[**Music**]

Moderator: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret speak with former Congressman Patrick Kennedy, Mental Health and Addiction Activist and founder of The Kennedy Forum dedicated to advancing policies and best practices improving access and outcomes for mental health and addiction treatment, he discusses the dramatic rise in mental health and addiction crisis, in the wake of the pandemic. The Mental Health Parity, that he cosponsored in 2008 and how the Biden administration's policies to address some of the barriers still at play.

We check in with FactCheck.org's Managing Editor Lori Robertson, who looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. And we end with a bright idea that's improving health and well being in everyday lives.

If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. And you can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Congressman Patrick Kennedy here on Conversations on Health Care.

[**Music**]

Mark Masselli: We're speaking today with former U.S. Congressman Patrick Kennedy, founder of The Kennedy Forum which seeks to advance policies and programs that advance mental health parity and equal access to treatment.

Margaret Flinter: Congressman Kennedy was a chief sponsor of the Mental Health Parity Act which passed in Congress in 2008. Also founder of One Mind for Research and a coauthor of a Common Struggle which chronicles his only family's generation's long struggle with mental health and addiction challenges. Congressman Kennedy, welcome back to Conversations on Health Care, it's been quite a few years.

Patrick Kennedy: Thank you. It's great to be with you guys again and thank you all for all that you've done in your lives and careers to advance public health, I'm really pleased to be with both of you.

Mark Masselli: That's great. And you know you've called the COVID-19 really a watershed moment for mental health, obviously COVID-19 really, it increased the unmet mental health and addiction needs, really it has led to increase depression, anxiety, overdose, all across the country. And the pandemic truly amplified the awareness of this pervasive

issue of unmet mental health needs, just put this in context for our listeners.

Patrick Kennedy: Well, it's hard to imagine where healthcare doesn't include mental healthcare, when we know if the neurobiology behind depression and anxiety, addictions of all kinds, schizophrenia. We know these are all biological, heavily genetic illnesses, just like other illnesses. And you know I was honored to be the author of the Mental Health Parity and Addiction Equity Act that passed in 2008. And frankly it kind of went under the radar screen, most people don't even know it's the law. And because of the shame and stigma around mental illness and addiction we've never created a movement like breast cancer or AIDS movement. There is just been no public advocacy to speak up when you think of it in relationship to the fact that it effects every single American.

And the pandemic clearly, I think brought us out of the closet, because everybody could identify with what mental health meant after the pandemic, because everybody was affected either directly or through their family directly, the anxiety, the dislocation, all of that rolled into a lot of other things including the racial pandemic. And there is just an awakening right now, it's kind of a moment of clarity is what we say in recovery, you know where I think as a nation we finally come to the realization that we've been in denial. You know if you wanted to compare our country to someone who has been sick and hasn't recognize their illness, because the real characteristic of mental illness is the failure to have insights into your illness.

I've been in active addiction most of my adult life, I never understood how dysfunctional, how ill I was. And of course we all know about the enabling that goes on around us with all of our friends and family. And in essence it takes them hostage too, because once someone around you is suffering, you're suffering too.

We as a nation have just really never wrapped our arms around, how much of an elephant this is in our nation's living room and how we as a society have failed to even have the conversation. So I think that both on a personal level and on a societal level, we're ready to have that conversation. And to your point, the indicators are off the charts, I mean we're losing twice as many people as we lost during the height of HIV/AIDS crisis. And we're spending one-fifth the amount of money as we dedicated to fight HIV/AIDS.

So and I can tell you as a member of many who are on the frontlines, we haven't barely scratched the surface for tackling this illness. And it's all seen through the prism of the money. And it's the famous words, if you really want to know where someone's priority is, follow the money. And the money has not come in to this space. We still treat mental health and addiction as a grant. It reflects the fact that

insurance still does not reimburse for mental illness and addiction in the same way that it reimburses for medical and surgical care as is required under federal law.

I mean if this were any other illness, we would have been doing a lot more by now. We spent trillions on cancer and thank god, we did. But no one asked when we were spending that money, was it worth it. We all knew as a nation that it was good for us collectively as a nation to lead on biomedical research in the cancer. We've not done the same in terms of our neuroscience priorities. And we certainly in terms of the application of federal law, never done what we needed to do in terms of enforcement for the provider end, to make sure more Americans get access to mental health services as they are today.

Margaret Flinter: Well, Congressman Kennedy, I'm going to ask you to do something that might be challenging. I'm going to ask you to find some silver linings here, about what might be happening that might give us some hope for some change down the road. We need a couple of things certainly integration of care, bringing primary medical care if you will and behavioral healthcare together, not separating them out into domains. Certainly equal treatment coverage for mental health and addiction services under all payers and insurances. Share a couple of things that you've on your radar that you're really fighting for or advocating for that you think help us move pass this public health crisis.

Patrick Kennedy: Well, I couldn’t be more excited for where we're. I believe mental health care will be reimbursed. Mental health care will be reimbursed service within every public school in the nation within the next five years. I think if we want to address mental health of our children, which is also at the tip of this pandemic, we're going to need to do that. I think we're going to have mandatory Social-Emotional Learning curriculum in every public school in America. I think we're in terms of criminal justice, I think we're going to have a whole new view of how we view recidivism. And we're going to understand that so many who are in the prison system are people who are victims of severe trauma and I think if we address some of that, we're going to reduce recidivism, because hurt people, hurt people. And if we understand that we're going to start to treat the hurt, so we can reduce the total number of people that are continuing to be hurt in this cycle of violence.

I think that workplace I think they are going to be huge changes in the way mental health is now seen as a priority. I think there is greater Neuro-Literacy, in other words I think there is going to be a greater understanding for mental health hygiene. And I think that we're going to have as a nation want to have a toolkit to learn how do we

modulate our own emotions, how do we identify counterproductive thinking patterns. And how do we learn about our brain, our neurobiology, how our thinking affects our acting and how to interrupt you know behavior by moving upstream. I think all of these things mean that we're really in the golden age of understanding mental health in a whole new way, not just as a mental illness, but really every one of us, on the spectrum has from time to time various challenges and also what do we do to maintain our mental wellbeing.

So this is not a purview of just people with a diagnosis under DSM, it's really all of us. And I think that's an exciting change that I have seen throughout this pandemic is now everybody is recognizing that they need to strengthen their toolkits, to help their own mental health.

Mark Masselli: You know I was thinking as you were talking about this golden age of mental health awareness. Just the struggle that you went through on crafting the Mental Health Parity Act, in 2008 where you probably needed a lot of charts and graphs, but you started of this conversation that people are starting to feel this, it's in their household, it's in their neighborhood, whole different experience in terms of promoting the advocacy work you'd to do, that this is now something that's shared by everyone.

And I'm just wondering now you've got the Biden administration in-charge, what are the policies that they are going to put into play, to increase this momentum. We cannot miss this opportunity because the window we know will close, right. We've all been on this cycle where there was domestic violence or HIV or whatever, but right now we've got the Biden administration in-charge, you've been lauding them around the American Recovery Act, really this wider access to buprenorphine, a bigger role for things that we're fascinated about in the fairly qualified health center community, health center world, but community mental health as well organizations. So walk us through this unique moment that we've in time.

Patrick Kennedy: So we're now looking at all aspects of health. And I really appreciate that Biden administration has fantastic policy advisors at every level of government. And they understand, you got to deal with the social determinants of health. We got to understand the impact of the racial discrimination that so many of our fellow Americans have been suffering from for years, and many times unaware of how that affects them because it's more vicarious. They see people who look like them, beaten and killed on TV. And that trauma has never fully been dealt with, we've to deal with it. I think the Biden administration is committed to doing. But now as we're moving towards value-based care, we're looking at the idea that we wrap services together and we're identifying, do they have a stable place to live, that's going to make a huge difference in their success, in managing their mental

health and physical health. And then if we start to look at the bottom-line, we'll see that these things that may not be medical may actually have as big and if not more of an impact on the medical spend, is there anything else that we could look at. We never would have had that perspective a few years ago.

And so I really think, this is the exciting age, because the bottom-line is mental health maybe the biggest force multiplier that the medical system has never seen before. And once they start to evaluate, that the dollar in, is worth you know four out, if they are investing in mental health, maybe we don't want parity, because we're going to be getting more than our fair share because people finally realize that this is a part of the system we've never wrapped our arms around. We've never properly focused on quality so that we can actually had expectation that people get better. We've never brought in the value of technology as a remote monitoring device, to keep people like myself who have a both mental illness and addiction, are better able to monitor that like a FitBit, right.

We're now able to take facial recognition with the telemental health and assist clinicians and being able to better diagnose us. We're going to be able to take voice recognition and modulation tell where we're in the mood meter. We're not going to be casting people out into the hinter world, when they leave the doctor's office. They are always going to remain connected. And for people with a pernicious illness that's constantly looking to take people down, such as addiction and mental illness. This new environment is very conducive to the kind of wraparound care that we ultimately have always wanted. And now I think we're going to start to get through some of the reforms that CMMI has taken up and CMS is going to move forward with, and the payers across the country through this ACO models are starting to look at as well.

Margaret Flinter: I want to say that storytelling is so important in healthcare and in policy and politics and every place else. But I'm really curious your book, A Common Struggle really is very personal, it talks about your own family struggles with these issues and makes the case so clearly, that these transcend any of socioeconomic spectrum. How have your public revelations and those of other well-known people shifted the narrative around what we know is truly a family disease, but for a long time was the family disease that nobody talked about.

Patrick Kennedy: So we know that if we intervene on Stage 1 cancer, rather than Stage 4, we have a much better shot at saving someone's life. And that's true in mental health and addiction. The earlier they intervene, the better results. But unfortunately our MO is we wait till someone has a Stage 4 illness before we actually treat. And that's exacerbated by the fact that we want to keep these illnesses secret, which keeps people

sicker than they ever need to be.

And the real change we can make that can dramatically change outcomes is by understanding that these are illnesses that we can treat these illnesses and the key to it is getting rid of the shame, the stigma and I've been really after ending the discrimination, because I'm not sure we are ever going to get rid of the attitudes towards people who have these illnesses, because let's just be honest it's in our human nature to judge others, not remembering that no one in their right mind would act in those ways, if they were healthy. And when someone is getting up every day and feeding an addiction of any kind, they are jeopardizing the relationships with their loved one, their employers, even their freedom. So they are being held hostage by their illness.

And I like to think of mental health care providers as those, 911 you know special response force that go in there and help kick down the doors and bring people back into the light. And we're only as sick as our secrets is this refrain and recovery that we use and it's very true. And our country has been sick as we've collectively been keeping this quiet. And we've to open up. The problem is, how can you expect Congress to do more if they are not hearing from us. And if because we're feeling shamed that it's easier for them to overlook our interest in favor of other interest of people that are lot, much louder. So if we want to see things change, we've to start in our own lives, and we've to be more open about discussing these things, so that we can see more people helped.

Mark Masselli: We're speaking today with former U.S. Congressman Patrick Kennedy, founder of The Kennedy Forum. You know I want to look at both ends of the spectrum. You're just talking about the technology and sort of the AI and other things that really can be force multipliers, as we think about the scale that we need. But I was struck by your saying, early intervention is the key.

Now we're in a 180 school-based health centers. Our focus is to make sure that every school from kindergarten or preschool up to high school, there is a mental health counselor in there. And so we've been working with School-Based Health Alliance, Robert Boyd and his team, but both of these are important right. We've seen because of COVID-19 the advent of Telehealth being used in mental health and parity being played between the phone call and the video, the population we care, living at or near poverty, 90% of the people we care for. We're seeing this enormous transformation happening, but we want to also make sure that fundamental, early intervention really and the schools of the best place to begin this conversation with young people, to have it as sort of normalizing their experience. And so you know you told us a little bit and I know you're in the virtual Behavioral

Health Tech Summit today, I'm sure you're learning a little bit about the exciting things that are coming.

Patrick Kennedy: Well, my wife is a public school teacher, veteran of the classroom, 6th, 7th and 8th grade for 14 years. The story she tells that she knows which kids need help. And she has no tools as a teacher to help them. They are crying out for help and the best thing she can do is send them to the Principal's office, that has to change. I believe the back to school money a $130 billion has been set aside. Mental health is "optional". The Kennedy Forum led by wife Amy really wrote a letter to Department of Education. We're expecting to get a letter back from them shortly, recommending series of evidence-based interventions that we can pay for in this narrow finite time. There maybe things that we could do to bridge these local school systems into an ongoing continuous funding for school-based mental health, to fund the very clinics that you've just spoken about. And if we can tie that to Medicaid and get waivers to reimburse for school-based telemental health, we couple that with social-emotional learning.

Education today cannot be done without having mental health, social-emotional learning, coping and problem solving skills, all baked into the day. I just see this as again, a real historic opportunity for us to change how we define education and not segment it away from mental health or healthcare, but combine the two which is what you've done so effectively and why I'm so grateful for all that you've done to help us advancing in that space.

Margaret Flinter: So I want to talk about another dimension of this that we haven't really touched on, love the Clarion call for behavioral health providers in every school. Where is this workforce coming from? We've talked about the need to really educate and train, clinically train a whole new generation of behavioral health clinicians. And some will be peer counselors, but a lot of people need the full training, licensed independent providers whether clinical social workers, psychologists, psychiatrists, psychiatric mental health nurse practitioners and the like and we're making our contribution to the effort along with many health centers around the country around training, we operate post-graduate residency programs for psychiatric mental health NPs and interns and externs and post-doctoral psychology residence, it's not enough. And that we haven't seen as much of a subject of conversation, not enough people who could treat. Is your institute and your work focusing in on that next generation of behavioral health and addiction workforce at all, and if so share with us what you see are some areas of promise.

Patrick Kennedy: Yeah, so I'm really proud to say, I left public sector, I jumped into the private sector, I cofounded a company called Psych Hub. And Psych Hub is in this space, it's about educating all of the behavioral health

providers to practice in an area of specialty so that we could get payers to curate providers based upon those diagnosis that they treat, rather than being one-size-fits-all, single shingle providers that treat depression in the morning and eating disorders you know later in the day. We want to have the kind of personalized medicine that we expect in the rest of healthcare. So psych teams, behavioral health providers that trains regular medical clinicians, because frankly you know if you're cardiologist, and not dealing with depression, you know and you're having a post-heart attack patient is four times more likely to die of a heart attack if they have got underlying depression. I mean it's all interrelated, we've to do a much better job at certify kind of expertise among those who are professionals, but also amongst everyone else, because it will be sometimes before we get the workforce up to speed to carry us, to meet the need that's out there, right now it should be all hands on deck.

So not only do we repurpose the primary care system, but let's repurpose the specialty system. My sister had cancer, they never even thought of treating her for depression and anxiety as to her oncologist that was not in his training whatsoever, that's wrong, that's got to change. Then we've got to empower family members, have to be part of the treatment. So they need to be empowered. Then we needed to have patients, they need to be trained, they need to know what they should be looking for from their therapist. They can't just walk in and wonder, as I did for a better point of my life going to therapy, where all I gave was ruminate about the past, as opposed to coming up with a specific CBT, Cognitive Behavioral Therapy component where I might acted my way into different thinking which is essentially what Twelve Step Recovery is so effective in helping you do.

We're trying to make sure that bus drivers, custodians, everybody, and frankly there is nobody that can't benefit from some mental health ally kind of training. And as we move to this 988 system which is going to complement our 911 system, it's going to be even more important that we've kind of EMTs for mental health in every community that means we got to build out the infrastructure. I mean I think firefighters are already doing a lion share of this already. We need to make sure that they are really understand this is part of their core business, but that they get the compliment of training, so that they can do the job that we need them to do as first responders.

And make sure that it's culturally competent. We don't really have a provider community that necessarily looks like America. We need to have much better representation of all of America in our provider ranks so that people can feel that they can talk to someone with culture competence, understanding cultural framework and cultural humility. So a lot to do but as I said, very exciting. And I think we need to revamp our tuition loan forgiveness and do our high need

categories for loan forgiveness and emphasize those areas in mental health is particularly amongst kids and adolescents which we've such a huge pain point on. And we need to do all those policies to help meet the need as it is today.

Margaret Flinter: We've been speaking today with former U.S. Congressman Patrick Kennedy, founder of The Kennedy Forum and an advocate for Mental Health Parity and Equal Access to Care. You can learn more about his vitally important work by going to www.patrickjkennedy.net or the www.kennedyforum.org, follow him on Twitter @PJK4brainhealth. Congressman Kennedy, thank you so much for continuing to be a tireless advocate for Mental Health and Addiction Parity and for joining us again on Conversations on Health Care.

Patrick Kennedy: It's been my pleasure. Thank you both for all of your service.

[**Music**]

Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. Politics. Lori, what have you got for us this week?

Lori Robertson: Federal Health Officials testified at a May 11th Senate Committee Hearing that about 60% of their employees have been vaccinated against COVID-19 so far. But viral online posts have distorted their comment to misleadingly claim that half of the employees are refusing the vaccines. The officials did not say anyone had refused to get vaccinated.

In the Senate hearing, Dr. Anthony Fauci, Director of the National Institute of Allergy & Infectious Diseases, and Dr. Peter Marks with the Food & Drug Administration, both testified that about 60% of their employees had been vaccinated. But viral social media post distorted those comments, falsely claiming that 40% to 50% of CDC, FDA and National Institute of Health Employees were refusing the COVID-19 vaccine. One problem with the claim is that the CDC director didn't give a figure on how many CDC employees have been vaccinated And Fauci is director of one institute among many that make up the NIH. But more importantly none of the federal health officials said their employees were refusing to get vaccinated.

An FDA spokeswoman told us the agency wasn't requiring staff to report their vaccinations, so it doesn't know the exact percentage, who have been vaccinated. And the NIAID, which Fauci heads, told us the percentage of NIH staff who got vaccinated at NIH or reported being vaccinated elsewhere, is close to 67%. As of June 2nd, nearly

52% of all adults in United States were fully vaccinated. And that's my fact check for this week, I'm Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked e-mail us at www.chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

[**Music**]

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Of the 6.6 million births per year in this country, over half are unintended. And among teens those rates are even higher. Colorado has been conducting an experiment for several years to examine what might happen if sexually active teens and poor women were offered the option of long-term birth control. The first question to answer; would they take the offer?

Larry Wolk: But what so striking was the word of mouth amongst these young women to each other and the network of support that was built to access this program through these clinics really did result in these significant decreases in unintended pregnancies and abortion.

Mark Masselli: Dr. Larry Wolk, Medical Director of the Colorado Department of Health and Environment.

Larry Wolk: The result in decrease is 40% plus or minus in both categories pregnancy and abortion, even approaching 60% reductions in those unintended pregnancies and abortions.

Mark Masselli: There was a significant economic benefit to the state as well.

Larry Wolk: We've seen a significant decrease in the number of young moms and kids applying for and needing public assistance. This will translate into better social and economic outcomes for these folks.

Mark Masselli: A free long-term contraception program, offered to at-risk teens and women trying to avoid the economic hardship of unplanned pregnancies, leading to a number of positive health and economic outcomes for all involved, now that's a bright idea.

[**Music**]

Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health

[Music]

Moderator: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

[**Music**]