Public Policy Priorities

The overarching priority of the National Coalition for Mental Health Recovery (NCMHR) is to advocate for a recovery-focused mental health system that prevents crisis, protects rights, and promotes social justice, wellness, economic empowerment, and social inclusion.

Goal 1: "Nothing About Us Without Us"

Ensure that we, people with mental health diagnoses and/or psychiatric disabilities, are not only included in decision-making at all levels of government and policy pertaining to mental health, but that our voices and opinions are prioritized.

Our voices must be centered.

People with mental health conditions and disabilities are rarely involved in governmental, leadership, and policy conversations and decisions concerning services for people with psychiatric disabilities and make up less than 0.1% of senior employees in cabinet-level federal departments.

More specifically, government reports, mental health care quality assessment and improvement strategies, and policy conversations and development do not center the perspectives and priorities of service recipients and other people with mental health diagnoses. For example:

- U.S. Government Accountability Office (GAO) behavioral health reports since 2015 have centered the perspectives of neurotypical mental health professionals without psychiatric disabilities and not the priorities and opinions of people with mental health diagnoses [1].
- Service users and other people with mental health diagnoses "have only been tangentially involved in quality assessment and improvement strategies of the mental health services that they are receiving" [2].
- Policy concerning services for people with psychiatric disabilities is "developed with the near-total exclusion of the perspectives of the very individuals who are the recipients of such services" [3].

0.04%
of senior employees in cabinet-level federal departments have a mental health disability.
In addition, people with mental health conditions and/or psychiatric disabilities appear no more included within the current administration, at federal committee hearings, and within SAMHSA advisory committees on matters about them.

Leadership must be representative of those with firsthand lived experience.

In 2020, individuals with diagnoses of major depression, bipolar disorder, schizophrenia, or PTSD made up 0% (0/502) of senior employees at the U.S. Department of Health and Human Services [4].

In 2016, people with diagnoses of major depression, bipolar disorder, schizophrenia, or PTSD were included as only 2.65% of the Substance Abuse and Mental Health Services Administration’s entire permanent workforce [5].

Critical Actions

01. Involve people with mental health conditions and disabilities in quality assessment and improvement strategies of the mental health services they are receiving.

02. Prioritize and center the voices of individuals with psychiatric disabilities and mental health diagnoses in policy conversations and decisions related to mental health.

03. Ensure that people with mental health disabilities are represented in federal and governmental leadership, from SAMHSA advisory committees to senior-level cabinet positions.


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