brief remarks and lead the third group discussion.
- Upon conclusion of the discussion, Mrs. Gore will proceed to the podium.
- Mrs. Gore will make brief concluding remarks and introduce **YOU**.
- **YOU** will make remarks from the podium.
- **YOU** will introduce Bob Chase.
- Bob Chase will make brief remarks and introduce Bill Vanderpoel.
- Bill Vanderpoel will make brief remarks.
- **YOU** will conclude your remarks and depart.

VI. REMARKS

To be provided by speechwriting.

VII. ATTACHMENTS

- Panel Participants Bios
- Suggested Discussion Sequence of Events and Questions
- Mental Health Fact Sheet

WHITE HOUSE CONFERENCE ON MENTAL HEALTH: *WORKING FOR A HEALTHIER AMERICA*

Panelist Biographies

Mike Wallace,

Co-Editor, CBS' *60 Minutes*

Mike Wallace has become an American icon as co-editor of CBS's *60 Minutes* and an award-winning journalist, whose career spans nearly 60 years. His incisive interviewing techniques and expansive knowledge of current affairs has enabled him to produce an impressive series of interviews with American and international leaders, including every President from John F. Kennedy through George Bush. More recently, Mr. Wallace has openly discussed his experience with depression with the same candor that he has demanded of his interviewees. His hour-long HBO documentary, "Dead Blue: Surviving Depression," has helped draw attention to the pervasiveness of depression and the ability to recover from it. He is a testament to the contributions that people living with mental illness can and do make in our society.

John Wong, Rosemead, CA

John Wong immigrated to the United States with his parents and two stepbrothers from Hong Kong in 1973 when he was seven years old. He first experienced symptoms of schizophrenia when he was 16 years old and had the first of his four psychiatric hospitalizations when he was about 18 years old. John's symptoms have been reduced gradually through medication and psychosocial rehabilitation treatment in the past 17 years. In fact, John is president of the Consumer Planning Council of Pacific Clinics Asian Pacific Family Center (APFC) where he is also a part-time employee. As part of his work duties, he teaches an "English as a Second Language" class to other Asian immigrant consumers. He also participates in home visits and outreach activities in collaboration with other agency staff. Jon's father, Mr. Hoi Wong, gave up his restaurant business in 1980 in order to take care of his two children- John with mental illness and another son with a heart disease.

Jennifer Gates, Scotch Plains, NJ

Jennifer Gates is a nineteen-year-old from Scotch Plains, NJ. She is a sophomore at the College of William and Mary in Virginia, hoping to double major in English and psychology. She has been recovering from an eating disorder for the past three years, and has always felt strongly about dispelling the misconceptions the public has about eating disorders. She hopes that by speaking about her struggle today she will be able to give a personal perspective and to increase understanding of this very debilitating disease.

Robin Kitchell, Franklin, TN

Robin is a parent and professional who has worked with children and families for ten years. She is married and is the parent of a thirteen-year-old son with bipolar disorder, ADD, and learning disabilities. She has been a passionate advocate for children and families with special needs. She believes that one of the challenges for parents of a child with mental illness is to navigate through the education and mental health system, and thinks it is critical for parents, teachers, and school district officials to work as a team. Mrs. Kitchell is also an advocate with Tennessee Voices for Children, and recently participated in a forum with Mrs. Gore at Vanderbilt University.

**Wayne Burton, M.D., First Vice President /Corporate Medical Director
Bank One Corporation, Chicago, IL**

Bank One is the 5th largest U.S. bank holding company with over 90,000 employees worldwide. The Medical and Benefits Units of Bank One have worked together since 1982 to strategically design health and wellness benefits programs and cost management strategies. To address the impact of depression on employees and Bank One, Dr. Burton with his colleague Dr. Conti, spearheaded a comprehensive effort to improve the company's ability to identify and get appropriate treatment for employees with depression in a timely manner. In addition to his duties at Bank One, Dr. Burton is an Associate Professor of Clinical Medicine and Psychiatry at Northwestern University Medical School.

David Satcher, M.D., Ph.D.**Assistant Secretary for Health and U.S. Surgeon General
Department of Health and Human Services**

Dr. Satcher is the 16th Surgeon General of the United States, and only the second person to simultaneously hold the position of Assistant Secretary for Health and Surgeon General. Prior to this appointment, Dr. Satcher served four years as the Director of the Centers for Disease Control and Prevention (CDC) and Administrator for the Toxic Substances and Disease Registry from 1993 to 1997. Dr. Satcher will be joining the conference plenary session via satellite from the Carter Center in Atlanta, GA. He will be there with a number of community mental health leaders, and will be focusing on the ways communities can respond to crises or traumas.

Congresswoman Lynn Rivers (D-MI)

Congresswoman Lynn Rivers was born in Au Gres, Michigan, the daughter of a mailman and a homemaker. She is married with three children. While raising her children, working, and going to college at the University of Michigan, she became politically active. Representative Rivers ran for a seat on the school board in 1984 and won, serving for eight years. In 1992, she graduated from Wayne University Law School. In 1994, Representative Rivers ran for the United States Congress and won, becoming one of only 13 freshman Democrats to gain a seat that year, and she now serves on the Science Committee and the House Budget Committee. Though she was diagnosed with manic depression in her twenties, Representative Rivers accomplished a great deal because of her effective treatment.

Harold S. Koplewicz, M.D, New York, NY

Dr. Harold S. Koplewicz, founder and director of the New York University Child Study Center, is a nationally renowned child and adolescent psychiatrist. He is the Editor-in-Chief of the *Journal of Child and Adolescent Psychopharmacology*. He has written many scientific articles on the diagnosis and treatments of children and adolescents with behavioral disorders, anxiety disorders, and mood disorders. He is also the author of It's Nobody's Fault: New Hope and Help for Difficult Children And Their Parents. Dr. Koplewicz seeks to change the way we treat and deal with child mental illness so that no parent or child is ashamed to seek the help they need.

Steven E. Hyman, MD

Dr. Hyman is the Director of the National Institute of Mental Health, the component of the National Institute of Health charged with generating the information needed to understand, treat, and prevent mental illness. He was Professor of Psychiatry at Harvard Medical School and Director of Psychiatry Research at Massachusetts General Hospital. He was also the first faculty Director of Harvard University's Interfaculty Initiative on Mind, Brain, and Behavior. In addition to his many scientific writings, he has authored and edited several widely used clinical texts. He also serves on several review and advisory boards including the Riken Brain and Sciences Institute in Japan, the Max Planck Institute in Germany, and the Howard Hughes Medical Institute in the United States.

WHITE HOUSE CONFERENCE ON MENTAL HEALTH
PLENARY SESSION
SUGGESTED SEQUENCE OF DISCUSSION
June 7, 1999

Mrs. Gore's Panel

- Q: **Mike Wallace:** And now, I want to introduce a man who also struggled with mental illness – and whose decision to come forward with his experience has inspired many Americans to do the same. Mike we have a broad audience here today, with varying levels of understanding about mental disorders. Will you tell us about your experience with depression?

Background: Recently, Mr. Wallace has openly discussed his experience with depression. His hour-long HBO documentary, "Dead Blue: Surviving Depression," has helped draw attention to the pervasiveness of depression and the ability to recover from it. He is a testament to the contributions that people living with mental illness can and do make in our society.

Possible follow-up: Tell us about the stigma associated with depression for men?

Possible follow-up: What do Americans need to know about depression?

- Q: **John Wong** who came here today from California has been living with schizophrenia for over 13 years. John, when did you first realize you were experiencing a mental illness?

Background: Mr. Wong's illness started in adolescence. (*In men we know that schizophrenia usually appears in the late teens or early twenties.*) Initially John was very resistant to treatment, but for the past nine years he has managed his illness. He now does outreach with others to help them get the treatment and support they need when coping with a mental disorder.

POTUS POSSIBLE FOLLOW-UP: Was there a particular event or symptom that made you realize that you needed mental health treatment and how did you get help?

Possible follow-up: Can you tell us about your recovery and how you have reached out to help others?

Possible follow-up: I know your father is in the audience, and has been very supportive and helpful in your recovery. Tell us how he helped.

- Q: **Jennifer Gates** is here to talk about her experience. Jennifer, you had a very serious experience with anorexia. Tell us when your illness started.

Background: Jennifer, who is now 19-years-old, was 15-years-old when her eating disorder began. She controlled her food intake as a way to lose weight and look “good” for the summer. After a few months the disease took control of her. She can speak to her obsessive thoughts of perfection in all aspects of her life (i.e., grades, weight), and how treatment, 3 years later, remains an important part of her recovery.

Possible Follow-up: With depression we talk about how we can’t expect someone to pull themselves up by their bootstraps. I know you have mentioned the stigma you experienced when you were ill, how often family and friends didn’t understand why you wouldn’t just eat. As best as you can, will you tell us what you were experiencing at that time and the role treatment and support played in your recovery?

Possible Follow-up: What do you see in your future?

Vice President’s Panel

- Q:** **Robin Kitchell**, from Nashville Tennessee, has a son who suffers from bi-polar disorder. She recently met Tipper at an event like this one in Tennessee. Robin, tell us about some of the challenges and rewards of caring for a child with a mental illness?

Background: Mrs. Kitchell struggled with schools to assure her son received the support he needed to succeed. Robin is also an activist with Tennessee Voices for Children and fights to make sure that schools and other aspects of the community work effectively to help children with mental illness.

Possible follow-up: How can we help communities and schools do a better job of reaching and supporting kids with mental illness?

- Q:** **Dr. Wayne Burton** is the Corporate Medical Director of Bank One Corporation. Dr. Burton, tell us how the comprehensive mental health services Bank One offers has helped your business?

Background: In 1983, Bank One began to implement comprehensive mental health services for its employees including: (1) training managers to reduce stigma; (2) increasing employee awareness of services; and (3) enhancing covered mental health benefits. As a result, the costs of mental health have gone from 15 percent of health care costs in 1982 to 6 percent in 1996.

Possible follow-up: What are some of the things your program does to raise awareness among your employees?

Possible follow-up: Do your employees worry about discussing these issues in the workplace because of confidentiality? How do you all address this issue?

- Q:** I'd like to call on **Dr. David Satcher**, who is joining us from the Carter Center in Atlanta where he is leading a discussion on how communities can better respond to the short-term and long-term impact of crises, such as school violence or floods. Dr. Satcher, tell us about some of what you all are focusing on today?

Background: Dr. Satcher is with leaders who address mental health needs in their communities, including a woman from Oklahoma who helped set up comprehensive mental health services following the bombings.

POTUS POSSIBLE FOLLOW-UP: What are the long-term mental health effects of these types of crises?

VP possible follow-up: What can communities do to assure they can respond in times of crisis and address every day mental health needs?

Mrs. Clinton's Panel

- Q:** **Dr. Steven Hyman:** I'd like to talk with this distinguished group of panelists about the science of mental health and illness. We're happy to have Dr. Steven Hyman with us today, a distinguished scientist who directs the National Institute of Mental Health. NIMH is part of the National Institutes of Health.

Dr. Hyman, you are dealing with some very difficult diseases that affect millions of people. Over the last few years, what progress are we making and what have we really learned about these diseases?

Possible Follow-up: How have these scientific discoveries changed the way we as a society deal with mental illness?

- Q:** **Dr. Koplewicz** is an expert on mental health issues, particularly in children. What steps can we take as a nation to demystify mental illness?

Background: Dr. Koplewicz, founder and director of the New York University Child Study Center, is a nationally renowned child and adolescent psychiatrist. He has written many scientific articles on the diagnosis and treatments of children and adolescents with behavioral disorders, anxiety disorders, and mood disorders. He is also the author of It's Nobody's Fault: New Hope and Help for Difficult Children And Their Parents. Dr. Koplewicz seeks to change the way we treat and deal with child mental illness so that no parent or child is ashamed to seek the help they need.

Possible Follow-up: What are the particular issues associated with children with mental illness?

POTUS POSSIBLE FOLLOW-UP: What can we do to intervene early, before the mental illness causes a child to become violent to themselves or others?

Q: Representative Lynn Rivers: So all this offers us new hope about treatment of mental health, but also the importance of early diagnosis. Congresswoman Rivers, would you share with us your experience?

Background: Representative Rivers has been outspoken about her history of mental illness. Though she was diagnosed with manic depression in her early twenties, she has accomplished a great deal due to her effective treatment.

Possible follow-up: How did you decide to come forward?

The Numbers Count

Mental Illness in America

According to a recent study by the World Health Organization, the World Bank, and Harvard University, mental disorders account for 4 of the 10 leading causes of disability in established market economies worldwide. These disorders are: major depression, manic-depressive illness, schizophrenia, and obsessive-compulsive disorder. Other research has estimated that the cost of mental illnesses in the United States, including indirect costs such as days lost from work, was \$148 billion in 1990, the last time the total bill was measured.

Depression

- More than 19 million adult Americans age 18 and over will suffer from a depressive illness—major depression, bipolar disorder, or dysthymia—each year. Many of them will be unnecessarily incapacitated for weeks or months because their illness is untreated.
- The onset of depression may be occurring earlier in life in people born in recent decades compared to the past.
- Nearly twice as many women (12 percent) as men (7 percent) are affected by a depressive illness each year.
- Depression is a frequent and serious complication of heart attack, stroke, diabetes, and cancer, but is very treatable.
- Depression increases the risk of having a heart attack. According to one recent study that covered a 13-year period, individuals with a history of major

depression were four times as likely to suffer a heart attack compared to people without such a history.

- Depression costs the nation more than \$30 billion per year in direct and indirect costs, according to the most recent data available.
- Major depression is the leading cause of disability in the United States and worldwide, according to a recent study by the World Health Organization, the World Bank, and Harvard University.

Manic-Depressive Illness

- More than 2.3 million Americans ages 18 and over – about 1 percent of the population – suffer from manic-depressive illness.
- As many as 20 percent of people with manic-depressive illness die by suicide.
- Men and women are equally likely to develop manic-depressive illness.

Suicide

- In 1996, approximately 31,000 people died from suicide in the United States.
- Almost all people who kill themselves have a diagnosable mental disorder, most commonly depression or a substance abuse disorder.
- The highest suicide rates in the United States are found in white men over age 85.
- The suicide rate in young people has increased dramatically in recent years. In

1996, the most recent year for which statistics are available, suicide was the 3rd leading cause of death among 15 to 24 year olds.

- Men are more than four times as likely as women to commit suicide.

Schizophrenia

- More than 2 million adult Americans are affected by schizophrenia.
- In men, schizophrenia usually appears in the late teens or early twenties. The disorder usually shows up when women are in their twenties to early thirties.
- Schizophrenia affects men and women with equal frequency.
- Most people with schizophrenia suffer chronically throughout their lives.
- One of every 10 people with schizophrenia eventually commits suicide.
- Schizophrenia costs the nation \$32.5 billion annually according to the most recently available data.

Anxiety Disorders

- More than 16 million adults ages 18 to 54 in the United States suffer from anxiety disorders, which include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, social phobia, and generalized anxiety disorder.
- Anxiety disorders cost \$46.6 billion in 1990.
- Anxiety disorders are frequently complicated by depression, eating

disorders, or substance abuse. Many people have more than one anxiety disorder.

Panic Disorder

- Panic disorder affects about 1.7 percent of the U.S. adult population ages 18 to 54, or 2.4 million people, in a given year.
- Panic disorder typically strikes in young adulthood. Roughly half of all people who have panic disorder develop the condition before age 24.
- Women are twice as likely as men to develop panic disorder.
- People with panic disorder may also suffer from depression and substance abuse. About 30 percent of people with panic disorder abuse alcohol and 17 percent abuse drugs such as cocaine and marijuana.
- About one-third of all people with panic disorder develop agoraphobia, an illness in which they become afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack.

Obsessive-Compulsive Disorder (OCD)

- About 2.3 percent of the U.S. adult population ages 18 to 54, approximately 3.3 million Americans, has OCD in a given year.
- OCD affects men and women with equal frequency.
- The nation's social and economic losses due to OCD totaled \$8.4 billion in 1990.

Post-Traumatic Stress Disorder (PTSD)

- In the United States, about 3.6 percent of adults ages 18 to 54, or 5.2

million people, have PTSD during the course of a given year.

- PTSD can develop at any age, including childhood.
- PTSD is more likely to occur in women than in men.
- About 30 percent of men and women who have spent time in war zones experience PTSD. The disorder also frequently occurs after violent personal assaults, such as rape or mugging or domestic violence; terrorism; natural or human-caused disasters; and accidents.
- Depression, alcohol or other substance abuse, or another anxiety disorder often accompany PTSD.

Social Phobia

- About 3.7 percent of American adults ages 18 to 54, or 5.3 million people, have social phobia in a given year.
- Social phobia occurs in women twice as often as men, although a higher proportion of men seek help for this disorder.
- The disorder typically begins in childhood or early adolescence and rarely develops after age 25.
- Social phobia is often accompanied by depression and may lead to alcohol or other drug abuse.

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD is one of the most common mental disorders in children, affecting 3 to 5 percent of school-age children.
- Two to three times more boys than girls are affected.
- ADHD has long-term adverse effects on success at school, work, and in social relationships.
- National public school expenditures on behalf of students with ADHD exceeded \$3 billion in 1995.
- As they grow older, children with untreated ADHD who have a coexisting

conduct disorder often experience drug abuse, antisocial behavior, teenage pregnancy, and injuries of all sorts.

Autism

- Autism and related disorders (also called autism spectrum disorders or pervasive developmental disorders) represent chronic and severely disabling developmental disorders. There is no known cure.
- There are 1 to 2 cases of autism per 1,000 people.
- These disorders develop in childhood and are generally apparent by age three.
- Autism is three to four times more common in boys than girls. Girls with the disorder, however, tend to have more severe symptoms and lower intelligence.
- These disorders present families with financial and emotionally costly challenges over the lifespan of their affected children. About 60 percent of adults with autism will require continued care throughout their lives.
- The cost of health and educational services to those affected by autism exceeds \$3 billion each year.

For More Information About NIMH

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Interview with Good Morning America

OEOB Office

8.00-8.25am, Monday, June 7, 1999

Meeting requested by Camille Johnston.

Briefing prepared by Camille Johnston, Sarah Bianchi and Trooper Sanders.

EVENT

You will be interviewed by Dr. Nancy Snyderman, of ABC's *Good Morning America*, as part of the day's activities for the White House Conference on Mental Health. She will interview you by remote. Topics that could be raised include: mental health parity, stigma, and your personal experience with mental illness.

ATTACHMENTS

- Mental health Q&As.

Q&A for Mental Health Conference Interviews

Q: What do you hope to accomplish with this conference?

A: First of all, my hope is that we can destigmatize mental illness so that people will come forward and seek the treatment that we know works. We also want to increase awareness about how much we've learned about this disease and how to treat it. We know mental illness impacts people of all ages and socioeconomic backgrounds and that there is help available. There are so many myths surrounding mental illness and we have a real opportunity to replace those misperceptions with facts and encourage people to get the help they need.

For example, many people when asked would say that depression is a normal part of life that can be worked through without seeking medical treatment. In fact, one national poll showed that over 60 percent of Americans did not see depression as a health problem when, in fact, it is the leading cause of disability in this country. It is just these kinds of myths and misperceptions that fuel the stigma and discrimination. We hope to shed some light into these dark corners and really taking a giant leap forward on this issue.

Q: Why are people so reluctant to seek help?

A: We know that, of the 51 million people who are affected by mental illness each year, fewer than one-third receive treatment – and children are even less likely to receive treatment. Part of the stigma arises from the fact that many view mental illness as a weakness and something that you should be able to "snap out of."

Another level of discrimination that makes people less likely to seek help is discrimination in the workplace and in insurance coverage. Mental illness is as treatable as many physical illnesses. We can treat depression effectively 80 percent of the time and 70 percent of the time for people with schizophrenia. However, people are afraid to come forward because they fear they will lose their jobs or their health coverage. And finally, there is the issue of access -- too many people, particularly the homeless, lack access to detection, treatment and prevention services.

Q: The Administration is announcing that the Federal Employees Health Benefits Program is coming in compliance with full mental health and substance abuse parity. Isn't this going to break the bank?

A: A number of states have implemented full mental health parity laws, such as Vermont and Maryland without seeing a major increase in costs. Ohio implemented parity for its state employees and has not seen major cost increases. Moreover, there are a number of businesses, such as Bank1, that have implemented comprehensive mental health services for their employees. In fact, they have seen healthier employees and decreased costs. There is no reason to believe that implementing parity is going to significantly increase health care costs.

Q: Why hasn't this been done before now?

A: Since day one of this Administration, we have been fighting to improve access to treatment for people with mental illness. We won an important victory in this area in 1996 when we enacted the Mental Health Parity Act, and we fought to ensure that the new Children's Health Insurance Program included a strong mental health benefit. Today, represents another important step in this area and we will keep working to do even more.

Q: Do you support the mental health parity bills that have been introduced in the Congress?

A: There are a number of bills on the Hill. We believe that Congress should hold hearings right away both to look at how the Mental Health Parity Act that we all fought so hard for in 1996 is working and to determine the best way to build on this legislation. We are leading the way today by bringing FEHBP into full mental health and substance abuse parity. We believe that if the Congress holds hearings it will be clear that it is possible to provide parity without excessively increasing health care costs.

Q: What other steps is the Administration taking today to support people with mental illness?

A: We are taking a number of steps today to support people with mental illness. To name a few we are: (1) launching a new demonstration at the Social Security Administration to help people with mental illness who are on disability benefits get treatment they need to help them return to work; (2) taking new steps to help ensure that Medicaid provides good treatment for the mentally ill, including assuring states are covering the medications they are required to and encouraging states to implement community treatment models that we know work for the severely mentally ill; and (3) initiating a new national school safety training program for teachers and education personnel to help identify and help kids at risk,

Q: Recent news stories have focused on the large number of people with mental illness who wind up in the criminal justice system, particularly young people. What is the Administration doing on this front?

A: Today, we are launching a new national school safety training program for teachers and education personnel that the Vice President and I will kick off later this fall. This is a nationwide public/private partnership between the National Education Association (NEA), EchoStar, and other partners to help reach schools across the country, to provide training to teachers, school personnel, and community members on how to identify and help kids at risk. The Administration has also implemented a major Healthy Students/Safe Schools initiative, a multi-pronged initiative to help our school systems provide communities with enhanced services to promote healthy childhood development and prevent violence and alcohol and other drug abuse. We have proposed a historic increase in the mental health block grant that will bolster services in this area. We have

also asked the Attorney General to look closely at these issues. She has formed a Task Force at Justice to look at all of these issues and is very involved in our conference.

Q: Children are reluctant to seek out guidance counselors and mental health specialists. How can we better encourage our children to seek help?

A: We know that too many parents are reluctant to talk about mental health issues with their kids. Too many youngsters fear that acknowledging a mental disorder is somehow shameful. Too many Americans are reluctant to acknowledge that children, in fact, experience serious mental illnesses like clinical depression. I have met kids around the country who say they know when they or there are at risk, but they are too scared to reach out for help. We need to raise awareness nationwide among parents, educators and young people about these issues.

Q: Even though the young man who shot the students in Littleton had been treated, his illness still go out of control. How do you prevent this for the future?

A: There are steps we need to take to help prevent these tragedies from happening in the future -- to create an environment in our schools where children feel they can go to get help, teachers are aware of how to detect these signs early, and families feel supported.

Q: Was deinstitutionalization a bad move?

A: Deinstitutionalization was not coupled with sufficient improvements in the community mental health system to assure that people have a place to go to get help. With new medications and better technology, it is possible to treat people more effectively in a range of settings. Most people with mental illness do not need to be treated in an institution. Our challenge is to assure that people know they can get help and have a place to go to get the care they need.

Q: Do you have a position on the use of restraints in prisons for people with mental illness?

A: Restraints should only be applied to the mentally ill when the safety of the consumer or the staff is in jeopardy. This is an important issue that we need to keep working on – to assure that people are not being inappropriately being restrained.

Q: The issue of privacy and confidentiality is not yet fully resolved from the standpoint of the mental health community. What recommendations do you have on where we should go?

A: I believe that we need stronger Federal privacy laws to assure all patients have protections in this area. Given the social stigma associated with mental disorders, we should be particularly careful to protect such sensitive information mental health information. We must uphold the principle of patient consent for access to medical records.

Q: Many high profile crimes are attributed to people with mental illness (Rusty Weston, Littleton, CO, etc.). Are people with mental illness prone to violence?

A: A study commissioned by the MacArthur Family Foundation, shows that, after controlling for substance abuse, there is no difference in the rate of violence between those discharged from psychiatric facilities and other people living in those same communities who also did not have substance abuse problems. However, we certainly need to do a better job of reaching to people who need help and getting them the help early.

Q: What linkages do you see between mental illness and the problem of suicide among young people?

A: Suicide is the eighth leading cause of death in this country, but is the second leading cause of death among adolescents. Suicide is preventable, especially if the warning signs are detected early. We must all work together to educate the nation on how to detect and treat the warning signs in young people that may signal that a child needs our help.

White House Conference on Mental Health Breakfast & Morning Overview

The White House
8.30-9.00am, Monday, June 7, 1999

**Meeting requested by the President.
Briefing prepared by Trooper Sanders.**

EVENT

You are attending a breakfast with the First Lady for the delegates to the White House Conference on Mental Health. **Approximately 500 guests will attend. This event is closed press.**

LOGISTICS

- Mrs. Clinton makes remarks and introduces Mrs. Gore.
- **Mrs. Gore makes remarks.**
- Mrs. Gore and Mrs. Clinton depart.

PROGRAM NOTES

- The guests will have a buffet-style breakfast at the White House before proceeding to Howard University for the conference working sessions.
- Before you, the President, Vice President and First Lady arrive at Howard for the main plenary session, conference participants will have attended one of fourteen breakout sessions. Sessions include: advances in science and research; mental health and criminal justice; mental health as a public health issue; access to employment, housing, transportation, and community support; children's mental health; education and training for health care providers; barriers to effective mental health services; ethnic and cultural issues and service delivery; mental health needs of people with multiple disabilities; primary care, prevention and lifecycle; individual rights; peer support, consumer advocacy, and recovery; at-risk youth; and, mental health "online".

ATTACHMENTS

- Remarks.
- Guest list.
- Breakout session summary.

Town Hall Remote Site Script

Draft 6-4-99

The Town Hall will broadcast via satellite from 3:30PM – 5:00PM EDT. Each site will get 8-10 minutes live with the Gores. This is broadcast to 5000 satellite downlink sites, cable networks and millions of viewers live. Please note that this is ideally how we'd like the satellite broadcast to flow. The discussion will be controlled by the Gores and may become more fluid and deal with different issues as they arise. We appreciate your involvement and hope to share these opportunities with you again. All NON-SPEAKING people may be acknowledged, but not speak unless appropriate.

Atlanta, GA

(Community)

Site:

The Carter Center
One Copenhill
Atlanta, GA 30307

Program Organizer:

Lynn Randolph and Lei Ellingson (lelling@emory.edu)
One Copenhill
Atlanta, GA 30307
p. 404-420-5165
fx. 404-420-5158

Jena Bettles
Senior Advisor on Nursing and Policy
to the Secretary and Assistant Secretary of Health
p. 202-401-8084
fx. 202-690-4631

Technical Contact:

Bruce Harlan (bharlan@lpe.com)
404-352-0464

3 On Camera:

(co-greet) Atlanta Mayor Bill Campbell
(through Tanya Lombard 65265)
404-330-6100
404-658-7361

(co-greet) U.S. Surgeon General David Satcher
(through Jena Bettles 202-401-8084)

Betty Pfefferbaum, MD
Child Psychiatrist and school mental health specialist
University of OK

Best Practice: Betty Pfefferbaum can speak out of experience with OK city bombing and how communities have to be ready to respond to tragedy with mental health support systems in place.

FIRST BROADCAST

2 minutes Vice President acknowledges Satcher in Atlanta and pulls into discussion, preps audience for the town hall meeting discussions we'll have later in the day

SECOND BROADCAST

1 minute Greet and thanks by Mayor Campbell – "since Carter's can't make it, we have a message for you from Mrs. Carter." TEXT ATTACHED – praises administration

15-30 secs Jane Delgado (Chair of the Carter Center's Advisory Board for Mental Health) reads Mrs. Carter's statement. (approved for last paragraph only – text attached)

15 seconds Vice President / Mrs. Gore acknowledges statement, initiates discussion with Satcher

1 minute Dr. Satcher talks briefly about what had been discussed to lead into discussion between Gores and Betty Pfefferbaum on why it is important for communities to have systems in place to respond to mental health needs following community tragedy.

5-6 minutes Betty Pfefferbaum speaks with Gores on her experience with the OK City bombing and how a community has to be ready to respond.

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Flint, MI

(Family)

Site:

Mott Community College

Program Organizer:

Debra Martin
Genesee County Community Mental Health
420 W. 5th Ave.
Flint, MI 48503
p. 810-257-3742
fx. 810-257-1316

Technical Contact:

Lynn Thigpen (lthigpen@edtech.mcc.edu)
810-762-0305

4 On Camera:

(co-greet) Flint Mayor Woodrow Stanley
(through Orson Porter 66257)
p. 810-766-7346
fx. 810-766-7218

(co-greet) Dr. Earl Fox
Administrator for Health Resources and
Services Administration

(Speaking) Carol Burton (best practice contact)
Mott Childrens' Health Center
806 Tuuri Place
Flint, MI 48503
p. 810-768-7513
fx. 810-768-7512

(NON-SPEAKING) Michael Vizena
Executive Director
Genesee County Community Mental Health
420 W. 5th Ave.
Flint, MI 48503
p. 810-257-3705
fx. 810-766-7218

Best Practice: Mott Childrens' Health Center's Project Seek (description attached)

1 minute Mayor Woodrow Stanley and Administrator for HRSA Dr. Earl Fox will co-greet the Gores with the Mayor thanking the Gores for choosing Flint.

15-30 secs Gores acknowledge and initiate discussion calling on Dr. Earl Fox.

1 minute Dr. Earl Fox sets up the conversation and introduces Carol Burton with local best practice

5-6 minutes Gores discuss issues with Carol Burton (Michael Vizona may be acknowledged in her relationship with the state on these projects)

Best practice was an initiative of the Michigan Dept. of Community Health, brought to Genesee County Community Health and they contracted Mott Children's Hospital to make it happen.

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Draft 6-4-99

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Portland, OR

(Individual – consumer)

Site:

Providence Portland Medical Center
4805 NE Glisan Street
Portland, OR

Program Organizer:

Pat Herzberg (herzberg@mail.mhd.hr.state.or.us)
p. 503-947-4217
fx. 503-373-7327

Technical Contact:

Rod Bird (rbird@providence.org)
p. 503-216-7140

4 On Camera:

Sharron Kelley (sharron.e.kelley@co.multnomah.or.us)
Multnomah County Commissioner
1120 SW 5th Ave.
Suite 1500
Portland, OR 97204
p. 503-248-5213
fx. 503-248-5262

(NON-SPEAKING) Barry Kast, M.S.W.

Administrator

Mental Health and Developmental Disability Services Division
2575 Bittern Street NE
Salem, OR 97310
503-945-9712

Srgt. Karl McDade
City of Portland Police Bureau
North Precint
503-823-2122

(NON-SPEAKING) Miriam Gershow
Resource and Communication Coordinator
Office of Consumer Technical Assistance
1528 SE Holgate
Portland, OR 97202
p. 503-231-3052
f. 503-233-2861

Best Practice: Crisis Intervention Team

- 1 minute Sharron Kelly greets Gores thanking them for choosing Portland (Mayor Katz is at groundbreaking ceremony). Acknowledges Barry Kast with her who she works with.
- 15-30 secs Gores acknowledge and initiate discussion on CIT program. Sharron passes to Sgt. McDade, who has been with this program for five years.
- 5-6 minutes Sgt. McDade discusses with Gores.

(June 7 is the first day of Portland's annual Rose Festival - huge deal - two televised parades at end of week, Starlight run, air show, road show, Ducky Derby, Jazz Festival)

TALKING POINTS BY VICE PRESIDENT AL GORE
TOWN MEETING ON MENTAL ILLNESS
Monday, June 7, 1999

- I want to welcome all of you back. As you've heard, every year, Tipper and I moderate a Family Conference. As part of that conference, we host an issues forum on a particular subject. Today, I want to thank all of you for joining us for a forum on mental illness.
- Seeing the film clips we just watched reminded me of the last time I was at Howard University -- last fall -- when I had the honor of swearing in George Haley as our Ambassador to the Republic of the Gambia. Not only is George Haley the brother of writer Alex Haley, but the Republic of Gambia is the land of his great, great, great, great grandfather, who was also immortalized on film -- Kunta Kinte.
- On that day, George Haley told a story about a different kind of discrimination. George Haley was drafted to serve in the Air Force in World War II. He was once traveling with his fellow soldiers to a base in Arizona, when they stopped to get food. The waitress looked at their uniforms, looked at their faces -- all black -- and said, "Sorry, colored soldiers can't eat here." A few minutes later, they were astonished to see a group of white soldiers get served at the same table. These soldiers weren't American soldiers -- they were German prisoners of war. Somebody asked George Haley how it made him feel. He said: "you can get hostile and make things worse. Or you can get determined, and make things better."
- Obviously the discrimination is different -- but the message is the same. The film clips we just watched provide only a glimpse of the kind of stigmas and discrimination that people living with mental illness have faced in this country. The only reason we have made the progress we have made -- on film and in society -- is that courageous Americans like the people in this room -- and the more than 6,000 people who join us by satellite today -- have gotten determined, and are trying to make things better.
- What we hope to accomplish here is to begin a national dialogue that will help us begin to dispel the myths and misperceptions of mental illness -- and encourage more people and their families to get the help they need to lead healthy, productive lives. For too many Americans with mental illness the shame and stigma they experience are harder to bear than the illness itself. And too many don't seek treatment that can change their lives -- and the vicious cycle of silence, ignorance, and stigma continues. If we are ever going to put an end to this cycle, we have to take responsibility and dispel the myths about mental illness once and for all.
- We cannot rest until our entire nation recognizes that mental illness is an illness just like any other -- and people with mental illness have nothing to hide and nothing to be ashamed of.
- There is one person who has helped me understand that better than anyone, one person who has educated me on these issues more than anyone -- and that one person is my wife, Tipper. I have known Tipper since I was 17 years old. We have grown together, learned together, and raised four beautiful children together. Soon, we will become grandparents for the first time. As I said earlier, for 30 years, I have watched her meet every single challenge that came along in our lives with courage and dignity. She is really a great advocate on this issue.
- It's my pleasure to introduce my teacher, my friend, and my wife -- Tipper Gore.

TALKING POINTS BY VICE PRESIDENT AL GORE
WHITE HOUSE CONFERENCE ON MENTAL HEALTH RECEPTION
Monday, June 7, 1999

- What a great day. Today's conference was the first of its kind in American history – and brought much-needed attention to an important issue that hasn't been adequately addressed. There were thousands of Americans who joined us from remote locations across the country today to shine a much-needed light on this issue.
- Today, we did more than make history – I think we also made a lot of Americans understand that mental illness is an illness just like any other illness – and that people with mental illness have nothing to hide and nothing to be ashamed of.
- As we move into the 21st Century, I hope we as a nation will recognize that our mental health is just as important as our physical health – and as a society, we can't afford to leave anybody behind. Let's build on the work of this conference and take that message back to every state and every community, until all Americans understand.
- It's my pleasure to introduce one person who will never forget that lesson – one person who will not rest until we replace the vicious cycle of stigma and discrimination with a virtuous cycle of parity, honesty, and treatment – one person who no matter what her future holds will work today, tomorrow, and every day to turn the goals of this conference into a reality – my teacher, my friend, my partner, and my wife – Tipper Gore.

TALKING POINTS BY VICE PRESIDENT AL GORE
WHITE HOUSE CONFERENCE ON MENTAL HEALTH
Monday, June 7, 1999

- I want to start by thanking my wife, Tipper. I don't know anyone who has worked more passionately, with more energy, to educate America about this important issue. She has been my teacher on this issue at the same time she has helped teach the rest of America. I am particularly proud of her recent decision to help break down barriers by telling her own story. Tipper, I think I speak for everyone here today when I say: thank you for your longstanding efforts to bring national attention to this important issue.
- Tipper just talked about our experience. One thing we learned as a family through that experience is that mental illness doesn't just affect an individual – it touches the whole family. Mental illness doesn't occur in a vacuum, because that's not how people live their lives. The first place most of us turn when we are in trouble – the primary place we seek healing and fulfillment – is our family. Our experience as a family brought us closer together.
- This is not just a family issue – it's a community issue as well. Just as an individual turns to their family, the first place a family turns when they need to solve problems is the community. We need to have places throughout our communities where people can get help -- through venues like community mental health centers and health treatment and health counseling—but also in our schools, churches, and senior centers.
- A survey recently released by the National Mental Health Association confirms what all of you know: we still have a lot of work to do as a nation. Only one in three Americans surveyed said that their community had adequate services.
- That's not right. It's hard enough to overcome the stigmas and stereotypes to seek help for mental illness. When people finally do, they should find a waiting ear – not a waiting list.
- As a nation, we need to do more to make sure services are available – and we are. As part of this year's budget, we have proposed the largest increase in mental health block grants in history. Today, we are proposing to build on that proposal with three new ones.
- First, we are launching a new initiative to help assure that vulnerable homeless Americans with mental illness get the treatment and services they need.
- Second, we are beginning a new effort to reach out to those people who can't work because of mental illness -- and are on disability insurance -- to help them get the treatment they need to return to work.

- Third, we are launching a new effort to meet the mental health needs of crime victims, including a renewed commitment to ensure that our efforts to respond to major crises address the mental health needs in these communities. After the bombing in Oklahoma City, suicides increased dramatically – at least half a dozen people associated with the bombing have taken their own lives, and at least twice as many have attempted suicide. Our new initiative will help ensure that the response to tragedies like these include mental health training and services, to help victims recover and lead healthy lives.
- This challenge will not be met by government alone – we all have a role to play. A first grade teacher will tell you that in the first week of class, he or she can already tell which students are troubled; schools have a role to play. Business owners will tell you that employees with mental illness who receive quality treatment are more efficient and more productive; business has a role to play. Religious leaders will tell you that some people with mental illness are more comfortable talking to their rabbi or priest than a stranger; faith-based organizations have a role to play.
- I want to spend the next few minutes talking about how we can all work together as a community to give our families the support and services they need . . .

One in five Americans suffer from mental illness at some point in their life.

Nearly twice as many women as men are affected by a mental illness each year.

More than 19 million Americans age 18 and over will suffer from depression.

Major depression is the leading cause of disability in the United States and worldwide.

Approximately 4 out of 100 teenagers get seriously depressed each year.

Approximately 5 million of the 32 million Americans age 65 and older suffer from clinical depression.

More than 2 million Americans suffer from schizophrenia in a given year.

Children over the age of five can develop schizophrenia, but it is very rare before adolescence.

In men, schizophrenia usually appears in the late teens or early twenties; for women schizophrenia usually appears in the twenties to early thirties.

Schizophrenia affects men and women with equal frequency.

At least 2 million Americans suffer from bipolar disorder, also known as manic-depressive illness.

Bipolar illness has been diagnosed in children as young as 12 although it is not common in this age bracket.

Women are twice as likely as men to develop panic disorder

Roughly half of all people who have panic disorder develop the condition before age 24.

Approximately 30 percent of people with panic disorder abuse alcohol, and 17 percent abuse drugs.

Approximately 2.3 percent of Americans 18 to 54 in the U.S. have obsessive compulsive disorder in a given year.

Obsessive compulsive disorder affects men and women with equal frequency.

Approximately 3.7 percent of Americans ages 18 to 54, have social phobia in a given year.

Social phobia occurs in women twice as often as men, although a higher proportion of men seek help for this disorder.

Social phobia typically begins in childhood or early adolescence and rarely develops after age 25.

One in five children with a mental disorder do not receive treatment

Only 40 percent of adults with depression can expect a correct diagnosis in routine primary care settings. For children the recognition rate may be as low as 20%.

Recent studies indicate that about 60% of depressed teenagers will improve with modern antidepressants.

There is an 80 percent treatment success rate for adults with major depression who utilize medication, psychotherapy or a combination of both.

Appropriate treatment can relieve hallucinations or delusions for 70 percent of people with schizophrenia.

Appropriate treatment can relieve symptoms for 50 to 60 percent of people with Obsessive Compulsive Disorder.

As many as 20 percent of people with manic-depressive illness die by suicide.

Almost all people who kill themselves have a diagnosable mental disorder, most commonly depression or a substance abuse disorder.

In 1996, suicide was the 3rd leading cause of death among 15 to 24 yr. olds.

Men are more than four times as likely as women to commit suicide.

Schizophrenia occurs at equal rates regardless of education, socioeconomic status, or culture.

Depression is the strongest predictor of suicide in elderly Americans

Post traumatic stress disorder can develop at any age including childhood and is more likely to occur in women than in men.

Post traumatic stress disorder frequently occurs after incidents, such as rape, mugging, domestic violence, terrorism, natural or human caused disasters, and accidents.

Approximately 30 percent of men and women who have spent time in war zones, experience post traumatic stress disorder.

Research in the last decade shows that mental illnesses are diagnosable disorders of the brain.

There is no known single cause of schizophrenia. Many diseases, such as heart disease, result from an interplay of genetic, behavioral, and other factors; this may be the case for schizophrenia.

A child whose parent has schizophrenia has about a 10 percent chance of getting the illness. By comparison, the risk of schizophrenia in the general population is about 1 percent.

Autism is a brain disorder that typically affects a person's ability to communicate, form relationships with others, and respond appropriately to the environment.

Research has made it possible to identify earlier those children who show signs of developing autism.

There are 1 to 2 cases of autism per 1,000 people.

Autism develops in childhood and is generally apparent by age 3.

Autism is three to four more times more common in boys than girls.

Attention deficit hyperactivity disorder is one of the most common mental disorders in children, affecting 3-5% of school age children.

For people with Attention Deficit Hyperactivity Disorder, the brain areas that control attention use less glucose and appear to be less active, suggesting that a lower level of activity in some parts of the brain may cause a lack of attention.

Anorexia nervosa is a syndrome characterized by body weight severely below normal, body-image disturbance, and an intense fear of and resistance to weight gain. Bulimia nervosa is a syndrome characterized by repeated episodes of binge-eating followed by a variety of purging or other compensatory behaviors.

Anorexia affects 1 percent of teenage and young women, bulimia affects one to three percent.

Women are 8 to 10 times more likely to suffer from anorexia or bulimia than men.

Approximately 10 percent of patients with anorexia nervosa will die from complications of the disorder.

Modern brain imaging technologies reveal that for individuals with depression, neural circuits responsible for the regulation of moods, thinking, sleep, appetite, and behavior fail to function properly, and that critical neurotransmitters are out of balance.

Recent research has shown that a combination of psychotherapy and antidepressant medication is extremely effective for reducing recurrence of depression among older adults.

Mrs. Gore Panel

Suggested Real Stories

Mike Wallace

Lynn Rivers

Joe- African American Male (Age 20)

Joe was diagnosed with schizophrenia. He attended a group at Howard University with other students that has been vital to his successful treatment. (Dr. Arons recommended him)

Dequincy Lezine- African American College Student at Brown University

Mr. Lezine was diagnosed with manic depression and attempted suicide in 1995. As a result of his experience he started a suicide prevention group at Brown University. He also started a website at Brown to discuss scientific advances. He is working with NAMI to expand his efforts and reach more young people with mental illness.

Olga- Women you met in Washington DC (contact Jennifer Devlin)

Lynn Deutch- Parent whose child has mental illness

Pamela Marshall- African American Mother

Attorney

Ms. Marshall is an articulate woman who adopted a son with autism. She has been an active advocate for other parents of children with mental illness and has worked to develop strong supports for caregivers of those with mental illness.

Madeline Native American Mother who has received pharmacological and talk therapy treatment for depression and anxiety.

Madeline has a wonderful spirit and is extremely articulate. Several themes are worth highlighting. She is in a very strong program that has strong emphasis on vocational rehab services. 1) Holistic approach to mental health- Madeline talks about how much of a difference Vocational training and other services is making in her self-esteem and confidence. After very dark periods, she is now much more confident about her future. 2) Family approach. The voc rehab program Madeline is in looks not only at the individual but at the family, so that Madeline's two sons are now receiving services. 3) Cultural approach: the program promotes both contemporary and traditional treatments, for example using dance and song. 4) Inter-generational trauma. The native american experience points to how there is broad social/public health issues, that it's not merely the individual's responsibility (e.g. the bad parenting myth etc.).

Dan Ahern- Caucasian Male

Caregiver for his mother with Alzheimer (40), father had been hospitalized with depression

Dan and his sister were primary caregiver

Received successful treatment for Depression

Information about how to cope with caregiver stress

Devra Berger- Caucasian Woman (late 40)

Primary caregiver for husband with Parkinson's Disease.

Brief emotional break down came through it with the help received

Judge Philip Lesser- a geriatric patient

Has successfully been treated for depression. Judge Lesser is being showcased in next months

Wall Street Journal edition on Mental Health.

Business with Good Mental Health Practice

- **Wayne Burton, M.D.**
First Vice President and Corporate Medical Director
BANK ONE CORPORATION
5th largest financial services corporation- 100,000 employees

Unlike some other employers who responded to rising mental health care costs in the early 1990's by restricting mental health care costs, Bank One expanded coverage and redoubled efforts to ensure early intervention, appropriate treatment and on-the-job supports for people with depression. Bank One is a long-time leader in developing, implementing and evaluating workplace health programs to improve the recognition and treatment of clinical depression. They have data to demonstrate the value of investing in early and appropriate care for depression..

- **J. Randall MacDonald**
Executive Vice President, Human Resources and Administration
GTE Corporation
114,000 employees

GTE is an active leader of a coalition of private and public employers working in partnership with the health system and consumers to improve recognition and treatment of depression.

▶ **Jordan Tamagni @ EOP**
06/03/99 08:33:28 PM

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Record Type: Record

To: See the distribution list at the bottom of this message
cc: See the distribution list at the bottom of this message
Subject: And Revised Again

Revised Draft 6/3/99 8:15pm
Tamagni

**PRESIDENT WILLIAM J. CLINTON &
MRS. TIPPER GORE
RADIO ADDRESS ON MENTAL HEALTH
THE WHITE HOUSE
June 5, 1999**

THE PRESIDENT: Good morning. I am here today with Tipper Gore, my advisor for mental health policy. On Monday, together with Vice President Gore and the First Lady, we will convene the first White House Conference on Mental Health. Today, Tipper and I want to talk about what we must do as a nation to fight the stigma that prevents so many Americans with mental illness from making the most of their lives.

For more than six years, our administration has worked hard to widen the circle of opportunity for every American -- and that means making sure that people living with mental illness have the same chance to live up to their God-given potential as all Americans. But the hard truth is, in too many of our communities -- and in too many of our hearts -- mental illness is misunderstood and feared. Too many people with mental illness are denied the opportunity to fully participate in American life.

Bias against people with mental illness is not unique to our time or our nation -- but as a nation founded on the ideal of equality, we must use our time to change it. Tipper Gore is leading our efforts, and I'd like to ask her to say a few words. [*Mrs. Gore speaks.*]

MRS. GORE: Thank you, Mr. President. Every day, in every community in America, millions of Americans and their families face the problem of mental illness. In fact, more than one in five Americans experiences some form of mental illness every year -- from depression to schizophrenia. One in four Americans has a family member with a mental illness. And virtually every American has a friend, a neighbor, or a colleague with a mental illness. We know that mental illness is not something that happens to "other" people -- it touches us all.

Why, then, is mental illness met with so much misunderstanding and fear? We have come so far in the diagnosis and treatment of mental illness -- but our attitudes have lagged far behind. I have talked to many people about the impact these outdated attitudes have on their lives. Some tell me that the shame and stigma they experience are harder to bear than the illness itself. Many live in fear that they will lose their jobs, their homes, or their health benefits if their condition becomes known. And so, too many people with mental illness don't seek treatment that can change their lives -- and the vicious cycle of silence, ignorance, and stigma continues.

If we are ever going to put an end to this vicious cycle, we have to take responsibility and dispel the myths about mental illness once and for all. One of the most widely believed -- and most damaging -- myths is that mental illness is a personal failure, not a physical disease. A recent study shows that the majority of Americans don't believe that mental illness can be accurately diagnosed or treated. Nothing could be farther from the truth. Increasingly, we are learning that many mental disorders are biological in nature and can be medically treated -- in some cases, more effectively than illnesses like heart disease. New drugs and better community health services are making it possible for even those with the most severe disorders to live healthier, more productive lives.

A closely related and equally troubling myth is that young people don't suffer from "real" depression, they're just naturally moody. Again, this is simply untrue. We recently learned that even very young children experience serious clinical depression -- and it should be taken seriously. Consider this: the majority of children who commit suicide are profoundly depressed -- and the majority of parents whose children took their own lives say they didn't recognize that depression until it was too late. And senior citizens, too, often accept the notion that depression is a natural part of aging -- and don't reach out for help.

These myths don't just harm people with mental disorders, they hurt all of us. That is why we must all do our part to break the silence about mental illness. [*The President speaks.*]

THE PRESIDENT: We must start by talking honestly about the problem -- and this Monday, we will take an important step in the right direction. Tipper's decision to reveal her own struggle with depression is a testament to her courage and commitment to change attitudes and build understanding about mental illness. I am pleased to announce that, together with the Surgeon General, Tipper will unveil a major new campaign to combat stigma and dispel myths about mental illness. With new public service announcements and strong partners in the private sector, we will reach millions of Americans with a simple message: Mental illness is nothing to be ashamed of -- but stigma and bias shame us all.

Together, we will replace stigma with acceptance, ignorance with understanding, and fear with new hope for the future. Together, we will build a stronger nation for the 21st Century, leaving no one behind.

Thanks for listening.

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Bruce N. Reed/OPD/EOP@EOP
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**PRESIDENT CLINTON AND TIPPER GORE ANNOUNCE NEW CAMPAIGN
TO COMBAT THE STIGMAS SURROUNDING MENTAL ILLNESS AND
ENCOURAGE PEOPLE WITH MENTAL ILLNESS TO GET HELP**

June 5, 1999

Today, in a joint radio address, President Clinton and Tipper Gore announced a new national campaign to eliminate the stigma of mental illness and encourage the millions of Americans with mental health needs to get help. The President and Mrs. Gore discussed myths surrounding mental illness and presented the real facts about these diseases. The President, Mrs. Gore, and others will continue this discussion on Monday as part of the first-ever White House Conference on Mental Health, chaired by Mrs. Gore, the President's Mental Health Advisor. Today, the President and Mrs. Gore:

Announced National Campaign to Combat the Stigma of Mental Illness and Encourage Americans with Mental Health Needs to Get Help. The President and Mrs. Gore announced the launch this fall of a new nationwide campaign, with Mrs. Gore serving as the honorary chair, to dispel the myths surrounding mental illness and encourage those with mental illness to get help. This new nationwide campaign will be a public-private partnership, led by the Surgeon General and the Ad Council, which will involve a wide range of community organizations, media, and others. This campaign will draw from many of the issues raised at the White House Conference on Mental Health.

Unveiled New Information to Dispel the Myths of Mental. The President and Mrs. Gore contrasted the myths surrounding mental illness with the facts about these diseases:

- **Myth:** Mental illness is not a disease and cannot be treated.
Fact: Mental illnesses are diagnosable disorders of the brain, and treatments are effective 60 to 80 percent of the time.
- **Myth:** Mental illness doesn't happen to people like me or my family.
Fact: One in five Americans will suffer at some point from a mental illness. These Americans are from all backgrounds.
- **Myth:** Depression is a part of life that can be worked through without seeking treatment.
Fact: Depression is a diagnosable treatable illness that affects 19 million adult Americans each year and is the leading cause of disability in the United States.
- Myth:** Teenagers don't suffer from "real" mental illness; they are just moody.
Fact: One in ten children and adolescents suffer from mental illness.
- **Myth:** Depression is a part of aging.
Fact: Five million older Americans suffer from clinical depression; whereas older people comprise 13 percent of the population, they account for 20 percent of all suicides.

- **Myth:** Talk about suicide is an idle threat that need not be taken seriously.
Fact: Research has shown that 90 percent of all suicide victims have had a mental or substance abuse disorder. People who admit to having thoughts and plans about suicide and people who have attempted suicide are at increased risk for completing suicide in the future.
- **Myth:** We cannot afford to treat mental disorders.
Fact: States and businesses that have improved treatment of mental illness, including implementing parity, have not seen a major increase in costs.
- **Myth:** Mental health problems are really the result of poor parenting practices.
Fact: Mental illnesses are biologically based illnesses, and generally have nothing to do with parenting.
- **Myth:** A homeless person suffering from mental illness has little chance of recovery.
Fact: Research demonstrates a decrease in homelessness with an effective style of case management that connects the person with treatment for his disorder, as well as providing housing and other supportive services.
- **Myth:** There is no hope for people with mental illness.
Fact: Mental illnesses are successfully treated at a higher rate than many other chronic illnesses.

Highlighted the First-Ever White House Conference on Mental Health. These facts and myths of mental illness, and the White House's new nationwide campaign on this issue, will be discussed on Monday at the first-ever White House Conference on Mental Health, which will involve tens of thousands of Americans around the country at over 1,000 sites connected to the conference in Washington.

CLINTON-GORE ADMINISTRATION UNVEILS NEW INITIATIVES TO ADDRESS MENTAL HEALTH

June 7, 1999

Today, at the first-ever White House Conference on Mental Health, chaired by the President's Mental Health Advisor Tipper Gore, the Clinton-Gore Administration will unveil unprecedented measures to improve mental health. "To improve the health of our nation, we must ensure that our mental health is taken as seriously as our physical health. That is why we are taking new steps to break down the myths and misperceptions of mental illness, highlight new cutting-edge treatments, and encourage Americans to get the help they need," said Tipper Gore.

The Administration's proposals provide parity, improve treatment, bolster research, and expand community responses to help those with mental illnesses. Highlights of these initiatives include:

- **Ensuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation's largest private insurer - implements full mental health and substance abuse parity.** Today, the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that they will have to offer full mental health and substance abuse parity to participate in the program. This step will provide full parity for nine million beneficiaries by next year and ensure that the Federal government leads the way to providing parity. The Department of Labor is also launching a new outreach campaign to inform Americans about their rights under the Mental Health Parity Act of 1996.
- **Accelerating progress in research.** In July, the National Institute of Mental Health (NIMH) will launch a \$7.3 million landmark study to explore the nature of mental illness and treatment nationwide and to help guide strategies and policy. This new study will collect information on mental illness, including the prevalence and duration of mental illness as well as the types of treatment that are most commonly used. NIMH will also announce the launch of two new clinical trials, investing a total of \$61 million, to build on effective treatments for those affected by mental illness.
- **Encouraging states to offer more coordinated Medicaid services for people with mental illness.** Millions of Americans with severe mental illness rely on Medicaid to pay for their health care. To encourage states to make the most effective services available, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with the most severe and persistent mental illness; (2) Medicaid recipients are entitled to medications approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about their ability to enter into "advance planning directives" that set out treatment guideline for people who became severely incapacitated in the future.

- **Launching a pilot program to help people with mental illness get the quality treatment they need to return to work.** Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the Social Security Administration (SSA) estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many people suffering from these disorders could get effective treatment and perhaps return to work. The Administration will launch a new five-year, \$10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. This project complements the Jeffords-Kennedy-Roth-Moynihan legislation that allows people to buy into the Medicaid or Medicare program when they return to work.
- **Educating older Americans and their health professionals about the risks of depression.** Five million Americans over the age of 65 suffer from some form of depression, but many do not recognize their symptoms as depression and do not receive the treatment they need. The NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals about mental illness. The Department of Veteran Affairs will also launch six new study sites to test two modes of primary care for older Americans with mental health and/or substance abuse disorders.
- **Reaching out to vulnerable homeless Americans with mental illnesses.** The Department of Housing and Urban Development is launching a new initiative to encourage communities to create safe havens where homeless mentally ill Americans can get treatment and care. HHS will also launch a two-year, \$4.8 million grant program to study the treatment, housing, education, training, and support services needed by homeless women and their children given to as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. The Department of Veteran Affairs will double the number of “stand down” events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.
- **Implementing new strategies to meet the mental health needs of crime victims.** To ensure that the federal response to community crises, like acts of terrorism or mass violence, includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice’s Office for Victims of Crime and the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMHSA). This partnership also will ensure that strategies are in place to address the mental health needs of victims of violent crime.

- **Developing and implementing new strategies to address mental illness in the criminal justice system.** SAMHSA and DOJ are hosting a conference later this summer to focus on how the criminal justice system can prevent crime by mentally ill people, and address the needs of offenders with mental illness. Following this conference, DOJ will launch an outreach effort to educate the criminal justice community on how better to serve people with mental health needs. This initiative will include a new partnership with the National GAINS center so that communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.
- **Implementing a new comprehensive approach to address combat stress in the military.** At least 30 percent of those who have spent time in war zones experience combat stress reaction. Today the President will direct the Department of Defense to report back within 180 days on an implementation plan for a more comprehensive combat stress program throughout the military. DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current prevention strategies.
- **Launching the expansion of the “Caring For Every Child” mental health campaign.** At least one in ten American children and adolescents may have behavioral, or mental health problems. The Administration will launch a five-year \$5 million dollar campaign in targeted communities to highlight the special mental health needs of children.
- **Improving the mental health of Native American youth.** The suicide rate for Native Americans between the ages of five and 24 years old is three times higher than the rest of the U.S. population in this age group. This initiative allocates at least \$5 million for a collaboration between the Departments of Interior, Justice, Education, and HHS, to go to ten Native American communities to develop effective strategies to address mental health needs of youth in settings such as the home, school, treatment centers, and the juvenile justice system.
- **The Administration Also Challenged Congress to Pass Legislation to Improve Care and Services for People with Mental Illness.** The Administration urged Congress to:
 - Pass the Jeffords-Kennedy-Roth-Moynihan-Lazio-Waxman-Bliley-Dingell legislation that would enable people with disabilities to return to work by accessing affordable health insurance.
 - Hold hearings on the mental health parity law to review its strengths and weaknesses.
 - Fund the historic \$70 million increase in the mental health grant.
 - Pass a strong enforceable patients’ bill of rights which ensures that people with mental health needs obtain critical protections such as access to specialists and the continuity of care protections.
 - Pass strong comprehensive privacy and legislation to eliminate genetic discrimination.

- **Launching national school safety training program for teachers and education personnel.** The President announced a major nationwide public/private partnership between the National Education Association (NEA), EchoStar, and other partners to improve school safety. The partnership, which includes the Departments of Education, Justice, and Health and Human Services, will create and run a comprehensive program that will be available at the beginning of the new school year and reaching schools across the country, that provide training to teachers, school personnel, and community members on how to improve school safety. Training sessions, created principally by NEA will be transmitted to school districts across the country by satellite technology, including 1,000 satellite dishes donated by EchoStar for this purpose.

**CLINTON-GORE ADMINISTRATION UNVEILS NEW INITIATIVES
TO ADDRESS MENTAL HEALTH AT THE WHITE HOUSE CONFERENCE ON
MENTAL HEALTH**

June 7, 1999

Today, at the White House Conference on Mental Health, chaired by the President's Mental Health Advisor Tipper Gore, the Clinton-Gore Administration will unveil unprecedented measures to improve mental health. "To improve the health of our nation, we must ensure that our mental health is taken as seriously as our physical health. That is why we are taking new steps to break down the myths and misperceptions of mental illness, highlight new cutting-edge treatments, and encourage Americans to get the help they need." said Tipper Gore.

The Administration's proposals provide parity, improve treatment, bolster research, and expand community responses to help those with mental illnesses. Highlights of these initiatives include:

- **Ensuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation's largest private insurer - implements full mental health and substance abuse parity.** Today, the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that they will have to offer full mental health and substance abuse parity to participate in the program. This step will provide full parity for nine million beneficiaries by next year and ensure that the Federal government leads the way to providing parity. The Department of Labor (DOL) is also launching a new outreach campaign to inform Americans about their rights under the Mental Health Parity Act of 1996, including a DOL toll free number (1-800-789-2647) to call to clarify these rights.
- **Launching national school safety training program for teachers and education personnel.** The President announced that later this year the Vice President and Mrs. Gore will launch a major nationwide public/private partnership between the National Education Association (NEA), EchoStar, and other partners to improve school safety. The partnership, which includes the Departments of Education, Justice, and Health and Human Services, will create and run a comprehensive program that will be available at the beginning of the new school year and reaching schools across the country, that provide training to teachers, school personnel, and community members on how to improve school safety. Training sessions, created principally by NEA, will be transmitted to school districts across the country by satellite technology, including 1,000 satellite dishes donated by EchoStar for this purpose.
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- **Encouraging states to offer more coordinated Medicaid services for people with mental illness.** Millions of Americans with severe mental illness rely on Medicaid to pay for their health care. To encourage states to make the most effective services available, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with the most severe and persistent mental illness; (2) Medicaid recipients are entitled to medications approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about their ability to enter into “advance planning directives” that set out treatment guideline for people who became severely incapacitated in the future.
- **Launching a pilot program to help people with mental illness get the quality treatment they need to return to work.** Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the Social Security Administration (SSA) estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many people suffering from these disorders could get effective treatment and perhaps return to work. The Administration will launch a new five-year, \$10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. This project complements the Jeffords-Kennedy-Roth-Moynihan legislation that allows people with disabilities to buy into the Medicaid or Medicare program when they return to work.
- **Educating older Americans and their health professionals about the risks of depression.** Five million Americans over the age of 65 suffer from some form of depression, but many do not recognize their symptoms as depression and do not receive the treatment they need. The NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals about mental illness. The Department of Veteran Affairs will invest \$17 million to launch six new study sites to test two modes of primary care for older Americans with mental health and/or substance abuse disorders.
- **Reaching out to vulnerable homeless Americans with mental illnesses.** The Department of Housing and Urban Development is launching a new initiative to encourage communities to create safe havens where homeless mentally ill Americans can get treatment and care. The Substance Abuse and Mental Health Services Administration (SAMHSA) will also launch a two-year, \$4.8 million grant program to study the treatment, housing, education, training, and support services needed by homeless women and their children given to as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. The Department of Veteran Affairs will double the number of “stand down” events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.
- **Implementing new strategies to meet the mental health needs of crime victims.** To ensure that the federal response to community crises, like acts of terrorism or mass violence, includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice’s Office for Victims of Crime and the Center for Mental Health Services within SAMHSA. This partnership also will ensure that strategies are in place to address the mental health needs of victims of violent crime.

- **Developing and implementing new strategies to address mental illness in the criminal justice system.** SAMHSA and DOJ are hosting a conference later this summer to focus on how the criminal justice system can prevent crime by mentally ill people, and address the needs of offenders with mental illness. Following this conference, DOJ will launch an outreach effort to educate the criminal justice community on how better to serve people with mental health needs. This initiative will include a new partnership with the National GAINS center so that communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.
- **Implementing a new comprehensive approach to address combat stress in the military.** At least 30 percent of those who have spent time in war zones experience combat stress reaction. Today the President will direct the Department of Defense to report back within 180 days on an implementation plan for a more comprehensive combat stress program throughout the military. DOD will also hold a conference this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current prevention strategies.
- **Launching the expansion of the “Caring For Every Child” mental health campaign.** At least one in ten American children and adolescents may have behavioral, or mental health problems. SAMHSA will launch a five-year \$5 million dollar campaign in targeted communities to target and address the special mental health needs of children.
- **Improving the mental health of Native American youth.** The suicide rate for Native Americans between the ages of five and 24 years old is three times higher than the rest of the U.S. population in this age group. This initiative allocates at least \$5 million for a collaboration between the Departments of Interior, Justice, Education, and HHS, to go to ten Native American communities to develop effective strategies to address mental health needs of youth in settings such as the home, school, treatment centers, and the juvenile justice system.
- **The Administration Also Challenged Congress to Pass Legislation to Improve Care and Services for People with Mental Illness.** The Administration urged Congress to:
 - Pass the Jeffords-Kennedy-Roth-Moynihan-Lazio-Waxman-Bliley-Dingell legislation that would enable people with disabilities to return to work by accessing affordable health insurance.
 - Hold hearings on the mental health parity law to review its strengths and weaknesses.
 - Fund the historic \$70 million increase in the mental health grant.
 - Pass a strong enforceable patients’ bill of rights which ensures that people with mental health needs obtain critical protections such as access to specialists and the continuity of care protections.
 - Pass strong comprehensive privacy and legislation to eliminate genetic discrimination.

THE CLINTON/GORE ADMINISTRATION CHALLENGES CONGRESS TO PASS LEGISLATION TO IMPROVE CARE AND SERVICES FOR PEOPLE WITH MENTAL ILLNESS

June 7, 1999

At the first-ever White House Conference on Mental Health, The Clinton-Gore Administration called on Congress to enact legislation to ensure quality care and services for Americans with mental illness. The Clinton-Gore Administration challenged Congress to pass a number of important bills to support people with mental illness including: allocating an unprecedented increase in the mental health block grant, passing a strong enforceable patients' bill of rights, and challenging Congress to hold hearings on mental health parity legislation. The proposals include:

Fund an historic increase in the mental health block grant. The Administration called on the Congress to pass the President's FY 2000 budget proposal for a \$70 million increase in the mental health block grant. In addition, the Administration asked Congress to pass a 19 percent increase in funds for the Projects for Assistance in Transition from Homelessness (PATH) program. In an era of surpluses, the Administration also called on states to expand their coverage in this area.

Challenge Congress to hold hearings on mental health parity legislation. The Administration urged the Congress to hold hearings right away on the strengths and weaknesses of the current mental health parity law and to determine the feasibility of congressional legislation that would expand mental health parity for private health plans.

Pass a strong enforceable patients' bill of rights. The Administration also challenged the Congress to pass a strong enforceable patients' bill of rights that assures that consumers, including those with mental health needs, receive critical protections such as access to specialists, the continuity of care protections, and an independent appeals process to address grievances with their health plans.

Pass the Jeffords-Kennedy-Roth-Moynihan legislation to enable people with disabilities return to work. Access to affordable health insurance is the biggest barrier preventing people with disabilities from returning to work. The President and Vice President encouraged Congress to pass this legislation right away, which would help people with disabilities, including mental illnesses, buy into Medicare and Medicaid so they can return to work.

Pass strong comprehensive privacy protections and legislation to eliminate genetic discrimination. The President and Vice President also urged Congress to pass comprehensive legislation to assure medical records privacy so that information, including sensitive information about mental illness, is protected. In addition, as researchers continue to unlock the genetic code, which enhances the potential to expand treatment options, the Administration urged the Congress to pass legislation that prevents employers and health care plans from discriminating against Americans based on their genetic information.

Increase funding for the Individuals with Disabilities Education Act. The Clinton/Gore budget includes a \$50 million increase to support a Primary Education Intervention Program, for early identification and intervention with children ages 5-9 years old who are experiencing significant behavior or reading problems. Research has conclusively shown that early intervention in these areas is strongly associated with elimination or reduction of behavioral and mental health problems in adolescence and adulthood.

Establish a \$1,000 tax credit for workers with disabilities. Under this proposal, workers with significant disabilities would receive an annual \$1,000 tax credit to help cover the formal and informal costs that are associated with and are even prerequisites for employment, such as special transportation and technology needs.

Protect the health benefits of workers' and their families'. This proposal provides more than \$2.5 million for the Pension and Welfare Benefits Administration's capabilities to interpret, investigate and provide customer service to protect American workers' and their families' rights under health laws governing job-based health benefits, which include mental health benefits under the Mental Health Parity Act.

Improve access to assistive technology. This new \$35 million initiative would accelerate the development and adoption of information and communications technologies, which can improve the quality of life for people with disabilities and enhance their ability to participate in the workplace.

Enact Project Employ. Project Employ is a program initiated in 1996 by the President's Committee on Employment of People with Disabilities to expand and enhance employment opportunities for persons with cognitive disabilities. The program promotes the hiring of people with disabilities in jobs that pay higher than minimum wage, include benefits, and promotional opportunities. In the President's FY 2000 budget the President's Committee on Employment of People with Disabilities has budgeted \$200,000 to develop a similar program for persons with psychiatric disability.

Expand funds for clinical and preventive programs. This proposal encourages Congress to grant a 17 percent increase for Indian Health Service (IHS), which will support oriented clinical and preventive services for Native American/Alaskan Native communities, enabling the mental health needs of 31,000 individuals are met.

CLINTON/GORE ADMINISTRATION TAKES UNPRECEDENTED STEPS TO ADDRESS MENTAL ILLNESS AT THE FIRST-EVER WHITE HOUSE CONFERENCE ON MENTAL HEALTH

Today, at the first-ever White House Conference on Mental Health, the Clinton/Gore Administration is unveiling a comprehensive range of initiatives to improve mental health. The Administration's proposals are addressing a variety of key mental health issues including improving parity, dispelling myths about mental illness, improving community responses to encourage people with mental illnesses to get help, taking new strides in research, and challenging Congress to pass a series of bills that will help people with mental illness. Today the Administration is:

PARITY

- **Assuring that the Federal Employees Health Benefits Plan (FEHBP) -- the nation's largest private insurer -- implements full mental health and substance abuse parity.** Today the Office of Personnel Management is sending a letter to the 285 participating health plans informing them that starting next year they will have to offer full mental health and substance abuse parity to participate in the program. OPM will work with these plans throughout the year to evaluate to what extent they need to make modifications to come into compliance. This step will provide full parity for nine million beneficiaries and assure the federal government leads the way to providing parity.
- **Educating Americans about current mental health parity laws.** Many Americans with mental illnesses are not aware that the Mental Health Parity Act of 1996 required health plans that cover mental health benefits to guarantee equal lifetime and annual benefits for mental and physical treatments. To help assure that consumers and employers are fully aware of the current protections under the law, the Department of Labor will launch a new outreach campaign to educate Americans about their existing parity rights. This campaign will include: (1) new public service announcements on local radio stations and newsletter and newspaper columns nationwide to promote awareness; (2) an outreach campaign to inform consumers they can call the Department's toll free number (1-800-789-2647) to understand these protections; and (3) new efforts to work with consumer advocates to assure awareness about the law.

IMPROVING PROGRESS IN RESEARCH

- **Launching landmark study to determine nature of mental illness and treatment nationwide to help guide strategies and policy for the next century.** In July, the National Institute of Mental Health (NIMH) will launch a \$7.3 million major new study to collect the first data collected in over a decade on mental illness, including the prevalence and duration of mental illness, and the types of treatment that are most commonly used. This study of 10,000 Americans will provide information that will help guide how the nation allocates resources and designs policies for the 21st century.

- **Developing two new clinical trials to improve mental health treatment.** The National Institute of Mental Health is announcing that this fall they will launch two new five-year clinical trials to build on effective treatments for those affected by mental illness including: a new \$36 million trial to test new antipsychotic medications with fewer side effects, and a \$25 million trial to test intervention strategies for the treatment of patients who have depression, but are resistant to available treatments. Unlike other studies, these new effectiveness trials will be set in a wide range of “real world” environments allowing for a stronger understanding of how interventions translate in everyday life.

IMPROVING COMMUNITY RESPONSES TO MENTAL HEALTH NEEDS

- **Launching national school safety training program for teachers and education personnel.** The President announced a major nationwide public/private partnership between the National Education Association (NEA), EchoStar, and other partners to improve school safety. The partnership, which includes the Departments of Education, Justice, and Health and Human Services, will create and run a comprehensive program that will be available at the beginning of the new school year and reaching schools across the country, that provide training to teachers, school personnel, and community members on how to improve school safety. Training sessions, created principally by NEA will be transmitted to school districts across the country by satellite technology, including 1,000 satellite dishes donated by EchoStar for this purpose.
- **Implementing new strategies to the mental health needs of crime victims.** Communities that are victims of terrorism or mass violence have enhanced needs for mental health services following these types of emergencies. To assure that part of any comprehensive response to these crises includes a strong mental health component, the Administration is announcing a new interagency partnership between the Department of Justice’s Office for Victims of Crime and the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMSHA). Part of this effort includes appointing someone within the Emergency Disaster Relief Branch of SAMHSA to work with the Office for Victims of Violence to assure that there is a strategy in place to address the mental health needs of victims of federal crime. This new partnership will assure that the response to these crises include mental health training, technical assistance, and consultation services to communities for assisting victims of crime.
- **Implementing a new comprehensive approach to address combat stress in the military.** Combat stress reactions are common, as those in combat are in foreign environments and many times under extreme conditions. At least 30 percent of those who have spent time in war zones experience post traumatic stress disorder. The importance of addressing combat stress reduction is timely given the deployments around the world. Today the President directed the Department of Defense to report back within 180 days on an implementation plan for a comprehensive combat stress program throughout the military (leadership, morale, and unit cohesion are key factors in primary prevention). DOD will also hold a conference

this fall to develop strategies and educate military leaders and medical personnel about the need to enhance current practices to assure that prevention strategies are strengthened.

- **Reaching out to the vulnerable homeless Americans with mental illnesses.** The Department of Housing and Urban Development is launching a new initiative to encourage communities to create safe havens—places for homeless mentally ill Americans can get treatment and care, including a new satellite conference for communities to learn strategies and develop ways to create these safe havens. The Administration will also launch a 2-year, \$4.8 million grant program to study the treatment, housing, education/training and support services needed by homeless women and their children that will impact as many as 2,000 homeless mothers and their 4,000 children, many of whom suffer from mental illnesses. Finally, the Department of Veteran Affairs will double the number of “stand downs” events to reach out to homeless Americans with mental illness to help them get the treatment and services they need.
- **Improving the mental health of Native American youth.** The suicide rate for Native Americans between the ages of 5-24 years old is three times that of the rest of the U.S. population in this age group. This initiative is a collaboration between the Departments of Interior, Justice, Education, Health and Human Services and Tribes and will go to ten Native American communities throughout the country. The proposal allocates \$5 million over three years to develop effective strategies to address the mental health needs of Native American youth in settings such as the home, school, health care treatment centers, and the juvenile justice system. Beginning in FY 2000, these communities will be able to apply for competitive funds, contingent on appropriations, through this coordinated grant process.

REDUCING STIGMA AND PROMOTING AWARENESS

- **Announcing a new nationwide anti-stigma campaign to dispel the myths and promote awareness about mental illness.** At a radio address with the President, Mrs. Gore announced that this fall she will launch a major anti-stigma campaign to dispel the myths and promote awareness about mental health and how to access treatment. This campaign will be chaired by Mrs. Gore and will include a whole range of private sector partners including the Ad Council, community organizations, the media and others.
- **Launching the expansion of the “Caring For Every Child” mental health campaign.** At least one in ten American children and adolescents may have behavioral, emotional or mental health problems. The Administration will launch a five year five million dollar campaign to help reduce stigma in targeted communities by highlighting the special mental health needs of children. This public/private campaign will assist states and communities in developing culturally competent education programs about the mental health needs of children, for parents, primary care providers, educators and social services workers.

- **Educating older Americans and their health professionals about the risks for depression.** The National Institutes of Mental Health (NIMH) estimates that five million Americans over the age of 65 suffer from some form of depression. However, many of these Americans do not recognize their symptoms as depression and do not receive the treatment they need. NIMH and the Administration on Aging (AoA) will launch an outreach initiative to educate the elderly and their healthcare professionals that they may be at risk for or suffer from a mental illness. AoA will work to get this information throughout the aging network, including through the AoA website, the AoA newsletter (that goes to 600 older adult agencies), and the State Units on Aging, that run a range of programs serving millions of older Americans including meals on wheels and adult day care centers.
- **Launching six new study sites to help older adults with mental illness get quality treatment in primary care settings.** Research indicates that three-fourths of older adults who commit suicide had visited a primary care physician within the month before their suicide and 20 percent had visited their primary care physician on that very day. Usually older adults do not seek services for these disorders due to the lack of awareness that their symptoms are a treatable mental illness, rather than normal signs of aging. The Department of Veteran Affairs will collaborate with the Substance Abuse and Mental Health Services Administration in HHS by providing \$17 million to expand an existing SAMHSA program to test two models of primary care service delivery for aging persons with mental health and/or substance abuse disorders in these six sites for a total of thirteen.

IMPROVING TREATMENT FOR AMERICANS WITH MENTAL ILLNESS

- **Encouraging states to offer more coordinated Medicaid services for people with mental illness.** Millions of Americans with severe mental illness rely on Medicaid to pay for their physical health and mental health care. To encourage states to make the most effective services available to treat mental health needs, the Health Care Financing Administration (HCFA) will advise all state Medicaid directors that: (1) Medicaid will reimburse for services provided in Assertive Community Treatment (ACT) programs targeting people with people with the most severe and persistent mental illness; (2) Medicaid recipients all have access to medications that have been approved by FDA for the treatment of serious mental illnesses; and (3) states should educate Medicaid providers and beneficiaries about the existence of advance planning directives for individuals who may be incapacitated in the future and unable to control their care.
- **Launching a pilot program to help people with mental illness get the quality treatment they need to return to work.** Of the 4.7 million Americans that receive Social Security Disability Insurance (SSDI), the Social Security Administration estimates that approximately one in nine (about 500,000) has an affective disorder (such as depression or a bipolar disorder). Research suggests that many of these affective disorders cases could be effectively treated and perhaps could return to work. The Administration will launch a new five-year, \$10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders. Up to 1,000 SSDI beneficiaries with affective disorders will participate in this

pilot, and SSA will monitor this study to determine if it enables these beneficiaries to return to work and determine to the extent this can be launched on a broader scale. This complements the Roth-Moynihan-Jeffords-Kennedy legislation that allows people to buy into the Medicaid or Medicare program when they return to work.

PROMOTING FAIR TREATMENT AND REDUCING DISCRIMINATION

- **Developing and implementing new strategies to address mental illness in the criminal justice system.** The Bureau of Justice Statistics estimates that the prevalence of mental illness in prisons and jails is about 10 to 15 percent. The Substance Abuse and Mental Health Services Administration within HHS and DOJ are hosting a conference later this summer to focus on how all aspects of the criminal justice system can better address the needs of mentally ill offenders. The conference will bring together mental health experts, leaders in the juvenile justice system and law enforcement officials from around the country to focus on a range of topics including, model prevention strategies; treatment and support needs of juvenile offenders, how institutional and community corrections can better treat those with mental illnesses. Following up on promising strategies learned at this conference as well as other community practices that have proven effective, DOJ will launch an outreach efforts to educate the criminal justice community on how to better serve people with mental health needs. These efforts include a new guide that discusses community-based strategies as well as a partnership with the National GAINS center so communities interested in pursuing these approaches can get technical assistance and ideas about how to implement successful strategies.
- **Reducing discrimination and stigma in housing.** The Department of Housing and Urban Development (HUD) will hold three training and awareness sessions led by Secretary Cuomo and facilitated by community partners in HUD's 81 offices to reduce stigma and discrimination in housing and to help assure that housing facilities address the needs of consumers with mental illness. HUD will require that all their employees and its thousands of grantees participate in one of these sessions by satellite.

CHALLENGE FOR CONGRESS TO PASS LEGISLATION TO IMPROVE CARE AND SERVICES FOR PEOPLE WITH MENTAL ILLNESS.

- **Fund an historic increase in the mental health block grant.** The Administration called on the Congress to pass the President's FY 2000 budget proposal for a \$70 million increase in the mental health block grant. In an era of surpluses, the Administration also called on states to expand their coverage in this area.
- **Challenge Congress to hold hearings on mental health parity legislation and to review the strengths and weaknesses of the current law.** The Administration urged the Congress to hold hearings right away on the strengths and weaknesses of the current mental health parity law and to determine the feasibility of congressional legislation that would expand these proposals for private health plans.

- **Pass Roth-Moynihan-Jeffords-Kennedy legislation to enable people with disabilities return to work.** Access to affordable health insurance is the biggest barrier preventing people with disabilities from returning to work. Congress was encouraged to pass this legislation which would help people with disabilities, including mental illnesses, buy into Medicare and Medicaid so they can return to work.
- **Pass a strong enforceable patients' bill of rights.** The Administration also challenged the Congress to pass a strong enforceable patients' bill of rights that assures that consumers, including those with mental health needs, receive critical protections such as access to specialists, the continuity of care protections, and an independent appeals process to address grievances with their health plans.
- **Pass strong comprehensive privacy protections and legislation to eliminate genetic discrimination.** The President and Vice President also urged Congress to pass comprehensive legislation to assure medical records privacy, so that information, including sensitive information about mental illness, is protected. In addition, as researchers continue to unlock the genetic code, which enhances the potential to expand treatment options, the Administration urged the Congress to pass legislation that prevents employers and health care plans discriminating against Americans based on their genetic information.

THE CLINTON-GORE ADMINISTRATION: *Improving Mental Health*

"Let me say we must step up our efforts to treat and prevent mental illness. No American should ever be afraid -- ever -- to address this disease."

– President Clinton in his State of the Union Address, January 19, 1999

While trying to eradicate the stigma and discrimination associated with mental illness, the Clinton-Gore Administration is working to improve mental health treatment, enhance prevention and bolster research. The Administration, under the leadership of President Clinton and Vice President Gore, is committed to helping Americans with mental illnesses live healthy, productive lives.

HELPING AMERICANS OVERCOME MENTAL ILLNESS

Supporting Fairness, Requiring Mental Health Parity. The Clinton-Gore Administration advocated for and signed into law the 1996 Mental Health Parity Act (MHPA). In December 1997, the Administration issued regulations to take steps to ending discrimination in health insurance on the basis of mental illness under MHPA. As of January 1998, the law began requiring health plans to provide the same annual and lifetime spending caps for mental health benefits as they do for medical and surgical benefits. The Departments of Labor (DOL), Treasury, and HHS have also established coordination and referral systems at the federal and state levels to coordinate investigations of alleged practices by health insurance issuers and to ensure that workers and their families are not unjustly denied any protections provided under MHPA.

Extending Strong Mental Health Care to Millions of Children through the Children's Health Insurance Program (CHIP). The President fought to ensure that the 1997 Balanced Budget Act included \$24 billion -- the single largest investment in Health Care for children since 1965 -- to provide real health care coverage to millions of uninsured children. This investment guarantees the full range of benefits -- from checkups to surgery -- that children need to grow up strong and healthy. It ensures that a strong mental health benefit is part of this benefit.

Preparing the First Surgeon General's Report on Mental Health. Due out by late 1999, this document will distill the most current science to recommend approaches for promoting mental health, preventing mental illness, and providing state-of-the-art clinical interventions across the life cycle. The report will illustrate the similarities between mental health and physical health and the value of prompt, appropriate treatment.

Developing a National Suicide Prevention Strategy. In October 1998, Surgeon General David Satcher took part in a conference in Reno, Nevada, which laid the foundation for developing a national suicide prevention strategy -- the first time in the United States that clinicians, researchers, survivors and activists had been gathered for this purpose.

Ensuring Medicaid Coverage of Mental Health Services. In October 1998, HCFA issued a state Medicaid director's letter providing guidance to all states regarding the development of Medicaid managed care programs for persons with special needs. This guidance applies to mental health service systems and further promotes recognition of mental health needs by managed care organizations serving Medicaid populations.

Improving Prevention and Treatment for People with Mental Illnesses. On January 14, 1999, the President's Mental Health Policy Advisor, Mrs. Gore, unveiled the Administration's plan to increase the Mental Health Services Block Grants by an unprecedented \$70 million (or 24 percent), totaling \$359 million for fiscal year 2000. Currently, the Mental Health Services Block Grant provides state and territorial governments with resources to support comprehensive community-based systems of care to serve people with serious mental illness and their families. This additional funding will enable states to target particularly-hard-to-reach adults and children with severe mental illnesses.

Fighting to Pass a Strong, Enforceable Patients' Bill of Rights. President Clinton and Vice President Gore called on the Congress to pass a strong, enforceable Patients' Bill of Rights that assures Americans the quality health care they need. Among its protections, the Administration's bill ensures that consumers cannot be discriminated against because of mental disability as they seek health care services. Leading by example, the President directed all federal agencies to ensure that their employees and beneficiaries have the benefits and rights guaranteed under the President's proposed Patients' Bill of Rights. In addition, HHS currently supports consumers by providing grants to develop programs that advocate for the legal rights of people with mental illness and to investigate incidents of abuse and neglect in facilities that care for such individuals.

Protecting the Medicaid Guarantee. The Clinton-Gore Administration rejected proposals to end the Medicaid guarantee to meaningful health benefits. In 1995, the President vetoed the Republicans' proposal in the 104th Congress to block grant the Medicaid program, preserving coverage for million of persons who receive mental health services under Medicaid. Thanks to President Clinton, the 1997 Balanced Budget Act preserved the federal guarantee of Medicaid coverage for populations who depend on it.

Sponsoring Studies and Providing Mental Health Information. HHS has taken a proactive approach in addressing mental health issues by sponsoring studies to advance mental health science in areas such as Attention Deficit Hyperactivity Disorder (ADHD) and Schizophrenia. In addition, SAMSHA operates the National Mental Health Services Knowledge Exchange Network (KEN) as a user-friendly, "one-stop" gateway to a wide range of information and resources on mental health services for users of mental health services and their families, the general public, policy makers, providers and the news media. KEN can be reached at 1-800-789-2647 or via the Internet at www.mentalhealth.org.

Preventing Discrimination Based on Genetic Information both by Health Plans and Employers. The Administration has urged Congress to pass bipartisan legislation to prohibit health plans from inappropriately using genetic screening information to deny coverage, set premiums or to distribute confidential information. The Clinton-Gore Administration has also supported legislation that ensures that employers do not use genetic information to discriminate against employees.

Supporting Brain Research and Improving Technology. Earlier this year, the Energy Department gave a \$10 million grant to establish the first of three National Centers for Functional Brain Imaging. Moreover, Department of Energy laboratories have developed a device that gives doctors a "window" into how the human brain actually functions. The device takes snapshots of the brain using a technique called magnetoencephalography and has lead to greater insights about how the signals of the brain act or react in individuals with mental illnesses.

EXPANDING EMPLOYMENT OPPORTUNITIES

Expanding Hiring Opportunities for People with Psychiatric Disabilities. In January, Tipper Gore announced that the Office of Personnel Management (OPM) would explore measures to eliminate the stricter standards that are currently applied to federal job applicants who have psychiatric disabilities. On June 4, 1999, President Clinton signed an executive order ensuring that individuals with psychiatric disabilities are given the same hiring opportunities as persons with severe physical disabilities or mental retardation. The civil service rules will be changed to ensure that people with psychiatric disabilities are covered by the same hiring rules and authority used for individuals with other disabilities. The executive order also permits people with psychiatric disabilities the same opportunity to acquire competitive civil service status after two years of successful service. This authority will allow adults with psychiatric disabilities the same opportunity for conversion into the competitive civil service as employees with other disabilities.

Working to Enact the Work Incentives Improvement Act (WIIA). The Work Incentives Improvement Act is an historic, bipartisan bill which removes significant barriers to work for people with disabilities, including psychiatric disabilities. The proposed legislation improves access to health care through Medicaid; extends Medicare coverage for people with disabilities who return to work; and creates a new Medicaid buy-in demonstration to help people with a specific physical or mental impairment that is expected to lead to a severe disability without medical assistance.

Helping People with Mental Illness Return to Work. Initiated in 1995, the Employment Intervention Demonstration Program (EIDP) program has shown that people with serious mental illness not only can work but also can be highly productive, given the right environment and the right support systems. EIDP has been identifying model interventions to help people with severe mental illnesses return to work or enter the workforce for the first time. While not yet complete, the study already has yielded important information about employment for people with serious mental illnesses -- information to help break through the stigma that stands between willing workers and jobs needing to be filled.

ADDRESSING MENTAL HEALTH ISSUES FOR ALL AGES

Meeting Special Needs of Children, Adolescents and Families. The Clinton-Gore Administration helps fund a wide range of programs designed to protect or improve the mental health of our children. Some programs focus on preventive interventions that promote resilience, while other programs reach out to children with serious emotional disturbances to help point them on the road toward a healthier, productive adult future.

- **Promoting Healthy Development.** In response to President Clinton's call to action during the White House Conference on School Safety, the Administration creating two important grant programs for communities around the country: (1) the Safe Schools/ Healthy Students Program; and (2) the School Action Grant Program. Through the first program, grants totaling more than \$180 million per year will be awarded to school districts in partnership with local mental health and law enforcement authorities to promote healthy childhood development and prevent violence. The second program, launched by SAMHSA's Center for Mental Health Services, complements the first by providing funds to communities to expand school-based programs to the broader community.

- **Starting Early, Starting Smart.** Research has shown increasingly that many young children who grow up in homes where at least one parent suffers from significant mental illness and/or substance abuse demonstrate emotional, behavioral or relationship problems that ultimately hinder their readiness to enter school. HHS' "Starting Early, Starting Smart" initiative, a public-private partnership between SAMHSA and the Casey Family Foundation, seeks to fill this gap by reaching children at their most critical time for mental and physical development.

Meeting the Special Needs of Older Adults. The Clinton-Gore Administration supports a range of services to meet the unique mental health needs of older Americans.

- **Studying and Treating the Mental Health Needs of Seniors.** The Administration supports a number of studies exploring the mental health needs of elderly Americans, including treating depression and reducing the risk of suicide. Older Americans are disproportionately more likely to commit suicide than any other group. NIMH-supported studies have found that major depression was the sole predictor of suicide among the elderly. These and other NIMH findings can lead to enhanced detection and treatment of depression in primary-care settings that reduces the risk of suicide among the elderly.
- **Caring for the Caregivers.** President Clinton and Vice President Gore supported the Administration on Aging (AoA) proposal for the National Family Caregiver Support Program to help families sustain their efforts to care for an older relative afflicted with a chronic illness or disability. The program would establish a multifaceted support system in each state for family caregivers. AoA also continues to provide grants to states to provide home and community-based, long-term care services -- important supplements to the care already provided by family members.

ADDRESSING MENTAL HEALTH ISSUES IN ALL COMMUNITIES

Supporting the National Resource Center on Homelessness and Mental Illness. SAMSHA operates this center which develops and disseminates effective approaches to providing services and housing to homeless people with mental illness. Thanks to these resources, states have been able to improve treatment, housing and support services for adults with severe mental illness, so that they can carry out ordinary day-to-day activities in their communities. In addition, the "Access to Community Care and Effective Services and Supports" (ACCESS) program seeks to integrate fragmented public mental health services by using proven strategies and fostering partnerships among service agencies. ACCESS-evaluated interventions can lower days of homelessness for seriously at-risk individuals by as much as 75 percent over a 12-month period.

Providing Mental Health Services for the Homeless. The Health Care for the Homeless Program provides a comprehensive approach to address the multitude of health problems faced by homeless individuals. These services include referring homeless persons for needed mental health services and providing primary care and substance abuse services at locations accessible to homeless people. In addition, the President has proposed increasing the Projects for Assistance in Transition from Homelessness (PATH) program. PATH provides links to community-based health, education, employment and housing services.

Creating A Continuum of Care for America's Homeless. Under the Clinton-Gore Administration, the Department of Housing and Urban Development's (HUD) Continuum of Care program uses a comprehensive approach to provide emergency, transitional and permanent housing and services to help homeless people become self sufficient. Since 1994, the Continuum of Care has devoted an average of \$882 million each year toward solving homelessness, and in 1998, more than half of the programs supported by homeless funding served people with mental illnesses under the Continuum of Care's Supportive Housing, Safe Havens and Shelter Plus Care programs. According to a 1996 Columbia University study: "The Continuum of Care approach has resulted in significantly more assistance for homeless persons with disabilities (including, but not limited to, severe mental illness, substance abuse problems, HIV/AIDS, and physical disabilities). The numbers of persons with disabilities proposed to be served in programs specifically designed for them increased 843 percent, from 2,816 to 26,565."

Providing Mental Health Services in Medically Underserved Areas. The Community Health Center (CHC) Program provides primary and preventive health care services to people living in rural and urban medically underserved areas throughout the U.S. and its territories. CHCs offer services in 2,500 clinics and serve over 7 million people yearly. In addition, the Clinton-Gore Administration is helping to train and recruit mental health professionals. The National Health Service Corps (NHSC) loan repayment program is available for behavioral and mental health professionals including clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists. Through NHSC, these clinicians are placed in health professional shortage areas to improve access to mental health services for underserved people.

Enhancing Access and Decreasing Stigma Associated with Mental Illness. Under the Clinton-Gore Administration, the DoD developed a pilot program at Tinker Air Force Base in which specialty behavioral healthcare is provided in primary care clinics, thus enhancing access to mental healthcare, decreasing stigma associated with seeking such care, and enhancing prevention efforts.

Helping Veterans Overcome Mental Illness. Under the Clinton Administration, the Veterans Administration (VA) has redoubled its efforts to provide quality mental health services. The VA instituted an accountability system and has increased its services to special populations, including homeless veterans and veterans with PostTraumatic Stress Disorder (PTSD). The VA currently treats over 25,000 homeless veterans per year and outcomes of those treated in residential facilities have improved steadily from 1993-1999 in the areas of housing, employment and clinical status. The VA also treats over 50,000 vets per year in specialized PTSD programs and inpatient PTSD outcomes have improved in recent years.

PROTECTING ALL CITIZENS

Caring for Victims of Violence. SAMHSA has developed a grant program to identify, test and evaluate new, more effective programs to care for female victims of violence and for their children. In addition, the Violence Against Women Office supports a number of state and local efforts that include components to provide mental health services to domestic violence victims and their children and victims of sexual assault. And in fiscal year 1998, the Office for Victims of Crime (OVC), through Victims of Crime Act (VOCA) funding, supported over 4,000 victim assistance agencies throughout the nation.

Enforcing Civil Rights Law and Ensuring Proper Care in Our Public Residential Facilities.

The Clinton Administration has worked hard to ensure proper care in our public residential facilities. The Civil Rights Division Special Litigation Section has ongoing work investigating allegations of inadequate care and treatment in public residential facilities (including mental retardation facilities and adult and juvenile correction facilities) under the Civil Rights of Institutionalized Persons Act. Since 1993, the Division has investigated mental health services and monitored remedial settlements to improve the mental health services in more than 300 facilities in 42 states. The Department of Justice's (DOJ) efforts also include an ongoing Working Group on Mental Health and Crime and a Suicide Prevention Program.

Addressing the Mental Health Needs of Youth. In fiscal year 1999, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) is funding a competitive grant to initiate a research and demonstration effort to substantially increase the quality of mental health services provided to detained and committed youth. In addition, a collaborative initiative between the Deputy Attorney General and OJJDP focuses on the needs of children exposed to violence, including on law enforcement and legislative reform, innovative programs, and raising public awareness.

Working to Improve the Justice System's Response. DOJ has supported studies that examine and analyze police response to emotionally disturbed persons and that study the use of force in the arrest of persons with impaired judgement, including people with mental illness. Other DOJ efforts include: an ongoing Working Group on Mental Health and Crime, a number of projects supported by the Bureau of Justice Assistance to improve the criminal justice system's response, and a Suicide Prevention Program conducted by the National Institute of Corrections' (NIC) Jails Division.

MYTHS AND FACTS ABOUT MENTAL ILLNESS

June 7, 1999

MYTH #1: **Mental illness is not a disease and cannot be treated.**

FACT: Research in the last decade proves that mental illnesses are diagnosable disorders of the brain. New brain imaging technologies visually illustrate the differences in the brains of healthy people and people with serious mental disorders, such as schizophrenia. They show reductions in the overall volume of the brain and distinct differences in the way in which the brain processes information. There are also now effective treatments for mental illness that, for example, relieve symptoms for 80 percent of people with major depression; control symptoms such as hallucination or delusions for 70 percent of people with schizophrenia; and alleviate symptoms for 50 to 60 percent of people with Obsessive Compulsive Disorder.

MYTH #2: **Mental illness doesn't happen to people like me or my family.**

FACT: Mental illness affects most extended American families. One in five Americans suffer from mental illness at some point in their life. These illnesses strike all kinds of families, regardless of race, socioeconomic class, educational level or place of residence. Schizophrenia occurs at equal rates regardless of education, socioeconomic status, or culture. Depression, panic disorder and obsessive compulsive disorders are also equal opportunity illnesses. Women suffer from depression at twice the rate of men regardless of where they live, their culture, or socioeconomic status. Five million older Americans suffer from depression, and one in ten children and adolescents suffer from some type of mental illness. Mental illness can happen to anyone.

MYTH #3: **Depression is a part of life that can be worked through without seeking help.**

FACT: Depression is a diagnosable, treatable illness that affects 19 million adult Americans each year. It is a disorder of the brain that is characterized by serious and persistent symptoms such as changes in sleep, appetite, and energy; cognitive losses such as slowed thinking; and clearly discernible feelings like irritability, hopelessness, and guilt. The severity and duration of depression symptoms are clearly distinguishable from sadness and mood swings that are part of life. When untreated, depression can have serious consequences. Depression is the cause of over two-thirds of the 30,000 American suicides each year, and according to the World Health Organization, it is the leading cause of disability in the United States. However, there are effective treatments available that have proven to have 80 percent success rate for people diagnosed with depression.

MYTH #4: Teenagers don't suffer from "real" mental illness; they are just moody.

FACT: We now know that teenagers and even younger children, can and do suffer from mental illness. One in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment, but fewer than 20 percent of these children receive treatment. Without treatment, schoolwork may suffer, normal family and peer relationships may be disrupted, and violent acts may occur. In fact, depression may lead to suicide, which is the third leading cause of death among young adults. However, recent studies indicate that 60 percent of depressed teenagers will improve with modern treatments.

MYTH #5: Depression is a part of aging.

FACT: Research shows that depression is *not* a normal part of aging, but that it is relatively prevalent among older people and can have serious adverse consequences. Nearly 5 million of the 32 million Americans age 65 and older suffer from clinical depression. While only 13 percent of the U.S. population, individuals ages 65 and older account for 20 percent of all suicide deaths, with white males being most vulnerable. And older persons with other serious health problems (strokes, hip fractures, heart conditions) depression may delay recovery, cause refusal of treatment, and lead to excessive disability and even death. However, effective mental health treatment is available for older Americans suffering from mental illness.

MYTH #6: Talk about suicide is an idle threat that need not be taken seriously.

FACT: People who admit to having thoughts and plans about suicide and people who have attempted suicide are at increased risk for completing suicide in the future. In a study of nearly 4,000 adults seeking psychiatric treatment, persons with a history of severe suicidal thoughts were 14 times more likely than other individuals to later commit suicide within four years. Research has shown that 90 percent of all suicide victims have had a mental or substance abuse disorder.

MYTH #7: **We cannot afford to treat mental disorders.**

FACT: We cannot afford NOT to treat mental illness. Researchers estimate that mental illnesses, including indirect costs such as days lost from work, cost America tens of billions of dollars each year. At the same time, businesses and states that have implemented new strategies to treat these disorders have not found notable increases in costs. For example, one business, Bank One, spearheaded a comprehensive effort to improve the company's ability to identify and get appropriate treatment for employees with depression in a timely manner. Between 1991 and 1995, the direct treatment costs for depressive disorders decreased by 60 percent. Moreover, Ohio implemented full mental health parity for its state employees and did not find that this action increased costs at all.

MYTH #8: **People with severe and persistent mental illnesses cannot be productive members of society.**

FACT: People with psychiatric disabilities face many barriers, but appropriate support services can help them to succeed. A 1995 study of the Employment Intervention Demonstration Program run by the Center for Mental Health Services assessed the effectiveness of employment strategies to assist individuals with severe mental illness get and keep employment. It found that 55 percent of individuals receiving such employment support services were working after two years. Clearly, people with severe and persistent mental illnesses want to be employed and productive, and given appropriate treatment and support, they can be.

MYTH #9: **Homeless people suffering from mental illness have little chance of recovery.**

FACT: There are effective treatments for homeless people with mental illness. While one-third of homeless Americans suffer from an untreated mental illness, research demonstrates a decrease in homelessness when outreach to these individuals is coupled with case management that provides them with appropriate medical treatment and connects them to housing and other supportive services. One study reported a 45 percent reduction in the number of days of homelessness after three months of this type of treatment. Over a year, clients had a 70 percent increase in the number of days worked, demonstrating that homeless persons with mental illnesses can make substantial improvements in the overall quality of their lives.

MYTH #10: There is no hope for people with mental illness.

FACT: These illnesses, which will affect one in five Americans, can be extremely debilitating. However, research proves that mental illnesses are diagnosable and treatable disorders of the brain. Eighty percent of people treated for severe depression and 70 percent of people treated for schizophrenia show positive responses to treatment—far higher rates than for many physical illnesses. The challenge is to ensure that Americans with mental illness recognize these disorders and get the help that they need.

▶ **Jordan Tamagni @ EOP**
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MRS. TIPPER GORE
REMARKS FOR PLENARY SESSION
THE WHITE HOUSE CONFERENCE ON MENTAL HEALTH
WASHINGTON, DC
June 7, 1999

Good afternoon. I am so pleased to welcome all of you here to this, the first White House Conference on Mental Health. First, let me thank *Michael Stephenson* for his extraordinary film on the "faces of mental illness."

I want to thank President Clinton, my husband, Vice President Gore, and First Lady Hillary Rodham Clinton for helping make this conference possible – and for everything they do to improve the lives of all Americans. I also want to thank Secretary Shalala, [other Cabinet TK], and the many distinguished members of Congress who have joined us. Finally, I want to acknowledge everyone here today – for your presence at this historic event, for your passionate advocacy on behalf of people with mental illness, and for your collective commitment to mental health in America.

I am pleased to say that we are also joined by thousands of people around the country – via satellite, television, and the Internet.

The interest in this conference has been remarkable, and it's not hard to understand why. Mental illness is not something that happens to "other" people – it touches us all: our neighbors, our friends, our families ... ourselves. And mental illness doesn't only affect individuals – it impacts our institutions and our communities, shaping the fabric of our lives in ways seen and unseen.

One of the things that struck me when I first became interested in the issue of mental illness was how hard it is for people to talk about. A lot of you remember a time people with

cancer were afraid to talk about it – and that silence often discouraged people from seeking life-saving treatment. We changed that -- and it is time that we bring the same degree of openness and understanding to diseases and disorders of the brain.

What I hope we can accomplish here today is to begin a national dialogue that will help us begin to dispel the myths and misperceptions of mental illness – and encourage more people and their families to get the help they need to lead healthy, productive lives.

To accomplish this, we have to be open and honest, not only today, but every day -- not only here, but in every community, in every school, in every home. Above all, we must recognize mental illness for what it is: an illness, as treatable as a broken bone. And we must begin to view mental health as an integral part of our overall health – just as essential to our well being and our quality of life

Consider the facts: 51 million Americans experience some form of mental illness every year – from depression to bipolar disorder to schizophrenia. But only one in five of those will seek treatment -- despite the fact that new and more effective treatments are available for a broad range of mental disorders.

Why are we so reluctant to seek help for mental illness? I have talked to people across the country about problem, and the answer I hear most often is fear of being branded as inferior, different, or even dangerous, and discriminated against because of it. It's called stigma – an ugly word, with ugly consequences.

Make no mistake: this isn't an insignificant problem. In fact, more than 90% of people with mental illness report that they have experienced varying degrees of stigma in their lives. The results can be devastating.

At best, people worry that if they admit that they are struggling with mental illness, they will be treated differently or regarded with suspicion by co-workers, friends, even family. One woman – who is completing her medical training as a resident in a large hospital – said that since she admitted to a bipolar disorder, her brother won't leave her alone with his three-year old daughter. At worst, people with mental illness live in fear that if their condition becomes known, they will lose their jobs, their health benefits, even their housing. And so, too many Americans don't get the help they need.

Why do we regard mental illness in such a negative way? The clear answer is ignorance. A recent study shows that the majority of Americans don't believe that mental illness can be diagnosed or treated as effectively as physical illness. Nothing could be farther from the truth. Increasingly, we are learning that many mental disorders are biological in nature and can be medically treated -- in some cases, more effectively than illnesses like heart disease. New drugs and better community health services are making it possible for even those with the most severe disorders to live healthier, more productive lives.

Unfortunately, despite this progress, mental illness is still viewed as a character flaw or

a sign of weakness -- something that we should be able to "snap out of." But you can't will mental illness away or pray it away or just "pull yourself up by the bootstraps." You have to get help.

I know this from experience. After a very serious accident threatened our son's life, I became clinically depressed. Despite my years of training in psychology, I thought I could handle the problem on my own. I was wrong. It took a friend of mine to convince me that I should seek treatment -- and I took her advice. I decided to talk about my experience publicly because I want people living with mental illness who are still suffering in silence and secrecy to know that treatment works and it can change your life.

And now, I want to introduce a man who also struggled with depression and gotten help -- and whose decision to come forward with his experience has inspired many Americans to do the same -- Mike Wallace. Thank you so much, Mike, for being here today and sharing your story.

[Other Q&A to be provided by Sarah/Trooper.]

I believe very deeply that the American people are a fair and just people. And I believe that when discrimination and stigma are brought out into the open, the American people will stand up for all our citizens -- so that no one is denied the opportunity to reach his or her full potential.

That is why I am so pleased that President Clinton has asked me to serve as Honorary Chair of a national campaign to fight stigma wherever we find it -- from the workplace to the playground, in every community.

As all of you know so well, the issue of stigma is just one piece of the puzzle. We must also find innovative ways to reach out to younger and older Americans, and bring them into the community of knowledge and understanding where mental health is concerned. No one is too young or too old to care for their mental health.

To that end, this Administration was pleased to announce two important new steps. First, we are expanding our "Caring For Every Child" campaign to target parents, teachers, child care providers, and social service workers with education programs about the mental health needs of children.

Second, we are launching a new outreach effort through NIMH and the Administration on Aging to educate older Americans that they may be at risk for mental illness. Depression is not a natural part of aging -- and we must make sure our senior citizens know that they can get help.

We must also look beyond the individual to the role and response of the community with respect to mental health. In two weeks, my husband and I will host our eighth annual

Family Reunion Conference in Nashville on the issue of families and communities. We are looking forward to exploring how we can work together to improve family mental health services at the community level.

Al has often said that he learned everything he knows about mental illness from me – well, I learned just about everything I know about how communities can work together to meet their challenges from Al. So it is with great pleasure that I introduce my husband, Vice President Al Gore, to lead this discussion.

[VP leads discussion.]

Thank you Al. The past ten years have come to be known as “the decade of the brain” because we have made such tremendous advances in unraveling the mysteries of the mind and mapping the architecture of the brain. The impact of these advances on our efforts to understand and treat mental illness – and to reduce stigma – has been remarkable.

To lead a discussion of these advances, and to talk about what we are doing to ensure that they continue, please welcome a woman who has touched the lives of so many people -- our First Lady, Hillary Rodham Clinton.

[HRC leads discussion.]

Thank you, Hillary. We have heard and learned a lot this afternoon. One of the most important things we have learned is also one of the most simple to express: mental illness is no different from physical illness – and we must treat them that way. This is especially important when it comes to health care benefits, which can make all the difference in ensuring that people with mental illness get the treatment they need.

To lead our discussion, I would like to introduce a man who has dedicated his life to helping people make the most of theirs -- President William Jefferson Clinton.

Stage Panel: White House Conference on Mental Health
Event Flow for Mrs. Gore
June 3, 1999

Insert Opening Remarks (prepared by Jordan)

I am so excited that I have the opportunity to introduce you to some of the “faces of mental health”.

Q I would like to start by introducing a good friend Mike Wallace. Mike I know that you have talked very openly about your experience with depression. We have a broad audience here today with varying levels of understanding about mental disorders. Depression manifests itself differently in different people, will you tell us about your experience?

Possible Follow-up Question: Can you talk about the stigma associated with depression for men?

Possible Follow-up Question: Tell us what you’ve done to bring light to the issues surrounding mental illness?

Q: Depression is just one of many serious mental disorders. John Wong who came here today from California has been living with schizophrenia for over 13 years. (In men we know that schizophrenia usually appears in the late teens or early twenties) John, when did you first realize you were experiencing a mental illness?

Background: John’s illness started in adolescence. Initially, John was very resistant to treatment, but for the past nine years he has managed his illness. He now does outreach with others to help them get the treatment and support they need when coping with a mental disorder.

Possible Follow-up Question: Can you tell us about your recovery and how you have reached out to help others?

Possible Follow-up Question: I know your father is in the audience and has been very supportive and helpful in your recovery ? Can you tell us how he helped in your recovery?

Note: This would be a nice time to ask Mr. Wong to stand up and acknowledge his leadership role as President of the Chinese Parents Support Group.

Q: As I said earlier, there are many serious illnesses and a good number impact our young people quite dramatically. Jennifer Gates or Erica Smith you came here today to talk about your experience with anorexia. *(we know that anorexia affects about 1 percent of teenage and young women, and bulimia from one to three percent. And the mortality rates related to complications of eating disorders are among the highest of any mental disorder).* You had a very serious experience with anorexia that I know you wanted to talk about today. Tell us when your illness started?

Background: Jennifer was 15 years old when her eating disorder began. She controlled her food intake as a way to lose weight and look “good” for the summer. After a few months the disease took control of her. She can speak to the obsessive thoughts of perfection and how treatment, 3-years later remains an important part of her recovery.

Possible Follow-up Question: With depression we talk about how we can’t expect someone to pull themselves up from their boot straps? I know you have mentioned the stigma you experienced when you were ill; how often family and friends didn’t understand why you wouldn’t just eat. As best you can, will you tell us what you were experience at that time and the role treatment and support played in your recovery?

Possible Follow-up Question: What do you see in your future?

Vice President's Panel

- Q: Robin Kitchell is the mother of J.W. who suffers from bi-polar disorder. Tell us about some of the challenges and rewards of caring for a child with a mental illness?**

Background: Ms. Kitchell struggled with schools to assure her son received the support he needed. Robin is an activist with Tennessee Voices for Children, and fights to make sure that schools work effectively to help children with mental illness.

- Q: Possible follow-up: How can we help communities and schools do a better job of reaching out to and supporting kids with mental illness**

- Q: Dr. Wayne Burton, is the Corporate Medical Director of Bank One Corporation. Dr. Burton, tell us how the comprehensive mental health services Bank One offers has helped your business.**

Background: In 1983, Bank One began research on how to appropriate affordable mental health benefits for its employees, and in 1991, Bank One implemented several mental health services, which include: (1) managerial training to reduce stigma, (2) increased employee awareness of EAP services, and (3) enhanced benefits for mental health.

Possible follow-up: What were some of the challenges of implement this type of program. What were some of the barriers you had to overcome?

- Q: I'd like to call on Dr. David Satcher, who is joining us from the Carter Center in Atlanta with a group from the country who are discussing how communities come together to respond to the short-term and long-term impact of crisis and trauma. Dr. Satcher, tell us what you all have learned today?**

Background: Dr. Satcher is with community leaders who address mental health needs in their communities, including a woman from Oklahoma who speaks on how communities need to be ready to respond to tragedies like the bombing.

BACKGROUND:

Dr. Wayne Burton: For fifteen years, Bank One has researched how to appropriate affordable mental health benefits for its employees. In 1991 Bank One's medical claims for depression were almost equal to the claims for heart disease. To address the impact of depression on employees, Drs. Burton and Conti spearheaded a comprehensive effort to identify and get appropriate treatment for employees with depression. Efforts included: (1) managerial training to reduce stigma, (2) increased employee awareness of EAP services, and (3) medical plan enhancements (the maximum benefit is now at \$2 million- and the benefit design has been enhanced). Bank One views mental health benefits as an investment in people, their families and the communities they do business in. With enhanced benefits, Bank One data indicates that mental health costs declined from being 15% of total medical costs in 1983 to less than 6% of total medical costs in 1996.

Robin Kitchell: Robin struggled with school officials to keep her son in mainstream classes and receive the support he needed. She believes that one of the challenges for parents of a child with mental illness is to navigate through the educational and mental health system, and believes it is critical for parent, teachers, and school district officials to work as a team. Ms. Kitchell is an activist with Tennessee Voices for Children, and recently participated in an issue forum with Mrs. Gore at Vanderbilt University.

**White House Conference on Mental Health
Issues Forum with the Vice President and Mrs. Gore
Discussion Format & Participant Profiles
June 7, 1999**

Janice LaChance, director, Office of Personnel Management delivers brief remarks and introduces the video.

The video is played.

Off stage announcement of the Vice President and Mrs. Gore.

The Vice President delivers brief remarks and introduces Mrs. Gore.

Mrs. Gore delivers brief remarks.

MEG: Many Americans believe that mental illness is something that happens to other people and other families. When in fact, one in five Americans suffer from mental illness at some point. **Mary Jo West** is a newscaster from Arizona. Please tell us about your experience and what lessons other people can learn from it?

(Mary Jo West participated in MEG's Flagstaff, Arizona issues forum. West is a former television news reporter from Phoenix, Arizona who experienced severe depression at the height of her television career. She went through several years of treatment and now successfully manages her illness. She currently works for the City of Phoenix.)

VP: I'd like to call on **Joanne Mangum**. How did you realize that you might be suffering from an illness?

Please tell us about the support programs that have helped you and how you are trying to help others get the support they need.

(Joanne is a 59-year old woman diagnosed with bi-polar disorder in her early fifties. She was a mother and wife who believed mental illness couldn't happen to her and only realized her behavior was an

illness after visiting a counselor and reviewing her family's history with mental illness and the symptoms of bi-polar. She is now being treated successfully and participants in Green Door's Clubhouse program that provides rehabilitation and support services for people with mental illness. Joanne serves on the advisory board of an international council to create Clubhouses worldwide.)

MEG: There are people here and around the country that have mobilized to support people with mental illness. **Bernice Skirball** organizes volunteers nationwide to help people with mental illness succeed in their daily lives. Please tell us how your volunteers work with people with mental illness and their mental health professional?

What is the most important lesson we can learn from the success of your program?

(Bernice Skirball is director of the Compeer Program, an initiative that provides lay volunteers that work with children and adults with mental illness receiving formal treatment. Volunteers serve as advocates, mentors, and role models helping consumers with issues such as housing, personal finance, nutrition, and respite for caregivers. More importantly, Compeer volunteers provide consumers with friendship and one-on-one support.)

VP: We also know that too many homeless Americans suffer from untreated mental illness. However, there are many who lead successful lives because of the intervention of people like **Pat Letke**. Pat please tell us about your work and how we can better support the homeless with mental illness.

(Pat Letke is an outreach worker with Christ House, a D.C. area homeless service provider. Pat and MEG have worked together with several homeless men and women.)

GO TO PORTLAND SITE:

MEG: We have talked today about how all parts of the community communities can be more responsive to people with mental illness. **Sargent Karl Mc Dade** has been on the Portland police force for 28 years. Please tell us about the Portland Police Department's efforts to train their officers to work with people with mental illness.

What lessons have your officers learned from this program?

What do people in the community say about this program?

(Sgt. Mc Dade has been with the Portland Police Department for 28 years. After three 1994 shootings incidents of people with mental illness by Portland police officers, the chief of police asked Sgt. McDade to develop a training and outreach program that helps officers respond more appropriately to people with mental illness. The Crisis Intervention Team, based on a similar program in Memphis, Tennessee, has training over 120 officers on understanding mental illness, de-escalating confrontations, and other techniques to work with the mentally ill. Through this program, the Portland PD has developed a strong working relationship with the city's mental health community.)

TAKE INTERNET SITE QUESTION -- MEG will ask one question from an NASA sponsored Internet chat room on mental health.)

MEG: Another troubling myth is that young people don't suffer from mental illness, they are just naturally moody. **Gloria Quinonez** is one of the millions of young Americans who have suffered from depression. Tell us about your experience.

How did your family and others support you through your experience?

(Gloria Quinonez came to the U.S. from Columbia when she was 15 after several years of abuse and neglect by her family. Placed in foster care at 16, Gloria developed depression and an anorexia. With counseling and the support of her family Gloria has been able to face

the trauma in her life and manage her illnesses. Now 21, she is working to build an independent adult life, works full time, and lives in transitional housing in Los Angeles. She is applying for a job as a teaching assistant and is applying for scholarships to attend college.)

VP: Secretary Riley what would you like to add about how we can reach out to our young people?

GO TO FLINT REMOTE SITE:

VP: *[Greet Mayor Woodrow Stanley in Flint].* The first few years of life are the most critical years of development – and some mental illness can be detected and treated better early. I would like to ask Carol Burton of the Mott Children's Health Center tell us what about your work with at-risk children in the first years of life.

How do you help parents identify and address their children's early mental health needs?

(Carol Burton is program director for Project SEEK, a program providing services to children whose parents are incarcerated. In addition to tutoring, crisis intervention and mentoring services for children of all ages, the program helps parents of young children ages 0-3 at-risk of developing behavioral and mental disorders. They help the parents understand their child's mental health and developmental needs and work on caregiver-child attachment issues.)

MEG: Too many older Americans accept the notion that depression is a natural part of aging and do not receive help. In fact, five million older Americans suffer from clinical depression. Who can speak to this?

[Mary Jo Gibson from AARP can speak to this]

VP: Another myth we have discussed is that mental illness is not a disease and it cannot be treated. We talked some about that this morning, but I'd like to ask Dr. Ivan Walks to talk to about how different treatments impact different populations.

(Dr. Ivan Walks is associate national medical director for ValueOptions, the nation's second largest managed behavioral health care company. He is a member of a CMHS working group that developed standards on cultural competence. He can speak to some of the unique needs of communities of color and effective strategies to get mental health information to those communities.)

MEG: There are also widespread misperceptions that we cannot afford to treat mental disorders. **Janice LaChance** runs the Office of Personnel Management –the nation's largest employer. Tell us what employers can do to better help their employees with mental health illness?

GO TO ATLANTA REMOTE SITE

VP: Welcome Mayor Campbell and welcome back Dr. Satcher. People often rely on their faith community to address their mental health needs. I'd like to ask **Peggy White** to tell us about the faith community's role in mental health.

(Peggy White is a parish nurse with the All Saints Catholic Church in suburban Atlanta. She works in the church to provide parishioners with mental health information and access to other services in the community. She can speak to the faith community's role as first responders to people's daily mental health needs and the faith community's role in destigmatizing mental illness.)

MEG: One of the most devastating myths is that there is no hope for people with mental illness. **Steve Silver** is there hope?

(Steve Silver has been living with mental illness for over 6 years. With schizo-affective disorder and clinical depression. His first point of diagnosis was made after a suicide attempt. He has been hospitalized 5 times. Once he started to manage his illness, the Social Security Administration (SSA) worked out a way for him to go to college and collect a disability check. When the pressures of school at Howard University interfered with his illness, he disclosed his illness to professors, many of whom worked with him to accommodate his

special learning needs. He credits his professors, his family and his own strength with his current success as a working graduate from Howard University. He is working as a legal assistant and would like to attend Howard's law school one day. **Note: Silver would like to respond to the discussion questions from a prepared text.)**

Town Hall Remote Site Script

Draft 6-4-99

The Town Hall will broadcast via satellite from 3:30PM – 5:00PM EDT. Each site will get 8-10 minutes live with the Gores. This is broadcast to 5000 satellite downlink sites, cable networks and millions of viewers live. Please note that this is ideally how we'd like the satellite broadcast to flow. The discussion will be controlled by the Gores and may become more fluid and deal with different issues as they arise. We appreciate your involvement and hope to share these opportunities with you again. All NON-SPEAKING people may be acknowledged, but not speak unless appropriate.

Atlanta, GA

(Community)

Site:

The Carter Center
One Copenhill
Atlanta, GA 30307

Program Organizer:

Lynn Randolph and Lei Ellingson (lelling@emory.edu)
One Copenhill
Atlanta, GA 30307
p. 404-420-5165
fx. 404-420-5158

Jena Bettes
Senior Advisor on Nursing and Policy
to the Secretary and Assistant Secretary of Health
p. 202-401-8084
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Technical Contact:

Bruce Harlan (bharlan@lpe.com)
404-352-0464

3 On Camera:

(co-greet) Atlanta Mayor Bill Campbell
(through Tanya Lombard 65265)
404-330-6100
404-658-7361

(co-greet) U.S. Surgeon General David Satcher
(through Jena Bettes 202-401-8084)

Betty Pfefferbaum, MD
Child Psychiatrist and school mental health specialist
University of OK

Best Practice:

Betty Pfefferbaum can speak out of experience with OK city bombing and how communities have to be ready to respond to tragedy with mental health support systems in place.

FIRST BROADCAST

2 minutes Vice President acknowledges Satcher in Atlanta and pulls into discussion, preps audience for the town hall meeting discussions we'll have later in the day

SECOND BROADCAST

1 minute Greet and thanks by Mayor Campbell – "since Carter's can't make it, we have a message for you from Mrs. Carter." TEXT ATTACHED – praises administration

15-30 secs Jane Delgado (Chair of the Carter Center's Advisory Board for Mental Health) reads Mrs. Carter's statement. (approved for last paragraph only – text attached)

15 seconds Vice President / Mrs. Gore acknowledges statement, initiates discussion with Satcher

1 minute Dr. Satcher talks briefly about what had been discussed to lead into discussion between Gores and Betty Pfefferbaum on why it is important for communities to have systems in place to respond to mental health needs following community tragedy.

5-6 minutes Betty Pfefferbaum speaks with Gores on her experience with the OK City bombing and how a community has to be ready to respond.

David Satcher, M.D., Ph.D.
Assistant Secretary for Health and U.S. Surgeon General
Department of Health and Human Services

Dr. David Satcher is the 16th Surgeon General of the United States. Sworn in on February 13, 1998, he is only the second person to simultaneously hold the position of Assistant Secretary for Health and Surgeon General. In these dual roles, Dr. Satcher has adopted five evolving priorities for improving the nation's health.

Prior to this appointment, Dr. Satcher served four years as the Director for the Centers for Disease Control and Prevention (CDC) and Administrator for the Toxic Substances and Disease Registry from 1993 to 1997. In that role, he successfully spearheaded initiatives that markedly increased childhood immunization rates from 55 percent in 1992 to 78 percent in 1996. He also upgraded the nation's capability for responding to emerging infectious diseases and laid the groundwork for a new early warning system to detect and prevent food-borne illnesses. Under Dr. Satcher's direction, the CDC's comprehensive breast and cervical cancer screening program increased from 18 to all 50 states, 5 territories, and 15 American Indian reservations, and the agency highlighted the importance of physical activity with the landmark Surgeon General's Report on Physical Activity and Health.

Apart from public service, Dr. Satcher spent many years in academia. He served as President of one of the nation's renowned historically black colleges and universities, Meharry Medical College. Dr. Satcher was President from 1982 to 1993 until President Clinton appointed him Director of CDC.

Before that, Dr. Satcher was Professor and Chair of the Department of Community Medicine and Family Practice at the Morehouse School of Medicine. In addition, during his span at the King-Drew Medical Center in Los Angeles from 1977 to 1979, he was on the faculty, interim dean, and chair of the Department of Family Medicine, which he developed. While at King-Drew, he also directed the King-Drew Sickle Cell Center and served on the faculty of the UCLA School of Medicine and Public Health.

Dr. Satcher is a former Robert Wood Johnson Clinical Scholar and Macy Faculty Fellow. He has been the recipient of many outstanding awards. Among them, 12 honorary doctorates and top awards from the American Medical Association, the American College of Physicians, the American Academy of Family Physicians, and *Ebony* magazine. In 1995, he received the Breslow Award in Public Health and in 1997 the New York Academy of Medicine Lifetime Achievement Award. In 1999, he received the Bennie Mays Trailblazer Award and the Jimmy and Roslyn Carter Award for Humanitarian Contributions to the Health of Humankind from the National Foundation for Infectious Diseases.

Born in Anniston, Alabama, on March 2, 1941, Dr. Satcher graduated from Morehouse College in Atlanta in 1963 and was elected Phi Beta Kappa. He received his M.D. and Ph.D. from Case Western Reserve University in 1970 with election to Alpha Omega Alpha Honor Society. Dr. Satcher did his residency and fellowship training at the University of Rochester, UCLA, and the King-Drew Medical Center. He is published widely in scientific and scholarly journals. He is an avid jogger, and he enjoys tennis and gardening. Dr. Satcher and his wife, Nola, have four children and reside in Bethesda, Maryland.

**Mayor Bill Campbell
City of Atlanta**

Mayor Bill Campbell became the 57th Mayor of Atlanta and the city's third African-American mayor in a landslide victory in 1993. As the head of the host city of the 1996 Centennial Olympic and Paralympic Games, Bill Campbell received national and international acclaim. Under his leadership, the city leveraged the Olympic legacy into tangible benefits for the people of Atlanta.

Now in his second term, Mayor Campbell's vision of a New Atlanta for the 21st century has driven the city's remarkable revitalization. He has forged innovative partnerships with the private and public sectors to empower communities with new tools and hope for the future.

Mayor Campbell has reduced the city's portion of the general property taxes every year since he's been in office, by a total of 43%, attracting new residents and economic development. For the first time in thirty years, people and businesses are moving back into the city. Proactive community-policing programs have resulted in double-digit decreases in every category of crime.

His leadership resulted in the passage of an unprecedented \$150 million bond referendum for the repair of Atlanta's outdated infrastructure. In a bold public-private partnership, the Campbell administration spearheaded the largest privatization effort of any city in the nation. The 20-year contract for the private management of Atlanta's water system will result in at least \$400 million in rate savings as well improved service, increased minority participation and massive investments in Atlanta's inner city neighborhoods.

Some of Atlanta's most dramatic progress has occurred in the area of housing. Mayor Campbell brought in new leadership at the Atlanta Housing Authority and forged a partnership with the U.S. Department of Housing and Urban Development (HUD). Nearly every unit of public housing has undergone renovation, and the city's once troubled public housing system has emerged as a model for other cities in the United States. The Campbell Administration, in cooperation with HUD and Fannie Mae, has also created homeownership programs to attract homeowners into the city through affordable mortgages and down payment assistance. New, affordable homes are being built in neighborhoods long ignored by developers.

Atlanta is one of only six cities in the country to have been designated a federal Empowerment Zone by President Clinton, giving the city \$250 million in grants and tax incentives to spur investment and development in the inner city.

Downtown has experienced one of urban America's most dramatic transformations with more than 2,000 new loft apartments as well as new businesses, restaurants and retail establishments. In a major coup for Atlanta and downtown, the Mayor negotiated the best sports arena deal in the country, keeping the Hawks Basketball team in the city and attracting a National Hockey League franchise--the Thrashers--to downtown at no cost to tax payers.

Since taking office, the Mayor has taken Atlanta's legendary commitment to providing equal opportunity for minorities and women to new heights. His leadership has resulted in increased participation by minority and

06/04/98 14:23 2404 000 0000
female firms at all levels. At Hartsfield Atlanta International Airport, the world's busiest, sixty percent of the concession revenues are earned by minority businesses-more than at any other major airport in the country.

Mayor Campbell has appointed more women to leadership positions than any Mayor in the history of the city, including the first African-American woman to serve as police chief of a major city.

Mayor Campbell has long served as a forceful advocate on behalf of Atlanta's youth and seniors. He hosted the first-ever Conference on Intergenerational Living to explore how the needs of the elderly and children can be better served through interagency and regional cooperation. He has also initiated a variety of community service programs. Deserving youngsters who have demonstrated their commitment to the community are rewarded through the Mayor's Tickets for Kids Program, which has become a model for other cities around the country. With the support of Ticketmaster Southeast, more than 100,000 tickets have been awarded to young Atlantans for entertainment and sporting events. Mayor Campbell also founded Seats for Seniors to provide Atlanta's elderly with free recreation and entertainment opportunities.

Looking toward the 21st century, Mayor Campbell has set his sights on positioning Atlanta as one of America's leading technology cities. He is a forceful advocate for bridging the digital divide between rich and poor, and ensuring that all of Atlanta's children have the skills to compete in the next millennium.

Mayor Campbell serves on the FCC's State and Local Advisory Committee on Telecommunications. As Chair of the United States Conference of Mayors' Transportation and Communications Committee, the Mayor passed a resolution to establish a National Advisory Committee on Technology and Communications. He also appointed an Atlanta Technology Advisory Committee. He is working with business leaders to market Atlanta as a technology capital.

In 1997, Mayor Campbell traveled with then Atlanta Public School Superintendent Dr. Benjamin Canada to New York to receive the New York Institute of Technology Award for their work in bridging the digital divide in inner city schools. *Government Technology* magazine featured Mayor Campbell on the cover of a May '98 special edition.

Born in Raleigh, North Carolina on May 25, 1953, Bill Campbell's southern roots run as deep as his commitment to public service. His father, Ralph Campbell, Sr., served as chapter president of the Raleigh NAACP, and his mother, June, organized civil rights activities in schools and churches. Together they fought on the front lines of the civil rights struggle for many years. In 1960, their seven-year old son, Bill, became the first African-American student to integrate the Raleigh school system.

Mayor Campbell graduated Cum Laude from Vanderbilt University in 1974, with bachelor's degrees in political science, sociology and history. He then earned his doctor of law degree from Duke University before settling in Atlanta.

After several years of practicing law, he was elected to the Atlanta City Council in 1981.

He is married to Sharon Tapscott Campbell, who coordinates the International Student Exchange and Adopt-A-Student programs for the Atlanta Public School System. They are blessed with two children, Billy and Christina.

From: Donna Betts

To be read by Jane Delgado, member of the
Carter Center Mental Health Task Force. Jane is
President & CEO of National Coalition of Hispanic Health & HS

7 June 1999

Original

Dear Friends,

Welcome to ~~The Carter Center~~. We are very pleased to be a part of the first White House
Conference on Mental Health. While election monitoring activities in Indonesia make it
impossible for me to be with you personally, please know that my thoughts and prayers are with
you.

For more than 25 years I have worked to eliminate the stigma and discrimination of mental
illnesses. At The Carter Center my colleagues and I strive to bring people together to address
issues of greatest significance to those afflicted with diseases of the brain. The conference today
focuses attention nationwide on mental health issues that concern all Americans.

On behalf of everyone at The Carter Center, I am honored to express our gratitude to President
and Mrs. Clinton and Vice President and Mrs. Gore for their commitment and hard work. I also
would like to thank the Surgeon General, Dr. David Satcher, for participating in the conference
from The Carter Center. Having struggled alongside others for passage of the Mental Health
Systems Act of 1980, I know well the challenges that still lay ahead and send each of you my
warm best wishes for success.

ONLY this

Sincerely,

Conference Participants
White House Conference for Mental Health

THE
CARTER CENTER



MENTAL HEALTH PROGRAM ONE COPENHILL ATLANTA, GA 30307

Please join us at The Carter Center for a satellite broadcast of the

***WHITE HOUSE CONFERENCE ON MENTAL HEALTH
WORKING FOR A HEALTHIER AMERICA***

Monday, June 7, 1999
12:30 p.m. – 5:00 p.m.
Ivan Allen, III Pavilion

The White House Conference on Mental Health will seek to shed light and understanding of issues surrounding mental illness and its impact on people of all ages. It will highlight cutting-edge treatments and resources, dispel myths about mental illness and bring us closer to a time when mental health is given the same level of importance as physical health.

AGENDA

12:30 p.m. – 2:00 p.m.

Discussion and policy announcements regarding mental health issues

President Clinton, Vice President Gore, First Lady Mrs. Clinton, and
Mrs. Gore, Chair, White House Conference on Mental Health and
President's Mental Health Policy Advisor
Other special guests

2:00 p.m. – 3:30 p.m.

Break, refreshments, and panel discussion with

David Satcher, M.D., Ph.D., Assistant Secretary for Health, United States Surgeon General

Facilitator: Jane Delgado, Ph.D. Member, The Carter Center Mental Health Task Force
President and Chief Executive Officer
The National Coalition of Hispanic Health and Human Services Organizations

3:30 p.m. – 5:00 p.m.

Interactive Town Hall Meeting with Vice President and Mrs. Gore

All satellite sites across the country will view this discussion and have an opportunity to interject
questions via NASA chat room

RSVP necessary

Call 404-614-3765 or e-mail ccmhp@emory.edu
Please leave your name, affiliation, and phone number
Someone will call you with a confirmation

Visit the conference site at <http://www.mentalhealth.gov>

**White House Conference on Mental Health
Issues Forum with the Vice President and Mrs. Gore
Discussion Format & Participant Profiles
June 7, 1999**

Janice LaChance, director, Office of Personnel Management delivers brief remarks and introduces the video.

The video is played.

Off stage announcement of the Vice President and Mrs. Gore.

The Vice President delivers brief remarks and introduces Mrs. Gore.

Mrs. Gore delivers brief remarks.

MEG: Many Americans believe that mental illness is something that happens to other people and other families. When in fact, one in five Americans suffer from mental illness at some point. **Mary Jo West** is a newscaster from Arizona. Please tell us about your experience and what lessons other people can learn from it?

(Mary Jo West participated in MEG's Flagstaff, Arizona issues forum. West is a former television news reporter from Phoenix, Arizona who experienced severe depression at the height of her television career. She went through several years of treatment and now successfully manages her illness. She currently works for the City of Phoenix.)

VP: I'd like to call on **Joanne Mangum**. How did you realize that you might be suffering from an illness?

Please tell us about the support programs that have helped you and how you are trying to help others get the support they need.

(Joanne is a 59-year old woman diagnosed with bi-polar disorder in her early fifties. She was a mother and wife who believed mental illness couldn't happen to her and only realized her behavior was an

illness after visiting a counselor and reviewing her family's history with mental illness and the symptoms of bi-polar. She is now being treated successfully and participants in Green Door's Clubhouse program that provides rehabilitation and support services for people with mental illness. Joanne serves on the advisory board of an international council to create Clubhouses worldwide.)

MEG: There are people here and around the country that have mobilized to support people with mental illness. **Bernice Skirball** organizes volunteers nationwide to help people with mental illness succeed in their daily lives. Please tell us how your volunteers work with people with mental illness and their mental health professional?

What is the most important lesson we can learn from the success of your program?

(Bernice Skirball is director of the Compeer Program, an initiative that provides lay volunteers that work with children and adults with mental illness receiving formal treatment. Volunteers serve as advocates, mentors, and role models helping consumers with issues such as housing, personal finance, nutrition, and respite for caregivers. More importantly, Compeer volunteers provide consumers with friendship and one-on-one support.)

VP: We also know that too many homeless Americans suffer from untreated mental illness. However, there are many who lead successful lives because of the intervention of people like **Pat Letke**. Pat please tell us about your work and how we can better support the homeless with mental illness.

(Pat Letke is an outreach worker with Christ House, a D.C. area homeless service provider. Pat and MEG have worked together with several homeless men and women.)

GO TO PORTLAND SITE:

MEG: We have talked today about how all parts of the community communities can be more responsive to people with mental illness. **Sargent Karl Mc Dade** has been on the Portland police force for 28 years. Please tell us about the Portland Police Department's efforts to train their officers to work with people with mental illness.

What lessons have your officers learned from this program?

What do people in the community say about this program?

(Sgt. Mc Dade has been with the Portland Police Department for 28 years. After three 1994 shootings incidents of people with mental illness by Portland police officers, the chief of police asked Sgt. McDade to develop a training and outreach program that helps officers respond more appropriately to people with mental illness. The Crisis Intervention Team, based on a similar program in Memphis, Tennessee, has training over 120 officers on understanding mental illness, de-escalating confrontations, and other techniques to work with the mentally ill. Through this program, the Portland PD has developed a strong working relationship with the city's mental health community.)

TAKE INTERNET SITE QUESTION -- MEG will ask one question from an NASA sponsored Internet chat room on mental health.)

MEG: Another troubling myth is that young people don't suffer from mental illness, they are just naturally moody. **Gloria Quinonez** is one of the millions of young Americans who have suffered from depression. Tell us about your experience.

How did your family and others support you through your experience?

(Gloria Quinonez came to the U.S. from Columbia when she was 15 after several years of abuse and neglect by her family. Placed in foster care at 16, Gloria developed depression and an anorexia. With counseling and the support of her family Gloria has been able to face

the trauma in her life and manage her illnesses. Now 21, she is working to build an independent adult life, works full time, and lives in transitional housing in Los Angeles. She is applying for a job as a teaching assistant and is applying for scholarships to attend college.)

VP: Secretary Riley what would you like to add about how we can reach out to our young people?

GO TO FLINT REMOTE SITE:

VP: *[Greet Mayor Woodrow Stanley in Flint].* The first few years of life are the most critical years of development – and some mental illness can be detected and treated better early. I would like to ask Carol Burton of the Mott Childrens' Health Center tell us what about your work with at-risk children in the first years of life.

How do you help parents identify and address their children's early mental health needs?

(Carol Burton is program director for Project SEEK, a program providing services to children whose parents are incarcerated. In addition to tutoring, crisis intervention and mentoring services for children of all ages, the program helps parents of young children ages 0-3 at-risk of developing behavioral and mental disorders. They help the parents understand their child's mental health and developmental needs and work on caregiver-child attachment issues.)

MEG: Too many older Americans accept the notion that depression is a natural part of aging and do not receive help. In fact, five million older Americans suffer from clinical depression. Who can speak to this?

[Mary Jo Gibson from AARP can speak to this]

VP: Another myth we have discussed is that mental illness is not a disease and it cannot be treated. We talked some about that this morning, but I'd like to ask Dr. Ivan Walks to talk to about how different treatments impact different populations.

(Dr. Ivan Walks is associate national medical director for ValueOptions, the nation's second largest managed behavioral health care company. He is a member of a CMHS working group that developed standards on cultural competence. He can speak to some of the unique needs of communities of color and effective strategies to get mental health information to those communities.)

MEG: There are also widespread misperceptions that we cannot afford to treat mental disorders. **Janice LaChance** runs the Office of Personnel Management –the nation's largest employer. Tell us what employers can do to better help their employees with mental health illness?

GO TO ATLANTA REMOTE SITE

VP: Welcome Mayor Campbell and welcome back Dr. Satcher. People often rely on their faith community to address their mental health needs. I'd like to ask **Peggy White** to tell us about the faith community's role in mental health.

(Peggy White is a parish nurse with the All Saints Catholic Church in suburban Atlanta. She works in the church to provide parishioners with mental health information and access to other services in the community. She can speak to the faith community's role as first responders to people's daily mental health needs and the faith community's role in destigmatizing mental illness.)

MEG: One of the most devastating myths is that there is no hope for people with mental illness. **Steve Silver** is there hope?

(Steve Silver has been living with mental illness for over 6 years. With schizo-affective disorder and clinical depression. His first point of diagnosis was made after a suicide attempt. He has been hospitalized 5 times. Once he started to manage his illness, the Social Security Administration (SSA) worked out a way for him to go to college and collect a disability check. When the pressures of school at Howard University interfered with his illness, he disclosed his illness to professors, many of whom worked with him to accommodate his

special learning needs. He credits his professors, his family and his own strength with his current success as a working graduate from Howard University. He is working as a legal assistant and would like to attend Howard's law school one day. **Note: Silver would like to respond to the discussion questions from a prepared text.)**