Remarks at the White House Conference on Mental Health

June 7, 1999

The President. Thank you very much. I want to, first of all, thank all of you for coming, the Members of Congress of both parties, members of our administration, but the larger community represented here in this room and at all of our sites.

This has been a truly remarkable experience, I think, for all of us—stimulating, moving, humbling. I think it’s because it is so real, and it has been too long since we have come together over something that’s this real, that touches so many of us.

This is a moment of great hope for people who are living with mental illness and, therefore, a moment of great promise for our Nation. We know a lot about it; we know a lot more than most of us know we know, as we found out today. And we wanted to have this conference to talk about how far we’ve come and also to look forward into the future.

We all know we wouldn’t be here today without the commitment of Tipper Gore. I asked her to be my national adviser for mental illness because she knows more and cares more about this issue than anyone else I personally know. She has dedicated herself to making this a priority of national policy and private life. And I think we are all very, very much in her debt.

I would also like to say one more word about Tipper and about the Vice President, about the way they have dealt with this issue as a family and the gifts they have given to America, going back to before the time when we all became a team in the election of 1992, when they began their annual family conferences. All people in public life talk about family values. No couple in public life has ever done remotely as much to try to figure out what it would mean to turn those family values into real, concrete improvements in the lives of ordinary families as Al and Tipper Gore have over a long period of time.

I sort of feel like an anticlimax at this convention—not for the reasons the political reporters think—but because the real story here is in the people who have already talked, in their stories of courage and struggle, of endurance and hope. Americans with mental illness should have the same opportunity all Americans have to live to the fullest of their God-given ability. They are, perhaps, just the latest in our enduring challenge as a people to continue the work of our Founders, to widen the circle of opportunity, to deepen the meaning of freedom, to strengthen the bonds of our community.

But what a challenge it has been. Clearly, people with mental illnesses have always had to struggle to be treated fairly and to get the treatment they need—and they still do. We have made a lot of progress by appealing to the better angels of our nature, by drawing on our deep belief in equality, but also by hearing these stories.

So again, I want to thank Mike and John and Jennifer and Robin and Dr. Burton. I thank Dr. Hyman, Dr. Koplewicz. I thank Lynn Rivers. I think all of us can remember some moment in our lives where, because of something that happened in our families or something someone we knew wrote or said, we began to look at this issue in a different way. I, myself, feel particularly indebted to the courage of my friend the great author William Styron for writing the book he wrote about his own depression. But I think that it is not enough to be moved. We have to have hope, and then we have to have some sense about where we’re going.

It was no accident that all of you were clapping loudly when Dr. Hyman showed us pictures of the brain. I remember when Hillary and I first met and began going together 28 years ago, and she was working at the Yale Child Study Center and the hospital, and we began...
to talk about all of this. Like a lot of young
students at the time, I had been very influenced
by Thomas Kuhn’s book, “The Structure of Scien-
tific Revolution.” And I began to wonder
whether we would ever develop a completely
unified theory of mind and body, if we would
ever learn that at root there are no artificial
dividing lines between our afflictions. The
human genome project, as you’ve heard ex-
plained today, offers us the best chance we have
ever had to have our science match our aspira-
tions in learning to deal with this and all other
issues.

So this has been for me not simply emotion-
ally rewarding but intellectually reaffirming. And
I hope it has been for all of you. We’ve been
at this for quite a long while. A hundred and
fifty years ago we had to learn to treat people
with mental illness as basic human beings. Thir-
ty years ago we had to learn that people with
mental illness had to be treated as individuals,
not just a faceless mob.

I’ll never forget when journalists secretly
filmed the nightmare world inside some of our
Nation’s mental hospitals. Americans were heart-
broken and horrified by what they saw, and
we began to develop a system of community
care for people. Today, we have to make sure
that we actually provide the care all of our peo-
ple need, so they can live full lives and fully
participate in our common life.

We’ve worked hard to break down some of
the barriers for people living with mental illness.
On Friday, as many of you know, I directed
all Federal agencies to ensure that their hiring
practices give people with mental disabilities the
same employment opportunities as people with
physical disabilities. On Saturday Tipper and I
did the radio address together and announced
that Tipper will unveil our new campaign to
fight stigma and dispel myths about mental ill-
ness.

But all of you who have had this in your
lives, or in your families’ lives, know that atti-
dutes are fine, but treatment matters most. Un-
fortunately, too many people with mental illness
are not getting that treatment because too many
of our health plans and businesses do not pro-
vide equal coverage of parity for mental and
physical illness or because of the inadequacy
of Government funding and policy supports.

I have heard heartbreaking stories from peo-
ple who are trying hard to take care of their
families, and one day mental illness strikes. And
when they try to get help, they learn the health
plans they’ve been counting on, the plans that
would cover treatment for high blood pressure
or heart disease, strictly limit mental health care
and don’t cover it at all. Why? Because of igno-
rance about the nature of mental illness, the
cost of treating it, and as Dr. Burton told us,
the cost of not treating it.

A recent study showed the majority of Ameri-
cans don’t believe mental illness can accurately
be diagnosed or effectively treated. If we don’t
get much else out of this historic conference
than changing the attitudes of the majority, it
will have been well done, just on that score.

Insurance plans claim providing parity for
mental health will send costs and premiums sky-
rocketing. Businesses believe employees will
over-use mental health services, making it im-
possible for employers to offer health insurance.
Now, there may be arguments to be made at
the margins on both sides of these issues, but
I believe that providing parity is something we
can do at reasonable cost, benefit millions of
Americans, and over the long run, have a
healthier country and lower health care costs.

As we’ve heard again today, mental illness
can be accurately diagnosed, successfully treat-
ed, just as physical illness. New drugs, better
community health services are helping even peo-
ple with the most severe mental illnesses lead
healthier, more productive lives. Our ability to
treat depression and bipolar disorder is greater
even than our ability to treat some kinds of
heart disease.

But left untreated, mental illness can spiral
out of control, and so can the cost of mental
health care. A recent World Bank study showed
that mental illness is a leading cause of disability
and economic burden that goes along with it.
Here in the United States, untreated mental
illness costs tens of billions of dollars every year.
The loss in human potential is staggering.

So far, 24 States and a large number of busi-
nesses have begun to provide parity for their
citizens and their employees. Reports show that
parity is not notably increasing health care costs.
For instance, Ohio provides full parity for all
its State employees and has not seen costs rise.
As we heard, Bank One’s employee mental
health treatment program has helped it reduce
direct treatment costs for depression by 60 per-
cent.

As a nation founded on the ideal of equality,
it is high time that our health plans treat all
cause a lot of people don’t even know it passed.

Again I want to say, since we have so many Congressmen here, Tipper Gore was very instrumental in that. But I was also deeply moved by the broad and deep bipartisan support by Members of Congress in both Houses who had personal experiences that they shared with other Members which helped to change America.

The law was a good first step. And I’m pleased to announce, with Secretary Herman here, that the Labor Department will now launch a nationwide effort to educate Americans about their rights under the existing law, because a lot of people don’t even know it passed.

But when insurers can get around the law by limiting the number of doctor’s visits for mental condition, when families face higher copayments for mental health care than for physical ailments, when people living with mental illness are forced to wait until their sickness incapacitates them to get the treatment they need, we know we have to do more.

So where do we go from here? First, I am using my authority as President to ensure that our Nation’s largest private insurer, the Federal Employee Health Benefit Plan, provides full parity for mental health.

Today Janice Lachance, the Director of OPM, will inform nearly 300 health plans across America that to participate in our program, they must provide equal coverage for mental and physical illnesses. With this single step, 9 million Americans will have health insurance that provides the same copayments for mental health conditions as for any other health condition, the same access to specialists, the same coverage for medication, the same coverage for outpatient care.

Thirty-six years ago President Kennedy said we had to return mental health to the mainstream of American medicine. Thirty-six years ago he said it, and we’re still waiting. Today, we have to take more steps to return Americans to the mainstream of American life. I ask Congress now to do its part by holding hearings on mental health parity.

The second thing we have to do is to reach out to the people who are most in need. Today I’ve asked HCFA, the Health Care Finance Administration, to do more to encourage States to better coordinate mental health services, from medication to programs targeted at people with the most serious mental disorders, for the millions of people with mental illness who rely on Medicaid.

Third, we must do more to help people with mental illness reenter the work force. I asked Congress to pass the “Work Incentives Improvement Act,” which will allow people with disabilities to purchase health insurance at a reasonable cost when they go back to work. No American should ever have to choose between keeping health care and supporting their family.

Fourth, with an ever-increasing number of people with mental disabilities in managed care plans, it is more important than ever for Congress to pass the Patients’ Bill of Rights.

Fifth, this year we requested the largest increase in history, some $70 million to help more communities provide more mental health services. And I asked Congress to fully fund this proposal. The absence of services and adequate funding and institutional support for sometimes even the most severe mental health problems is a source of profound worry to those of you who actually know what is going on out there.

I know that I was incredibly moved by the cover story in the New York Times Sunday magazine a couple of weeks ago, and I know a lot of you were. And I read that story very carefully. I talked to Hillary about it; I talked to Al and Tipper about it; and I asked myself—what more can we do to deal with some of the unbelievable tragedies that were plainly avoidable, clearly documented in that important article? This is a good beginning, and I hope that Congress will fund it.

And finally, it is profoundly significant what we have heard about children. We have to do more to reach out to troubled young people. One out of ten children suffers from some form of mental illness, from mild depression to serious mental disease. But fewer than 20 percent receive proper treatment.

One of the most sobering statistics that I have heard in all of this is that a majority of the young people who commit suicide—now the third leading cause of death in teenagers, especially gay teenagers—are profoundly depressed.
Yet the majority of parents whose children took their own lives say they did not recognize their children’s depression until it was too late.

The tragedy at Columbine High School, as Hillary said, was for all of us a wakeup call. We simply can’t afford to wait until tragedy strikes to reach out to troubled young people. Today I’m pleased to announce a new national school safety training program for teachers, schools, and communities to help us identify troubled children and provide them better school mental health services.

This new program is the result of a remarkable partnership by the National Education Association, EchoStar, and members of the Learning First Alliance, joined by the Departments of Education, Justice, and Health and Human Services. This fall the Vice President and Tipper will kick off the first training session, which will be transmitted via satellite to more than 1,000 communities around our Nation.

We’re all very grateful to EchoStar, a satellite company based in Littleton, Colorado, and its partner, Future View, for helping make this possible by donating satellite dishes to 1,000 school districts, and 40 hours of free time. I want to ask businesses and broadcasters all around our country to follow EchoStar’s lead and donate their time, expertise, and equipment to help ensure that every school district in America can participate in this important training program.

Now I want to introduce two of the people who are showing this kind of leadership: the president of the NEA, Bob Chase; and Bill Vanderpoel, the vice president of EchoStar. I’d like to ask them to come up and talk a little bit about what they’re going to do. Let’s give them a big hand. [Applause]

[At this point, Robert F. Chase, president, National Education Association, and William Vanderpoel, vice president for business development, EchoStar Communications Corp., made brief remarks.]

The President. Thank you both very much. Now, I’d like to ask Tipper to come up one more time so we can all tell her how grateful we are, and let me say this. You probably saw a little bit by the way she positioned Al on time and she positioned Hillary on time—I think I’m going to start calling her “Sarge” behind her back. [Laughter] She has driven us all. We’ve been on time; we’ve been at the place we were supposed to be; we say what we were supposed to say; we finished on time. So she not only has great sensitivity; she has phenomenal organizing ability, and we’re very grateful for her. Thank you. [Applause]

Now, I’d like to ask Hillary and the Vice President to come over, too. [Applause] Thank you all very much. God bless you.

NOTE: The President spoke at approximately 2 p.m. in the Blackburn Auditorium at Howard University. In his remarks, he referred to the following conference participants: Mike Wallace, co-editor of the CBS news program “60 Minutes” and a clinical depression sufferer; schizophrenia sufferer John Wong; anorexia nervosa sufferer Jennifer Gates; Robin Kitchell, whose son suffers from bipolar disorder, attention deficit disorder, and learning disabilities; Dr. Wayne Burton, M.D., first vice president/corporate medical director, Bank One Corp.; Dr. Steven E. Hyman, M.D., Director, National Institute of Mental Health; and Dr. Harold S. Koplewicz, M.D., founder and director, New York University Child Study Center. The transcript released by the Office of the Press Secretary also included the remarks of Tipper Gore, Vice President Al Gore, Dr. Burton, the First Lady, Dr. Hyman, and Dr. Koplewicz. A portion of these remarks could not be verified because the tape was incomplete.