former Congressman Patrick Kennedy on Mental Health Parity

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Marianne O'Hare: Welcome to Conversations on Health Care. This week we welcome back former Congressman Patrick Kennedy, mental health and addiction activist and founder of the Kennedy Forum dedicated to promoting policies improving access to mental health care in his ongoing fight for mental health parity.

Patrick Kennedy: 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.

Marianne O'Hare: FactCheck.org's Managing Editor Lori Robertson checks in and we end with a bright idea, improving everyday lives. Now here are your hosts Mark Masselli and Margaret Flinter.

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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 the chief sponsor of the Mental Health Parity Act, which passed in Congress in 2008, also founder of One Mind for Research and a co-author of A Common Struggle, which chronicles his own family's generation 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, 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's led to increased 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 health care, when we know of the neurobiology behind depression, 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, which 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, AIDS movement. There's just been no public advocacy to speak of when

you think of it in relationship to the fact that it affects 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's 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 have been in denial, you know, if you want to compare our country to someone who has been sick and hasn't recognized their illness, because the real characteristic of mental illness is the failure to have insight 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 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 the HIV AIDS crisis. And we're spending one fifth the amount of money as we dedicated to fight HIV AIDS. So, I can tell you, as a member of many who are on the front lines, we have barely scratched the surface of 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 into 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 into cancer. We have not done the same in terms of our neuroscience priorities. And we certainly in terms of the application of the Federal Law never done what we needed to do in terms of enforcement for the provider and to make sure more Americans get access to mental health services as they are today.

Margaret Flinter: Oh, Congressman Kennedy, I'm going to ask you to do something that might be challenging and 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 health care 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 have on your radar that you're really fighting for or advocating for, that you think help us move past this public health crisis.

Patrick Kennedy: Well, I couldn't be more excited for where we are. 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 a mandatory social-emotional learning curriculum in every public school in America. I think 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 there are going to be huge changes in the way mental health is now seen as a priority. I think there's greater neuro-literacy. In other words, I think there's 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 effects our acting and how do we interrupt 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 this spectrum has from time to time various challenges. Also, what do we do to maintain our mental well being, so this is not the 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've seen throughout this pandemic as now everybody's 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 off this conversation that people are starting to feel this. It's in their household. It's in their neighborhood. A whole different experience in terms of promoting the advocacy work you had to do. But this is now something that's shared by everyone. I'm just wondering now you've got the Biden administration in charge, what are the policies that they're 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, whether it was domestic violence or HIV or whatever. But right now, we've got the Biden administration in charge. You've been lobbying them around the American Recovery Act, really this wider access to buprenorphine, a bigger role for things that we're fascinated about in the Federally Qualified Health Center, Community Health Center world, but community mental health, as well organizations. So walk us through this unique moment that we have in time.

Patrick Kennedy: So we're now looking at all aspects of health. And I really appreciate that the Biden ministration 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 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 have to deal with it. I think the Biden administration is committed to doing so.

But now as we're moving towards value based care, we're looking at it the idea that we wrapped 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 that 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 if not more of an impact on the medical spend is 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 may be the biggest force multiplier that the medical systems never seen before. And once they start to evaluate that the dollar in is worth, you know, four out if they're investing in mental health maybe we don't want penalty, because we're going to be getting more than our fair share, because people will 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 have 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 are now able to take facial recognition with the Telemental health and assist clinicians in being able to better diagnose us. We're going to be able to take voice recognition and modulation and tell where we are on a mood meter. We're not going to be casting people out into the hinter world when they leave the doctor's office. They're 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 are going to start to get through some of the reforms that CMMI has taken up and CMS is going to move forward with and payers across the country through these 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 everyplace else, but I'm really curious, your book, A Common Struggle, really is very personal, talks about your own family struggles with these issues, and makes the case so clearly that these transcend any kind of socio-economic spectrum. How have your public revelations and those of the 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: We know that if we intervene on stage one cancer rather than stage four, we have a much better shot at saving someone's life. And that's true in mental health and addiction. The earlier the intervention the better the results. But unfortunately, our MO is we wait till someone has a stage four 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 a shame, the stigma. And I've been really after ending the discrimination because I'm not sure we're 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.

When someone is getting up every day and feeding an addiction of any kind, they’re jeopardizing the relationships with their loved ones, their employers, even their freedom. So they're being held hostage by their illness. And I like to think of mental health care providers as those 911 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 secret, is this refrain and recovery that we use, and it's very

true. Our country has been sick because we've collectively been keeping this quiet and we have to open up. The problem is how can you expect Congress to do more if they're not hearing from us and if because we're feeling shamed, then it's easier for them to overlook our interests in favor of other interests of people that are much louder. So if we want to see things change, we have to start in our own lives. And we have 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. I want to look at both ends of the spectrum. You were 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 you're saying early intervention is the key. Now we're in 180 school based health centers. Our focus is to make sure that every school from kindergarten or preschool, up to high school, there's 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 in the schools and the best place to begin this conversation with young people to have it as sort of normalizing their experience. So you know, you told us a little bit and I know you're in a Virtual Behavioral Health Tech Summit today, I'm sure learning a little bit about exciting things that are coming.

Patrick Kennedy: Well, my wife is a public school teacher, veteran of the classroom, sixth, seventh and eighth grade for 14 years. The story she tells---she knows which kids need help, and she has no tools as a teacher to help them. They're crying out for help. And the best thing she can do is send him to the principal's office. That has to change. I believe the back to school money $130 billion has been set aside. Mental health is “optional.” The Kennedy Forum led by my 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 may be 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 socio-emotional learning. Education today cannot be done without having mental

health, socio-emotional learning, coping and problem solving skills all baked into the day. I just see this as, and again, a real historic opportunity for us to change how we define education and not segment it away from mental health or health care but combine the two, which is what you have done so effectively and why I'm so grateful for all that you've done to help us advance 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 a behavioral health provider 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. We're making our contribution to the effort along with many health centers around the country around training. We operate postgraduate residency programs for psychiatric mental health NPs, and interns and externs and postdoctoral psychology residents. 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 as some areas of promise.

Patrick Kennedy: Yeah, so I'm really proud to say---I left the public sector I jumped into the private sector, I co-founded a company called Psych Hub. And Psych Hub is in this space. It's about educating all the behavioral health providers to practice in areas of specialty so that we could get payers to curate providers based upon those diagnoses that they treat, rather than being one size fits all single shingle providers that treat depression in the morning and eating disorders later in the day. We want to have the kind of personalized medicine that we expect in the rest of healthcare. So Psych Hub trains behavioral health providers, it trains regular medical clinicians because frankly, you know, if you're a cardiologist and not dealing with depression, you know, and you're having a post heart attack patient it is four times more likely to die of a heart attack if they've got underlying depression. I mean, it's all interrelated. We have to do a much better job at certify kind of expertise amongst those who are professionals, but also amongst everyone else because it will be some time 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 need to have patience, they need to be trained, they need to know what they should be looking for from their therapists. They can't just walk in and wonder, as I did for a better part of my life, going to therapy, where all I did was ruminate about the past as opposed to coming up with a specific CBT-Cognitive Behavioral Therapy component where I acted my way into different thinking, which is essentially what 12-step recovery is so effective in helping you do.

We're trying to make sure that bus drivers, custodians, everybody, frankly, there's nobody that can't benefit from some mental health ally kind of training. 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 have kind of EMTs for mental health in every community. That needs we got to build out the infrastructure. I mean, I think firefighters are already doing a lion's share of this already. We need to make sure that they really understand this as part of their core business, but that they get the complement 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 a much better representation of all of America in our provider ranks so that people can feel that they can talk to someone with cultural 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 have 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 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 your service.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care 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: Since the 2010-2011 flu season, the Centers for Disease Control and Prevention has recommended that everyone, six months and older, get an annual flu shot with rare exceptions including those with allergies to the vaccine ingredients. The CDC's recommendation is based on evidence that vaccination can prevent people from getting sick with flu and reduce the severity of disease if someone does fall ill. For the past ten flu seasons prior to the COVID-19 pandemic, the CDC estimates that on average, vaccination has prevented more than five million illnesses, over 70,000 hospitalizations and 6,000 deaths each season.

The effectiveness of the flu vaccine varies each year, depending on how well the strains selected for inclusion in the vaccine match those that ultimately circulate. But on average, the effectiveness is around 40% in preventing an outpatient medical visit due to lab confirmed flu. Flu vaccines also tend to not work as well in older people who are more vulnerable to severe influenza. Still the shots as we said prevent millions of illnesses and thousands of deaths each season. Only about half of Americans every year get the flu vaccine.

CDC surveillance data from October suggests the season is getting an early start and could be worse than normal. In some parts of the country, particularly in the south, flu activity is already high. So far, it appears that this year's vaccine is a good match for the circulating influenza strains. This year for the first time the CDC is recommending that people 65 years of age and older get a high dose flu vaccine, since there is evidence that those shots may work better than standard flu shots in that group.

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, email us at www.chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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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 is would they take the offer.

Dr. Larry Wolk: What was 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 abortions.

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

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

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

Dr. 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.

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Mark Masselli: I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

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Marianne O'Hare: Conversations on Health Care is recorded in the Knowledge and Technology Center Studios in Middletown, Connecticut, and is brought to you by the Community Health Center, now celebrating 50 years of providing quality care to the underserved, where healthcare is a right not a privilege, www.chc1.com and www.chcradio.com.

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