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THE ORIGINAL BOLD NEW APPROACH

John F. Kennedy
XXXV President of the United States: 1961-1963
50 - Special Message to the Congress on Mental Illness and Mental Retardation.
February 5, 1963

Accessible for the American Presidency Project:
http://www.presidency.ucsb.edu/ws/?pid=9546
Mental illness and mental retardation are among our most critical health problems.

They occur more frequently, affect more people, require more prolonged treatment, cause more suffering by the families of the afflicted, waste more of our human resources and constitute more financial drain ... than any other single condition.
This situation has been tolerated far too long. It has troubled our national conscience—but only as a problem unpleasant to mention, easy to postpone, and despairing of solution.
The time has come for a bold new approach....

New medical, scientific and social tools and insights are now available.

Our attack must be focused on three major objectives.
JFK’s BOLD NEW APPROACH:

#1: PREVENT and ERADICATE

- Seek out causes for mental illness and retardation
- Use that knowledge to prevent these conditions

Here, more than in any other area, “an ounce of prevention is worth more than a pound of cure.”
#2: STUDY and TRAIN

- **Strengthen** the underlying resources of knowledge and, above all, of skilled personnel
- **Increase** existing mental health training programs and launch new ones

*If we are to learn more about how to prevent and treat the crippling or malfunction of the mind, research efforts must be expanded and the mental health work force must increase several-fold.*
JFK’s BOLD NEW APPROACH

#3: PROGRAM and EQUIP

Strengthen and improve community-based programs and facilities serving the population

The emphasis should be upon timely and intensive diagnosis, treatment, training and rehabilitation...
We cannot afford to postpone any longer a reversal in our approach to mental affliction. For too long the shabby treatment of the many millions of the mentally disabled in custodial institutions and many millions more now in communities needing help has been justified on grounds of inadequate funds, further studies and future promises. We can procrastinate no more.

February 5, 1963
FAST FORWARD...
1985 ... "There are increasing numbers of the mentally ill in jails, single rooms of seedy hotels, halfway houses and single-room-occupancy hotels... None of these facilities provide adequate treatment or living quarters"
1991 - "Once a way station on the path to definitive care, emergency departments are, for many, the end of the line; their halls and examining rooms have become the new asylums ..."
1992 ... "What is more stigmatizing than the everyday sight of blatantly mentally ill homeless persons in torn filthy clothing using shopping bags and shopping carts to carry their meager possessions, eating out of garbage cans...."
The Problem: Everyone seems to be burdened, backlogged, and waiting for “Beds”
Beyond Beds
The Vital Role of a Full Continuum of Psychiatric Care

A Paradigm Shift Toward the Vital Role of the Continuum of Care
THE CASE FOR TIPPING...
CANCER

“There is broad agreement that cancer research has advanced to the stage where a substantial increase in resources and effort could be very productive.” ~ 92nd Congress, 1970

1970
- Cancer is the #2 cause of death in the U.S.
- President Nixon declares “war on cancer”
- Congress declares the “conquest of cancer” a “national crusade”

1971+
- Congress passes the National Cancer Act
- Congress authorizes $1.6 billion in cancer research over the next three years
- 15 National Cancer Institute research centers, local control programs and an international cancer research data bank open.

1990 → 2014
THE OVERALL CANCER DEATH RATE IN THE UNITED STATES FELL BY 25%

### HIV/AIDS

Nobody really knows what the tipping point for reducing AIDS may be. Donald Des Jarlais, an epidemiologist at Beth Israel Hospital, in Manhattan, estimates that halving new infections to 20,000 a year would be ideal. ~ “The Tipping Point,” New Yorker Magazine, 1996

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<thead>
<tr>
<th>1980s</th>
<th>1990s</th>
<th>2018</th>
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<tr>
<td>AIDS epidemic starts in 1981</td>
<td>Congress passes the Comprehensive AIDS Resources Emergency (CARE) Act and authorizes funds for AIDS research and treatment</td>
<td>Congress budgets $2.2 billion in federal funds AIDS research</td>
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<td>AIDS death rate by 1987 is 95%</td>
<td>AIDS deaths peak in 1995</td>
<td>New AIDS diagnoses are in a multi-year decline</td>
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<td>Zidovudine (AZT) in 1987 becomes the first anti-HIV drug approved by the Food and Drug Administration</td>
<td>AIDS death rate declines 47% by 1997</td>
<td>AIDS death rate is 22%</td>
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~ In 2016, 18,160 people received an AIDS diagnosis. ~ Centers for Disease Control
MALARIA
“Our goal is a world free of malaria.” – Bill & Melinda Gates Foundation

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<tr>
<th>Year</th>
<th>Statistics</th>
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| 2000 | - 839,000 people worldwide die of malaria, 723,000 of them children  
- Less than 2% of sub-Saharan Africa’s people sleep under mosquito nets  
- Spending on malaria control totals less than $200 million |
| 2000—2014 | - Bill & Melinda Gates Foundation commits to eradicating malaria  
- The Gates Foundation alone gives more than $3 billion to reach that goal  
- Nearly 1 billion insecticide-treated mosquito nets are distributed in sub-Saharan Africa |
| 2015 | - 438,000 people worldwide die of malaria, 306,000 of them children  
- 55% of sub-Saharan Africa’s people sleep under mosquito nets  
- An estimated 663 million cases of malaria worldwide are estimated to have been avoided since 2000 |

... the target of Millennium Development Goal (MDG) 6 “to have halted and begun to reverse the incidence of malaria” has been achieved. ~World Health Organization, 2015
## EARLY-INTERVENTION PROGRAMS

*for initial episode of psychosis*

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<th>Year</th>
<th>Events</th>
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<td>2008</td>
<td>- First‐episode coordinated care specialty (CCS) programs are operating in 2 states</td>
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| 2008-2016 | - 2008: NIMH begins funding large‐scale studies to develop a model for treating first‐episode psychosis  
- 2014-2016: Congress repeatedly authorizes funding for CCS programs and includes more in the 21st Century Cures Act |
| 2018 | - CCS programs are operating in at least 48 states |

*Coordinated specialty care has been shown to be more effective at reducing symptoms, improving quality of life and increasing involvement in work or school. ~ National Institute of Mental Illness, 2016*
BOLDER GOALS,

BETTER RESULTS
GOAL CRITERIA

Each bold goal meets these three criteria:

- **Achievable** – Previous success and substantial public-private support already have laid a foundation for success
- **Measurable** – Progress toward the goal and results are verifiable with objective, evidence-based measures
- **Far-reaching** – Large numbers of youth, adults, families and others would experience improved outcomes as a result
Early screening, identification and timely response after the onset of mental illness symptoms in youth and adults
BOLD GOAL

Access to effective medication and other evidence-based therapies for individuals with psychiatric conditions
Compliance with legal requirements for health care networks to make the full continuum of psychiatric care available to patients
Access without delay to the most appropriate 24/7 psychiatric emergency, crisis stabilization, inpatient or recovery bed
Diversion from arrest, detention or incarceration when individuals with mental illness intersect with the justice system and can be appropriately redirected.
Homeless people with serious mental illness permanently housed
Suicides prevented
“It always seems impossible until it’s done.”

Nelson Mandela
Comments? Questions? Feedback?

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