



*Edition 4 - May 07*

Dear Colleagues:

The tragic shooting incident at Virginia Tech has refocused mental health as a topic in Federal and State legislatures, on news shows, and in our homes across the nation. Our work is not always so visible—and not always so tragic—but we have an imperative to engage our neighbors, families, and leaders in a conversation about possibilities, where we can explore causes and cures, treatment and prevention, funding, and the toll that mental illness exacts.

This edition of Constella Leads, the e-newsletter of [Constella Group's](#) Mental Health and Substance Use Program, focuses on the potential for new funding for our field, the release of the latest edition of Mental Health US, and the National Youth Violence Prevention Resource Center. I hope that you will find this information to be useful to you.

If you'd like to submit topic ideas for future editions, please feel free to send me an e-mail at [rmanderscheid@constellagroup.com](mailto:rmanderscheid@constellagroup.com)



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## ***Odds Improving for Increased Revenue for Mental Health Services***

Several factors are converging that increase the chances that mental health will soon enjoy a more equitable share of health care dollars.

First, there are currently two bills in Congress focused on parity: they stipulate that when companies with 50 or more employees elect to cover mental health and substance use services they do so at the same level at which they cover physical health care.

Second, a Democratic Congress is exploring extending parity for mental health into Medicare. On March 27, 2007, I had the honor of providing [testimony](#) on this topic at a House of Representatives hearing organized by Ways and Means Member Pete Stark of California. My recommendations—aimed at eliminating discrimination that has existed since the founding of Medicare—included:

- Reduce the outpatient co-payment from 50% to 20%, so that it is the same as that for all other disorders.

- Eliminate the 190-day lifetime limit on inpatient care.
- Cover both mental illness and addictive disorders with equal benefits. Severe mental and addictive disorders are prevalent in the elderly, and they co-occur with other chronic problems, such as diabetes. Alcohol use and dependence disorders are particularly pronounced in this population.
- Adopt the Institute of Medicine's recommendation to incorporate collaborative care models that link mental health, substance use, and primary care using care managers.

Third, there has been a heightened focus in the press on mental health issues, post-traumatic stress disorder in particular. Katrina survivors, soldiers returning from Iraq and Afghanistan, students at Virginia Tech, these are the stories in the news, and they serve as daily reminders of the importance of embracing and funding mental health and substance use services.

To keep these fires burning, contact your Senators and Representatives: encourage them to support the Bills before them and to continue to search for ways to eliminate the outdated and now-harmful disparity that exists for mental health and substance use care.

**If you would like to discuss my testimony further, please contact me, [Ron Manderscheid](#), at 240-514-2607.**

### ***Mental Health Data Sourcebook Now Available***

*Mental Health, United States 2004* is now available. Dr. Joyce Berry and I edited this version, and we are proud that, in addition to the national mental health services statistics that so many of you have come to rely on, it now encompasses chapters on quality improvement, mental health consumer organizations in the United States, and the role of information technology as a force that promotes transformation and improved quality of care.

The following topics covered in this compendium may be of particular interest to many of you:

- Mental health care in primary care settings;
- Parental reports of emotional or behavioral difficulties and mental health service use among U.S. school-age children;
- Mood disorder prevalence among young men and women in the U.S.;
- National and state trends in organized mental health services; and,
- Data on the number of mental health practitioners and trainees in the U.S.



**You can view the report on the Web at**

**<http://mentalhealth.samhsa.gov/publications/allpubs/SMA06-4195/default.asp>**

**Copies may also be obtained free-of-charge from SAMHSA's National Mental Health Information Center at 1-877-SAMHSA-7 (1-877-726-4727). Request inventory number SMA-06-4195.**

## **Constella Programs Make an Impact: School Shootings and Youth Violence**



One year after the 1999 shootings at Columbine High School in Colorado brought the issue of youth violence to the attention of

the United States, Constella won a contract to establish and run the [National Youth Violence Prevention Resource Center](#) (NYVPRC). Our work on this project includes strategic planning support, production of online training and technical assistance resources, collection of violence prevention information and resources from across the federal government, website and database development, extensive collaboration with federal and national organizations, marketing and outreach to professionals and the general public, and a range of related logistical support services.

The NYVPRC has garnered well over 18.5 million media impressions to date, and enjoys wide recognition as a valuable resource in youth violence prevention from key stakeholders and the media. Constella has won numerous awards for the program web site – [safeyouth.org](#) – including a Presidential Citation from the National Association of School Resource Officers and a National Health Information Award. The site has also been promoted by several professional organizations and popular prime-time television.

**Read more at <http://www.constellagroup.com/health-sciences/services/health-communications.php#national>, and visit the Resource Center for resources and information relevant to the recent shootings at Virginia Tech.**

### ***For Further Reading...***

Please see two new articles published recently:

Manderscheid, R.W., Golden, P.S., and Smith, C Lee. "Assisting States in Planning for Pandemic Influenza", *American Journal of Disaster Medicine* 2 (1): 5-8.

Manderscheid, R.W. "Helping Veterans Return: Community, Family, and Job", *Archives of Psychiatric Nursing* 21 (2): 122-124.

**To discuss these articles, please contact me, [Ron Manderscheid](#), at 240-514-2607.**

### ***For More Information***

For more information on any of the items discussed in this edition or for further information on Constella's Mental Health and Substance Use Program in general, please contact me at:

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## About Constella Group

Constella Group, LLC, is a leading provider of professional health services worldwide with more than 1,500 employees in 60 countries. Through our work in health sciences, international development, and pharmaceutical product development, we help public-sector, commercial, and nonprofit clients identify and address critical issues affecting human health.

In business for more than 30 years, we remain committed to our vision of *enhancing human health around the world, every day*. Whether communicating health prevention messages to the public, creating a social marketing program in family planning for a developing country, or helping a pharmaceutical client build relationships with regulatory authorities and manage its clinical trials, we are passionate about creating a healthier world, free of disease. We apply our resources, skills, and knowledge in the areas of research, communications and social marketing, social advocacy, training, policy development, program support, program evaluation, strategic consulting, technology, regulatory affairs, and clinical trials management.

Headquartered in Durham, NC, Constella has corporate offices in the United States, the United Kingdom, France, Germany, India, Australia, and Croatia as well as project offices in countries throughout the world.

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