Report by the National Council on Disability Documents a Crisis in the Public Mental Health System

Many public mental health systems are unable to provide even the most basic mental health services and supports to help people with psychiatric disabilities, according to a report released by the National Council on Disability. The report, which examines causes of the crisis in the mental health system and other public systems, shows how children who are poorly served by public systems subsequently become dependent on failing systems that are meant to serve adults. Adults whose needs for services and supports are not fulfilled become seniors who are dependent on inadequate public systems of care. As the report notes, "In this fashion, hundreds of thousands of children, adults, and seniors experience poor services and poor life outcomes, literally from cradle to grave."

Although noting that there is no single antidote for the current dysfunction of the public mental health system, the report declares that the system change most needed is a dramatic shift in aspirations for people with psychiatric disabilities. "Public mental health systems must be driven by a value system that sees recovery as achievable and desirable for every person who has experienced mental illness." The report calls for "a new vision that promotes the goal of recovery from mental illness, rather than the view that mental illnesses are lifelong afflictions that need to be managed."

The Well-Being of Our Nation: An Inter-Generational Vision of Effective Mental Health Services and Supports includes separate chapters on children, adults, and seniors that document the impact on each group of the breakdown in public systems and point out the missed opportunities for detection, treatment, and prevention. For example, the chapter on children shows how school systems have failed to implement basic services mandated by the Individuals With Disabilities Education Act (IDEA) and Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT). It documents failures in the juvenile justice, foster care, and welfare systems and describes how families may be required to relinquish custody of their children in order to obtain essential services care.

Chapter 6 of the report, "Fulfilling the Promise: Concrete Steps Toward a New Vision," outlines eight strategies for improving the quality and effectiveness of mental health services and supports. These strategies include expanding Medicaid coverage to children and youths with emotional disturbance through the use of waivers and options, extending Medicaid and other benefits to youths "aging out" of foster care, and protecting benefits under welfare reform for parents with mental illness and parents whose children have emotional disabilities. Among the strategies described for adults and seniors are providing a legally enforceable right to mental health services and supports and maximizing the availability of services and supports provided by consumer-directed organizations.

The report calls on federal and state agencies to invest more funds in the public mental health system. It shows how federal appropriations for the Mental Health Block Grant have fallen in real terms over that past two decades because of inflation and how state spending on mental health has lost ground. Mental health advocates must renew their efforts to educate policy makers about the "penny-wise and pound-foolish" manner in which mental health services and supports are currently delivered, which leads to increased expense for other public systems, such as the criminal justice system. According to the report the most important task is to convince federal and state policy makers to adopt a longer budgetary view and one that captures all of the costs of neglecting the public mental health system.

The full text of the report is available on the Web site of the National Council on Disability at www.ncd.gov. A free copy can be obtained by faxing or e-mailing a request to Stacey Brown: fax, 202-272-2022; e-mail, sbrown@ncd.gov.

James H. Scully, M.D., Named Next Medical Director of the American Psychiatric Association

The board of trustees of the American Psychiatric Association (APA) has selected James H. Scully, M.D., as the next medical director of the association, replacing Steven M. Mirin, M.D., who has been director for the past five years.

Dr. Scully is currently the Alexander G. Donald Professor and chair of the department of neuropsychiatry and behavioral science at the University of South Carolina School of Medicine in Columbia. He serves as director of the division of education, training, and research of the South Carolina Department of Mental Health and was interim director of the department in 2000–2001. He is an APA fellow, director and treasurer of the American Psychiatric Institute for Research and Education, and the senior delegate and chair of APA's delegation to the American Medical Association. From 1992 to 1996 Dr. Scully served as a deputy medical director of APA's office of education. He has edited each of the four editions of *NMS Psychiatry*, published by Lippincott, Williams & Wilkins.

Dr. Scully will start as APA medical director on January 1, 2003.

NEWS BRIEFS

Focus, a new APA quarterly journal: In January 2003 the American Psychiatric Association (APA) will begin publication of Focus: The Journal of Lifelong Learning in Psychiatry. The quarterly peer-reviewed journal will systematically review—in a threeyear cycle—all the topics on which psychiatrists need to be up-to-date for recertification by the American Board of Psychiatry and Neurology. Each issue will target a major topic and will include original clinical articles, review articles, practice guidelines, and self-assessment examinations. The first issue looks at bipolar disorder. The editors of the journal are Deborah Hales, M.D., director of APA's division of education, minority, and national programs, and Mark Rapaport, M.D., an associate professor of psychiatry and staff physician at the University of California, San Diego, School of Medicine. APA members can purchase a one-year subscription to the journal for \$195 until December 31, after which the cost of a subscription is \$299. The cost for nonmembers is \$399. More information can be obtained from American Psychiatric Publishing Inc., at 800-368-5777 or www.appi.org.

Changes in JCAHO accreditation process: The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has announced significant changes in its accreditation process for health care organizations. Over the next two years, the initiative, "Shared Visions—New Pathways," will progressively sharpen the focus of the accreditation process on care systems critical to the safety and quality of patient care. The initiative is designed to shift the focus from survey preparation to operations and internal systems that have a direct impact on the quality and safety of care. A special 16-page edition of Perspectives, the JCAHO newsletter, describes the new accreditation process. It is available at the commission's "Resources" Web site at www.jcrinc.com/perspectives.

NIDA-SAMHSA collaboration on research to practice: The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have announced an interagency agreement to expedite the application of findings from treatment research into clinical application. Under the \$1.5 million collaboration, NIDA will provide funding to support the Addiction Technology Transfer Centers of the Center for Substance Abuse Treatment (CSAT), a network of 14 independent regional centers and a national office charged with increasing the knowledge and skills of addiction treatment practitioners and fostering alliances to support and implement best practices.

NIMH funds for dissemination research: The National Institute of Mental Health (NIMH) invites applications for research that will build knowledge on methods, structures, and processes to disseminate the results of research and implement science-based interventions in clinical settings. Research will address how information about mental health care interventions is created, packaged, transmitted, and interpreted among a variety of stakeholder groups. Research will also address the level to which mental health interventions can fit within real-world mental health service systems. More information is available at http://grants.nih.gov/ grants/guide/pa-files.

PEOPLE & PLACES

Election: *Pedro Ruiz*, *M.D.*, was elected to the position of secretary for meetings of the World Psychiatry Association in the general assembly elections held in August during the World Congress of Psychiatry in Yokohama, Japan. Dr. Ruiz is professor and vice-chair in the department of psychiatry at the University of Texas Medical School at Houston. He is also secretary of the American Psychiatric Association's board of trustees and a member of the editorial board of *Psychiatric Services*.

Resignation: Bernard Arons, M.D., has resigned as director of the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration. Dr. Arons will serve as a senior science advisor at the National Institute of Mental Health. Dr. Arons was appointed director of CMHS in 1993 shortly after it was created, and he has been its only permanent director.

Death: Jerry M. Wiener, M.D., president of the American Psychiatric Association in 1994–1995, died in Washington, D.C., on September 7 at age 69 after a heart attack. For two decades before his retirement in 1997, Dr. Wiener was chair of the department of psychiatry and behavioral sciences at George Washington University School of Medicine. He was a leader in the field of child psychiatry and past-president (1987-1989) of the Academy of Child and Adolescent Psychiatry. Dr. Wiener was chair of the American Psychiatric Press Inc. board of directors from 1994 to 2000, and his most recent service to APA was in the role of member of the search committee for a new medical director. In 2000 APA presented Dr. Wiener with the Agnes Purcell Mc-Gavin Award for distinguished achievement in child psychiatry.

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