

The Honorable Richard J. Cohen
State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd. Room 109
Saint Paul, Minnesota 55155-1206

February 2, 2011

Dear Senator Cohen,

We are writing to encourage you to support and vote yes on SR 1531, the Mental Health Model Curriculum Creation, which has recently been referred to the Senate Finance Committee. This bill develops and maintains a recommended mental health curriculum for middle and high school to be used by health educators. In addition, the bill will also allow for revision of the curriculum every three years through collaboration between the commissioner of education and mental health organizations. Many institutions, such as the National Alliance on Mental Illness, Minnesota Department of Health, and the World Health Organization advocate for and recognize the importance of mental health education in schools, and by establishing a curriculum in Minnesota's public schools, we believe we can strengthen the integration between physical and mental health. In addition, we believe this bill will work to reduce the stigma associated with mental illness by visibly increasing its connection to physical health and can help educate and connect many state residents with available mental health resources.

Following the recent shootings in Tucson, Arizona, focus has shifted heavily to the quality of the country's mental health resources, as demonstrated by *New York Times* columnist Frank Rich's statement "The only two civic reforms that might have actually stopped him — tighter gun control and an effective mental health safety net."¹ Senator, while this is an rare and extreme case, this tragic incident brings to light the negative effects of the absence of a mental health component in our public schools' health education, and the negative role that stigma plays in our healthcare system. Currently, one in four adults "experience[s] a mental health disorder in a given year," and more than 90% of those who commit suicide have a diagnosable mental health disorder.² In Minnesota, on average, 40 young people commit suicide annually, prompting mental health educators to advocate for stronger mental health education.³ With the curriculum proposed in this bill, students will obtain the knowledge necessary to recognize when someone close to them might benefit from available mental health resources and will be less hesitant to seek the appropriate care for themselves and for others.

National Alliance on Mental Illness

In 2009, the National Alliance on Mental Illness (NAMI) released a full national report titled *Grading the States: A Report on America's Health Care System for Adults with Serious Mental*

¹ Rich, Frank. "No One Listened to Gabrielle Giffords." *New York Times* (2011): WK10.

² "Mental Illness: Facts and Numbers."

http://www.nami.org/Template.cfm?Section=About_Mental_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155 (accessed February 1, 2011).

³ Dunbar, Elizabeth. "Advocates Renew Push for Mental Health Education After Recent Suicides." October 15, 2010. <http://minnesota.publicradio.org/display/web/2010/10/15/mental-health-education-suicides/> (accessed February 1, 2011).

Illness. Following the evaluation, the organization awarded the United States a D for the state of the country's overall mental health care system, the same grade it received in 2006.⁴ Specifically, the category of Community Integration and Social Inclusion, the subcategory that received the lowest grade among nearly every state, is the one that focuses on the states' efforts to establish a mental health component of public education. Education is key to the integration of mental and physical health and will help to reduce the stigma associated with mental health and the act of seeking treatment for mental illness by normalizing mental illness, presenting it as a component of one's overall health, rather than something one should feel the need to hide.

Although the state of Minnesota has received positive recognition for its available mental health resources for its uninsured residents, it received a D in the category of Community Integration and Social Inclusion from the organization, despite receiving a C for its overall system.⁵ In fact, despite its strengths in healthcare, Minnesota is one of only two states that has failed to add mental health to its public education systems. Senator, in addition to the proposed curriculum's role in reducing stigma and normalizing mental health care, it would also help to raise awareness about the state's resources, especially in the rural areas of the state. NAMI's report specifically indicated that more resources are needed in rural Minnesota, and by passing this bill, this mental health curriculum will become accessible to the students living in those areas. This curriculum will not only educate these students on the details of mental illness but would also help them learn what resources are available to them and how to access these resources.

The Stigma of Mental Health

According to the World Health Organization, mental health is a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."⁶ However, the National Alliance on Mental Illness (NAMI) calls mental illness "the greatest cause of disability in the United States."⁷ The level of stigma associated with mental health keeps many from seeking treatment or recognizing how to best help those around them, and has resulted in a negative outlook on the field of mental health. By focusing on education, this bill will serve as a platform for equating mental and physical health, rather than allowing a distinction to translate into stigma. Once introduced in public schools, we believe this curriculum will normalize mental health among Minnesota students and reduce the level of stigma associated with the treatment of mental illness.

⁴ L. Aron, R. Honberg, K. Duckworth et al. (2009) Grading the States 2009: A Report on America's Health Care System for Adults with Serious Mental Illness, Arlington, VA: National Alliance on Mental Illness.

⁵ "Grading the States 2009 Report Card: Minnesota."

http://www.nami.org/gtstemplate09.cfm?section=grading_the_states&Template=/contentmanagement/contentDisplay.cfm&ContentID=74696 (accessed January 30, 2011).

⁶ "Mental Health Promotion." <http://www.health.state.mn.us/divs/cfh/connect/index.cfm?article=mentalhealth.welcome> (accessed January 30, 2011).

⁷ L. Aron, R. Honberg, K. Duckworth et al.

Conclusion

In response to the recent violence in Tucson, Michael J. Fitzpatrick, Executive Director of NAMI, addressed the incident by saying that "Acts of violence are exceptional. They are a sign that something has gone terribly wrong, usually in the mental healthcare system."⁸ Senator Cohen, you are the Ranking Democratic-Farmer-Labor Member of the Finance Committee, to which SR 1531 was referred in 2010. The National Alliance on Mental Illness has already praised Mississippi, New Jersey, and New York for their efforts to reduce the stigma of mental illness through public education campaigns. With the many mental health resources already in place in Minnesota, we believe that our state is prepared to take the next step toward a successful healthcare system through the expansion and development of our mental health curriculum. In this time of political divisive partisanship, improving mental health education is a goal everyone, regardless of political affiliation, can support. As a result, we again hope that you will support measure SR 1531 as a member of the Senate Finance Committee.

Thank you for your time,

Rosie Glenn-Finer Rachel Lochner

Sincerely,
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⁸ Fitzpatrick, Michael J. "The Arizona Tragedy and Mental Health Care."
http://www.nami.org/Template.cfm?Section=press_room&template=/ContentManagement/ContentDisplay.cfm&ContentID=113184 (accessed January 30, 2011).