

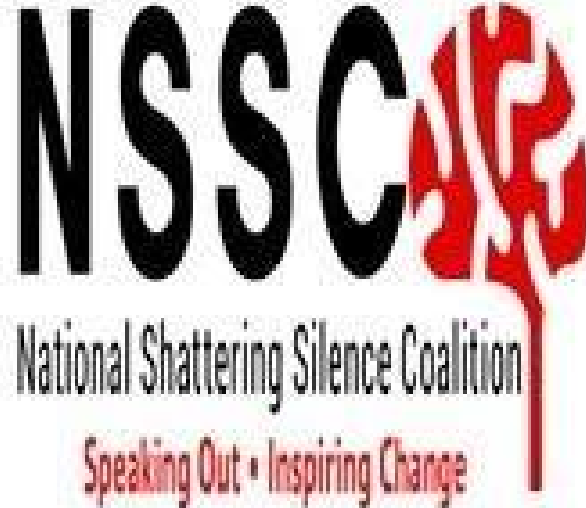
## ABOUT US

NSSC is an alliance of diverse individuals and organizations who are uniting to ensure that mental illness, health, and criminal justice systems count those with SMI, SED, and their families in all federal, state, and local policy reforms. We are voices for the 10 million adults and 7 million children living with and dying too young from serious mental illness.



## WHAT WE SUPPORT

NSSC supports a right to treatment before tragedy for all age groups living with the brain disorders commonly known as serious mental illness. NSSC envisions a medically based system of non-discriminatory, quality, comprehensive, coordinated continuum of care.



## OUR MISSION

NSSC speaks out about federal, state and local policies that impact adults living with SMI and children and youth living with SED\*.

\*The federal definition of SMI is exclusive to adults. The term SED (Serious Emotional Disturbance) is similar to the term SMI but is exclusive to children. Both SMI and SED definitions focus on the DSM diagnosis, plus the degree of impairment.



Contact us for information.

## HOW YOU CAN HELP

NSSC invites all organizations and individuals willing to share power, knowledge, a committed work ethic, and are in agreement with our Points of Unity (POUs) to join us.

**BECOME A MEMBER**



**#SHATTERINGSILENCE4SMI**

[www.nationalshatteringsilencecoalition.org](http://www.nationalshatteringsilencecoalition.org)

## OUR VISION

NSSC envisions a medically-based system of non-discriminatory, comprehensive, and coordinated mental illness care.

## HISTORY OF NSSC

Following the Newtown Tragedy in 2012, and Liza Long's essay, "I am Adam Lanza's Mom," mothers across the country formed alliances and built secret national networks of activism, advocacy, and support. They joined Treatment Advocacy Center, Mental Illness Policy.org, law enforcement and other key stakeholders to tell their stories. They helped build a lobby as the families and advocates of the 4% to support the Helping Families in Mental Health Crisis Act. They started a movement focused on the subset of the mental illness system that too many national organizations and coalitions ignore. They focused on people and families living with SMI and SED. At the same time, they realized they had to stop hiding in the sub-nation they'd constructed out of fear. This realization led to the formation of NSSC.

NSSC calls out injustice, inequity, inhumanity, and discrimination. Too many are dying too soon due to comorbidities, suicide, solitary cells, and shame while everyone watches with their eyes wide open and mouths shut.

**It's time to get real, get radical and get results.**

## OUR POINTS OF UNITY

As a coalition of individuals and organizations from diverse political, economic, and cultural backgrounds, we agree to the following shared values and principles of unity:

- **SAMHSA Reforms:** Implement evidence-based programs and strong policies that will recognize mental illness as a medical disorder, not a behavioral problem.
- **PAIMI Reform:** Focus on abuse and neglect, its original mission, instead of lobbying to prevent medically needed inpatient and outpatient treatment and supports.
- **HIPAA Reform:** Clarify and improve HIPAA policies to include family rights and prevent harm that occurs when parents who provide care are shut out of the process.
- **End Discrimination:** Support the full repeal of the IMD Exclusion and call for parity and a right to treatment under Medicaid/Medicare.
- **End the Incarceration of those suffering from SMI and SED :**
  - Promote, strengthen and fund Assisted Outpatient Treatment, mental illness courts, crisis intervention teams, FACT and any other evidence-based pre-incarceration alternatives that permit treatment and care for seriously mentally ill people based on treatment standards that focus on the need for treatment and grave disability, not on danger to selves and others.

(Points of Unity continued)

- Dramatically increase the number of psychiatric hospital beds, providing a hospital bed instead of a jail cell.
- Support evidence-based post-incarceration diversion solutions. Invest in re-entry programs for SMI and SED.
- End the hospital practice of criminalizing the symptomatic behavior of mentally ill patients while under treatment or medical management. Patients must not be prosecuted and punished for the consequences of poor ward management, deficient facility dynamics and infrastructure, poor staff training, and other critical factors. People who work with this patient population, including security staff must be provided comprehensive education to impart knowledge and comprehension of psychotic disorders and the behavioral aspects of the disorders.
- End solitary confinement for those suffering from SMI and SED.
- **Support the funding of programs designed to grow the mental illness workforce.**
- **Support both long-term to permanent dignified institutional housing for those who are too ill to live in the community and supportive and independent housing for those who are able to safely live in the community.**
- **Seek to identify other points in federal law that need reform.**