



Virtual Hill Day

Advocacy Toolkit

[Inspire. Educate. Fight in the Open.]

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Why Advocacy Matters

This Advocacy Toolkit was designed to help people in local communities engage with Congress to advance Mental Health America's (MHA's) Before Stage Four (B4Stage4) philosophy – prevention for all; early intervention for those at risk; integrated services and supports for those who need them; with recovery as the goal – and to bring to life the declaration of MHA's founder, Clifford Beers: "I must fight in the open."

Advocacy is communicating with elected officials to help them understand how they may better assist the people and communities they represent. In a world that has totally changed around us, this education of elected officials occurs in different ways. It looks like virtual meetings, social media, op-eds, and emails.

While some people may think their participation in the legislative and political process is unnecessary or ineffective, truly representative democracy engages the voices of individuals to inform solutions to citizen concerns. The voices of a collective or group are the most important external influence on lawmaking and the administration of laws. On most issues, it doesn't take many voices to get the attention of legislators - even a handful of constituents can have a big influence. If people don't raise their voices, then other stakeholders will control the message.

MHA knows how important it is to educate legislators through grassroots advocacy about our issues. That's because so many people - including most elected officials - have direct experience with mental health conditions at some point in their lives and genuinely want to do something positive to make it easier for people to live and thrive.

MHA thanks you for educating, building relationships with, and emboldening your elected officials to act. They will trust our message not because we deliver it from Washington, DC, but because you deliver it personally back home.

Advocacy Mondays and Virtual Hill Day During May is Mental Health Month

In 1949, MHA founded May is Mental Health Month to raise awareness about issues faced by millions of people at risk of, or who have developed, a mental health condition. The month draws attention to recovery-oriented solutions.

The COVID-19 pandemic has contributed significantly to increased rates and severity of loneliness, anxiety, grief, and thoughts of suicide or self-harm – especially among Black, Indigenous, and other People of Color. As families and individuals languish through today's new normal, a unique opportunity to influence legislators remotely presents itself – via telephone call, email, and social media post.

On Monday, May 24, 2020, in lieu of in-person office visits with lawmakers, advocates are taking actions virtually. Congress considered several major legislative packages already to supplement the economic and health losses from the COVID19 public health emergency. Your input, including data and stories from the community, is especially helpful.

Make your voice heard each week in May by raising the profile of the alarming trends across America as well as the policy solutions MHA confidently endorses.

[MHA's screening data overview](#) of 2020 screenings taken is showing:

- A 200% increase in people completing a screening in 2020 over 2019;

- 13% more youth ages 11-17 took a screen in 2020 than in 2019, comprising 42% of the overall screening population;
- Youth ages 11-17 were more likely to score with moderate to severe symptoms of anxiety and depression than any other age group;
- When examined by age, youth ages 11-17 continue to have the highest rate of suicidal ideation;
- 95% of LGBTQ+ youth ages 11-17 scored with moderate to severe depression;
- The proportion of white screeners decreased, from 60% to 53%;
- 84% of the nearly 23,000 postpartum depression screenings taken in 2020 scored at risk for postpartum depression.

It is the job of constituents through advocacy to hold accountable their members of Congress. Constituents can help make changes to address the behavioral health system and workforce shortages. Advocates inherently are visionaries whose ideas help inspire better laws and frameworks for governing.

MHA is asking everyone to take collective advocacy actions for mental health on Mondays in May:

- **Week 1 (May 3 - 7) - COVID-19 Funding and Tele-mental Health Parity for Workplace Mental Health**
- **Week 2 (May 10 - 14) - Maternal and Perinatal Mental Health**
- **Week 3 (May 17 - 21) - Crisis Services and Suicide Prevention**
- **Week 4 (May 24 - 28) - Peer Support and Equity**

Advocacy Monday Actions	
<p>Sign the Pledge Sign up to receive action alerts and learn the latest on the issues at weekly briefings.</p>	www.mhanational.org/advocacy
<p>Register to Attend Virtual Hill Day Get inspiration from mental health champions in Congress and learn tips from staff on what to do and what not to do.</p>	www.mhanational.org/virtualhillday
<p>Find your U.S. Senators and Representative</p>	www.usa.gov/elected-officials
<p>Request a virtual meeting with your U.S. Senators and Representative</p>	Visit the official website to submit a scheduling request. Instructions inside the toolkit.
<p>Call your congressional offices to share your story</p>	Visit the official website of your Senators and Representative. Instructions inside toolkit.
<p>Take action Share the lived experience of a loved one or yourself and personalize your email.</p>	https://www.mhanational.org/issues/action-alerts
<p>Go on Record on Social Media Message or post to your legislator on Twitter and Facebook</p>	Use our graphics and hashtags #AdvocacyMondays #ActBeforeStage4.

Qualities of the Best MHA Advocates

Here's a secret -- the very first thing you should do before you meet with your elected official is discover what your personal connection is to them. Have they or someone in their family lived with a mental health condition? Do they attend your church? Have you seen them at your favorite restaurant or in the market? These are great conversation starters.

These days, we are all connected, and the best advocates begin - before they even start to talk about their issue -- by connecting on a personal level with the person to whom they are speaking. Then they can begin employing their advocacy craft to maximum effectiveness.

It isn't hard to find a human connection to your elected officials because they -- like most of us -- are all over social media, and their bios are all online.

All craft takes practice, so start where you are and work to be the best advocate you can be! Just remember, be human yourself. You can strive for these three characteristics:

COURAGEOUS

Take action despite fear or uncertainty. If you're nervous, say so, but tell them you're talking to them even though you are nervous because this is important to you. Like MHA's founder Clifford Beers, we must fight in the open!

PERSISTENT

Hold your officials accountable! Let them know that you understand that they might not be able to act on your request right away, and that you will be patient with them. But don't hesitate to follow up your "asks" until you receive an answer.

PASSIONATE

Inspire others to join in through your novel story-sharing! Energy is contagious. So is acting defeated. Make hope a part of your passion, even if you aren't feeling hopeful in the moment. Sometimes your feelings have to catch up with you!

To get results, the best advocates practice these skills:

- Telling their personal story concisely.
- Making a specific ask of their official. "Will you co-sponsor this bill?", "Will you vote this way?"
- Following up with a thank you, a one-pager with more information, and references to your initial contact as a relationship-building tactic.

Are you ready to make all the difference? Read on!

Telling Your Story

Policymakers may know the high-level framework of the current mental health system - but they often need an anecdote or story to understand how COVID-19 continues to affect individuals and organizations on the ground. That's where you come in. Tell your story. By sharing your personal experience on Hill Day, you'll be providing invaluable information to inform decision-making, and do not be surprised if the legislator or staff member shares their own story with you! Here are a few tips for your storytelling:

1. Take time to think about one or two experiences in your life that get to the heart of the matter.
2. Craft a brief story about your personal experience or your loved one's personal experience.
3. Keep your story concise: between 30 seconds to two minutes. In writing, that would be 1-2 paragraphs.
4. Suggest one or two specific opportunities to make changes in an "ask" at the end of the story.

An ask is a requested action that may be taken by an elected official to change or reinforce existing law. The action must be concrete, measurable and related to legislation, funding, or executive action.

Key Asks and Talking Points

MHA's 2021 Hill Day "Asks" to Congress:

1. ANNUAL APPROPRIATIONS FUNDING

- Will you support additional investment for behavioral health services, systems, and the workforce in the next funding bill?

2. TELEHEALTH FOR WORKPLACE MENTAL HEALTH

- Will you ensure tele-mental health services, including audio-only services, are covered by health plans at parity even after the COVID-19 emergency declaration expires?

3. MATERNAL AND PERINATAL MENTAL HEALTH

- Will you commit to supporting maternal mental health by voting in favor of the Black Maternal Health Momnibus Act?

4. CRISIS SERVICES AND SUICIDE PREVENTION

- Will you support investments in local crisis centers, the 988 Lifeline, and a new federal coordinating center in the next funding bill?

5. PEER SUPPORT

- Will you commit to reducing mental health disparities for children and youth by supporting the Pursuing Equity in Mental Health Act?

6. EQUITY

- Will you support access to peer support services in Medicare by co-sponsoring the PEERS Act?

Choose which topics resonate most with you and share an ask with your congressional delegation.

1. ANNUAL APPROPRIATIONS FUNDING

Background

Approval of bills that fund agencies and programs is an essential duty of Congress. These funding bills are called appropriations and usually provide funds for one fiscal year. Each fiscal year expires on the last day in September. Fiscal year (FY) 2021 ends on September 30, 2021.

In response to the health and economic fallout from the spread of COVID-19, Congress passed several more major supplemental funding bills in the last year to meet emergency needs. Those bills gave money to states, hospitals, businesses, and nonprofit organizations, as well as to families and individuals to deal with the ramifications of the pandemic. In the last two bills, Congress provided a historic \$6 billion for mental health and substance use prevention and treatment grants through the Substance Abuse and Mental Health Administration (SAMHSA) that local organizations and states may draw down. If you want to learn more about applying for these funds, check out MHA's [Question and Answer Document: New Federal Resources](#). However, with Congress now looking ahead to Fiscal Year 2022 appropriations bills, advocates have an opportunity to ensure investment in additional priorities.

Talking Points

- Thank you for passing over \$6 billion in funding for SAMHSA block grants in the COVID-19 relief bills to help meet the increasing mental health needs.
- Funding for local and community-based organizations like Mental Health America helps individuals with mental health and substance use needs.

Asks to Congress

- Will you support \$1.6 billion in funding for the Community Mental Health Services Block Grant; \$10.7 billion for research, prevention and treatment of opioid use disorder; and \$1 billion to increase mental health professionals in schools as outlined in the president's FY2022 budget?
- Will you support additional funding for the National Institute of Mental Health (NIMH) for research on COVID-19's impact on people with mental health conditions?

2. TELEHEALTH FOR WORKPLACE MENTAL HEALTH

Background

Millions of employees spend a large part of their day, and lifetime, at work, increasing the effect that workplace environments can have on psychological well-being. In MHA's [2019](#) and [2021](#) workplace health surveys, more than 60 percent of workers reported that their workplace stress had a negative impact on their mental and behavioral health. Since the COVID-19 national public health emergency declaration was made, use of tele-mental health services [significantly](#) increased by Medicaid and Medicare beneficiaries, as well as for employer-sponsored health plans. However, some of the newly authorized telehealth flexibilities are temporary, and some health plans are not covering tele-mental health services at the same cost as in-person mental health services, leaving patients to pay out of pocket for their care.

To facilitate distancing, the Administration approved changes and guidance that expedited approval of state Medicaid amendments that temporarily cover telehealth services and allow Medicare plans to pay for audio-only telehealth services. Congress also passed legislation to temporarily allow Medicare

coverage of “audio-only” tele-mental health services provided via a telephone. But authorization for “audio only” services will end when the public health emergency declaration expires, unless advocates convince congressional representatives that audio-only tele-mental health services should be made permanent. One of the hesitations of Congress to permanently expand audio-only services is fear of fraud and overutilization of “audio-only” by bad actors. Giving Congress examples of audio-only tele-mental health models with successful guardrails to prevent abuse will reassure representatives that audio-only services should be made permanent.

Employers and employees have a stake in how employer-sponsored health plans provide coverage so that they get their money's worth. Speaking up to Congress will show that making tele-mental health services available without additional costs to patients is important to a large block of people.

Talking Points

- Thank you for expanding coverage of tele-mental health services under Medicare and for giving states more flexibility in Medicaid plans to cover tele-mental health services. Though many experts agree that “audio-only” tele-mental health services are extremely beneficial, especially for older adults and individuals without access to broadband and smartphones, the current authority under Medicare to bill for this will expire.
- Also, many employer-sponsored plans, known as Employee Retirement Income Security Act (ERISA) plans, are not covering and reimbursing tele-mental health services equal to in-person care.

Asks to Congress

- Will you commit to permanently allowing Medicare and Medicaid coverage of audio-only tele-mental health services?
- Will you support S.660/ H.R. 2264, the Tele-Mental Health Improvement Act, a bill to require employer-sponsored health care plans to cover tele-mental health and substance use disorder services at the same pay rate as those services provided in-person?

3. MATERNAL AND PERINATAL MENTAL HEALTH

Background

Most women and many men experience mental health symptoms during the perinatal period when parents are experiencing the stress of a major life change. The perinatal period includes the time that a woman is pregnant (prenatal) and the first year after a baby has been born (postpartum). Although research is clear on the importance of mental health supports for parents and babies, limitations keep many new mothers and fathers from [accessing](#) quality mental health care, including routine preventive screenings. Leaving conditions untreated and unaddressed affects the immediate and long-term mental and physical health of parents as well as babies and impacts other individuals in the family unit. Additionally, lack of access to care, limited education about perinatal mental health, social determinants, bias, and workforce shortages contribute to lack of quality treatment for families who identify as Black, Indigenous, and People of Color (BIPOC). To address several of these issues Congress recently passed legislation and is currently considering legislation to better meet the mental health needs of mothers.

Talking points

- Nearly one million women experience depression after birth each year. However, mood, anxiety, and psychosis conditions are distinctly different and can occur as well.

- Because nearly half of all U.S. births are paid for by Medicaid, Congress' recent passage of a provision (within the American Rescue Plan) to allow Medicaid coverage of mothers **up to one year after birth** is to be applauded.

Asks

To Congress

- Will you vote in favor of H.R. 959/ S. 346 the Black Maternal Health Momnibus Act, which includes the Moms Matter Act a bill to address the disparate mental health needs of Black mothers?

To State Governor

- Will you amend our state Medicaid plan to extend coverage for mothers up to one year after delivery?

4. CRISIS SERVICES AND SUICIDE PREVENTION

Background

People with untreated mental health and substance use conditions often encounter barriers that prevent them from receiving appropriate services and supports. As a result, interactions with people in crisis often harm, rather than help, recovery. In fact, in 2016, a quarter of all fatal police shootings nationwide involved people with behavioral health or substance use conditions. Rates of suicide since 2007 have nearly tripled, and MHA's online screening data for 2020 demonstrates another epidemic: suicide and self-harm. When examined by age, youth ages 11-17 years old continue to have the highest rate of suicidal ideation. The COVID-19 pandemic has worsened the ongoing children's mental health crisis. Physical distancing was a clear contributor to the increase in feelings of isolation, loneliness, and anxiety.

As Congress considers infrastructure and funding proposals, it is a critical time to highlight with legislators the importance of investing in a full continuum of crisis services that better connect both adults and children in crisis to comprehensive care. Often people end up in hospitals and jails due to lack of resources. Funding for stronger public health infrastructure should include significant resources for behavioral health workforce as there is extremely limited capacity for providers to meet the needs of youth and adults with mental health conditions. Additionally, with the Federal Communications Commission (FCC) gearing up the new 988 number for universal access to the suicide prevention and mental health crises hotline, there is fresh opportunity to invest in a crisis care continuum that ensures a mental health response to crises – not a public safety response—and prioritizes equity, particularly for BIPOC and lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ+) individuals.

Talking Points

- COVID-19's impact on the nation's mental health will be apparent for years to come and the feelings of isolation, anxiety, and depression hit youth especially hard. Police officers, behavioral health providers, and community stakeholders face challenges determining and implementing proper interventions during crises.

- A provision in the most recent COVID-19 relief bill created a state Medicaid option to provide mobile crisis response services under an enhanced Federal Medical Assistance Percentage (FMAP) rate of 85%. Congress should further facilitate development of a comprehensive crisis system that includes a framework for states to meet BIPOC and LGBTQ youth and adults where they are, in school and community settings and not in jails or hospitals.

Ask

- Will you support additional funding for the National Suicide Prevention Lifeline and local crisis centers?

- Will you support new funding at SAMHSA for a 988 federal-state coordination center?

5. PEER SUPPORT

Background

Peer support specialists, people with lived experience of a mental health or substance use disorder who have completed specialized training to help others through recovery, provide transformative services in community, forensic, and clinical settings. However, peers are often stagnating in low-wage jobs with limited room for growth. Instead of valuing peer services for the improvements in outcomes, quality of life, and engagement they create, peer support specialists often go without a [living wage](#) or the potential to create careers.

Through hearings, roundtables, and legislation focused on mental health and substance use recovery, Congress has shone a spotlight on peer support in recent years, especially in the Veterans Health Administration and in Medicaid. While Medicare (Part C) Advantage began covering peer support as a non-opioid pain management intervention, Medicare has not yet clearly recognized peer support as a covered service in primary care. In April, House Ways and Means Committee members Representative Judy Chu (D-CA) and Adrian Smith (R-NE) re-introduced legislation to clarify that peer services may be reimbursed by providers working as part of interdisciplinary teams that include psychiatrists and peer support specialists.

Talking Point

- The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes peer support as an effective, evidence-based practice and the proven benefits of peer support include reduced hospital admission rates, increased social support, and social functioning, and decreased substance use and depression.

Ask

- Will you co-sponsor H.R.2767, the Promoting Engagement and Empowerment in Recovery Act?

6. EQUITY

Background

The country's legacy of racism and other forms of discrimination negatively impacts mental health, yet discourse around mental health in our nation often erases the role of inequity and oppression. Disparate health outcomes may manifest as loss of years of life and more severe co-occurring behavioral or physical conditions. Racism and discrimination in clinical treatment and scientific research continue to contribute to fear and distrust, misdiagnoses, and unequal access to mental health services and supports both in clinical care and in community-based settings. Civil unrest and political demonstrations across the U.S. in 2020, coupled with social isolation, created a racial reckoning that forced the nation to look in the historical mirror. The Centers for Disease Control and Prevention (CDC) officially classified racism as a public health issue in April 2021 after many mental health institutions and provider associations recognized publicly its role in pathologizing and traumatizing Black people with lived experience.

As [ethno-racial trauma](#) academic studies become more commonplace, the distinct interventions and models of care and support used to successfully prevent or treat negative mental impacts of ethno-racial trauma need to be adopted as evidence-informed and reimbursed appropriately. House and

Senate Committee staff members made recommendations to advance equity in health care, criminal justice, education, workforce, and housing -- all parts of life that impact one's mental health condition. Senators and House Representatives have also introduced foundational legislation to reduce disparities in health care, including mental health care and research in particular.

Talking Point

- In the CDC's 2019 Youth Risk Behavior Survey, nearly 50% more Black youth reported attempting suicide compared to white youth (11.8% vs 7.9%). SAMHSA's National Survey on Drug Use and Health (NSDUH) data indicates that Black adolescents have less access to depression care than white adolescents – 36% of Black youth with major depressive episodes received access to mental health care compared to 50% of white youth.

Ask

- Will you commit to asking leadership in the House and Senate to schedule a floor vote on H.R. 1475, the Pursuing Equity in Mental Health Act?

Finding Your Legislator

U.S. Congressional districts each have a representative in the House of Representatives. The more populous a state is, the more House districts it has. There are currently 435 sitting members of the House of Representatives, with Democrats holding the majority of seats. The U.S. Senate was created for all states to have equal representation - two seats per state - and currently has 100 members, with Republicans and Democrats split evenly. The Senate is known as the upper chamber of Congress.

USA.gov is an interagency website administered by the U.S. General Services Administration and allows the public to easily find their state and federal elected officials. Visit www.usa.gov/elected-officials to find your federal elected officials.

Federal legislators may also be found at the following direct links to the House of Representatives and Senate websites:

1. Find your U.S. House Representative by visiting the House website and entering your zip code in the top right corner of the webpage: www.house.gov/representatives.



Directory of Representatives

Also referred to as a congressman or congresswoman, each representative is elected to a two-year term serving the people of a specific congressional district. The number of voting representatives in the House is fixed by law at no more than 435, proportionally representing the population of the 50 states. Currently, there are five delegates representing the District of Columbia, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. A resident commissioner represents Puerto Rico. Learn more about representatives at [The House Explained](#).

Key to Room Codes

- CHOB: Cannon House Office Building [↗](#)
- LHOB: Longworth House Office Building [↗](#)
- RHOB: Rayburn House Office Building [↗](#)
- [View the campus map](#) [↗](#)
- [A Note About Room Numbering](#)

2. Find your U.S. Senators by visiting the Senate homepage and selecting your state from the drop-down menu: www.senate.gov/senators.

The screenshot shows the United States Senate website. At the top, there is a search bar and navigation tabs for SENATORS, COMMITTEES, LEGISLATION & RECORDS, ART & HISTORY, and REFERENCE. The main content area is titled "Senators of the 116th Congress" and includes a sidebar with links to Contact, Leadership & Officers, Former Senators, Qualifications & Terms of Service, Facts & Milestones, and States. The main content area has a "Sort by: Name State Party" dropdown and a "Suite & Telephone list" link. Below this are three dropdown menus: "Choose a State", "Choose a Senator", and "Choose a Class". A "What is a class?" link is also present. The list of senators includes Alexander, Lamar - (R - TN) and Baldwin, Tammy - (D - WI), with their respective office addresses and contact information.

Scheduling an Appointment with Your Legislator

The process of requesting an appointment with a Senator or Representative is usually quick and easy, however, it is often necessary to follow up with an office multiple times (kindly) to ensure the appointment is scheduled and confirmed! In light of social distancing, constituent meetings have turned into virtual video meetings or telephone calls.

Here is a quick step-by-step guide to schedule a virtual meeting.

1. Look up your legislators using the steps mentioned in the "Finding Your Legislator" section.
2. Visit the legislator's official website (the URL usually ends in .gov) to obtain the District or Washington, DC office phone number.
3. Call the number and inquire the best way for "a constituent" to submit a scheduling request to discuss a legislative proposal with the representative (or their legislative assistant).
4. If necessary, use the template email below to submit a scheduling request via email (some offices require completion of an online form instead of email).
5. Follow up with the scheduler in writing and via telephone until you receive a response from the office to confirm receipt of the request. The scheduler should be initiating contact within a week of the request, even if he or she is unable to confirm a time. (We are still in a pandemic so this may vary.)
6. Mark your calendar for the requested dates so you do not accidentally book another meeting!
7. For virtual meetings, be sure to restart your computer the day before the meeting to limit technical issues.
8. Remember that a little kindness goes a long way!

Although many state legislatures are out of session, meetings with a state legislator or mental health commissioner may also be scheduled to discuss state-specific issues. For instance, you can talk to the Medicaid administrator in your state about MHA's maternal mental health Medicaid ask: to submit a new state plan amendment that would extend coverage for mothers through the whole postpartum

period. You can find contact information using your state government website, and often, you can email these officials directly since they likely have limited staff. Follow-up is still important to lock in the meeting.

Template email to schedule a meeting:

Dear [name of scheduler],

I am a constituent of [Representative/Senator Name] and I am writing to request your assistance to schedule a virtual meeting with my representative.

May is Mental Health Month, and I'd like to share my priorities to address the way our state/country handles mental health issues. Will [Representative/Senator Name] have 15-20 minutes to meet with me on Monday, May 24, 2021 – or another time that week - to discuss mental health reforms needed to improve services and supports in our community?

I look forward to your reply and greatly appreciate your assistance setting up a video or telephone call.

Sincerely,

Full name

Address

Phone

Email

In the Meeting with Your Legislator

1. Start by introducing yourself by name and title. Then allow anyone else joining to introduce themselves.
2. Thank the representative or staff for a vote or action you appreciated. Remember: Building a rapport with staff is important in developing a long-term relationship, and compliments go a long way.
3. Tell the story you came up with earlier in the toolkit. Be sure to focus on one topic. It is important to talk about only one issue and to stay on this topic during the meeting. The most memorable meetings discuss one or two topics only.
4. Avoid a long philosophical debate about the issue, always.
5. Make your "ask."
6. At the end of the meeting, thank the staff person or the legislator for his or her time.
7. Send a thank-you note or email soon after your call repeating your "ask" from the meeting. If you are part of a larger organization, offer to provide counsel or invite them to join your newsletter or to take a tour of your facilities either virtually or when it is safe to meet in person.

Calling Your Legislators

While it would be nice to meet your Senators or Representative and their staff, sometimes a phone call is more feasible. Schedule time on your own calendar to call into the office and share your views with the staff answering phones. Here is a basic call script you might follow:

Staff: Hello, thank you for calling the office of Senator/Representative Name .

MHA Advocate: Hi, my name is _____ and I am a constituent living in your [district or state]. I would like to share a message about the importance of improving mental health care.

Staff: Sure; I'd be happy to take a message for you and share it with the Representative/Senator.

MHA Advocate: Thank you. Again, my name is _____ and I am from [City, State]. Proceed to tell your story within 30 seconds to two minutes. Then, make the “ask.” End the call by thanking the staff for their time and let them know you would like a response. If you can, send a follow up email briefly outlining your “asks” to the staffer directly or through the official website.

Action Alert

Action alerts are form letters that a person completes in order to automatically email legislators representing that person’s district or state. The beauty of form letters is that the base of the text is there, however many people skip one step that can mean the difference between a vote or not – customizing the text of the letter to add your personal story.

Just as in meetings and in phone calls, storytelling is a big factor in policymaking. MHA’s Mental Health Month action alert series includes all of our formal asks but is also designed to be customized so a person can share their personal story too. Sending an email to your legislator puts you on the record and is kept in their files for future reference. The opinions of constituents are always consulted by the legislators most in tune with their districts.

Social Media: Tweeting or Posting

Elected officials are becoming increasingly more in tune with issues and the people they represent through social media. Facebook is a useful way to communicate with your congressional representation when your constituent badge is turned on or if you send a message through the *Town Hall* feature. Twitter is easily trackable through its search feature and allows for a faster-paced conversation than Facebook because the more times you tweet, the louder your message!



Follow and tag MHA on Twitter, Facebook, and Instagram. Use our sample graphics to tweet your message or create your own! When hundreds of people use the same hashtag, social media platforms pick up on the trend and highlight it for easier reference. Remember to use hashtags **#AdvocacyMondays**, **#BeforeStage4** and **#MHAHillday2021!**


Tips and Tricks - What do officials and their staff look for when it comes to social media?

Facebook Town Hall

Facebook has rolled out a very useful tool for advocacy organizations to help their constituents easily contact their elected officials called Facebook Town Hall (<https://www.facebook.com/townhall>). It allows organizations to embed legislator contact information within a Facebook post and is tailored to everyone depending on their location.

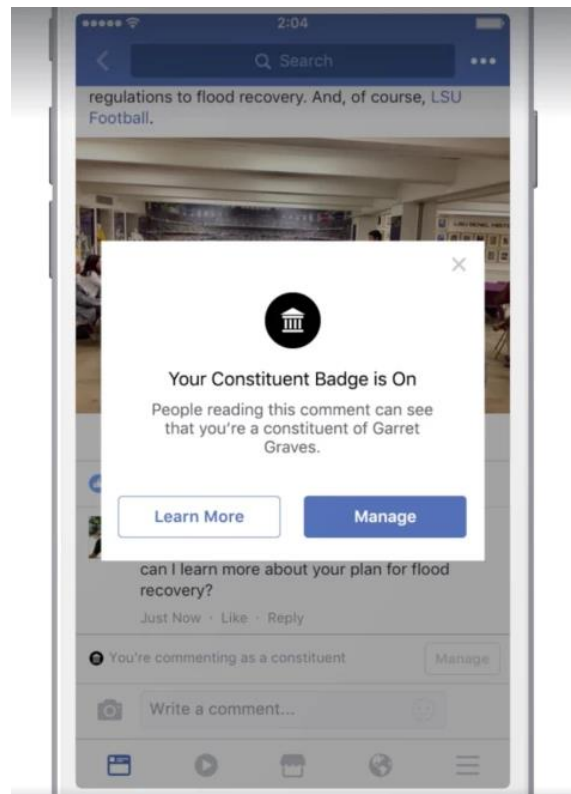


Constituent Badges

A constituent badge  appears next to your name when you interact on Facebook with a government official who represents the area where you live. You can turn the constituent badge on or off in Town Hall.

If you've turned constituent badge on, keep in mind the following:

- Interactions with your elected representatives include posts you make that mention them, comments on their page or profile posts, and private messages you send.
- When you mention your representative in a post or comment on their page or profile, the badge is visible to the elected representative and anyone else on Facebook who sees your post or comment.
- The constituent badge will also appear on all past interactions with your representative. If you later choose not to show the badge, it will be removed from all interactions where it once appeared.
- If your representative changes, the constituent badge will be removed from past interactions with your now-former representative.



This is how constituent badges look when used as part of the platform:



Congressional offices are not likely to respond to individuals who comment on posts without a constituent badge on. Additionally, your constituent badge only works for *your* legislators.

Always be specific

Staffers and legislators pay attention to mentions on Twitter, especially if the post is regarding a specific ask or bill. For example, if you tweet to your House Representative about mental health screening in schools, it is better to also mention a bill associated with mental health education in schools, such as H.R.721, the Mental Health Services for Students Act.

State of Play

The House of Representatives has two groups especially of interest to MHA advocates. First, the Congressional Mental Health Caucus is led by Representative Grace Napolitano of California and Co-Chair Representative John Katko of New York. Second, the Bipartisan Addiction and Mental Health Task Force is led by Representative Annie Kuster of New Hampshire and Representative Brian Fitzpatrick of Pennsylvania. Both of these groups have recommitted their support to ushering legislation quickly to meet the pandemic mental health needs. You should ask your House Representative if they are already part of the caucus or task force or if they would consider joining.

Milestone Legislation

Both parties coming together on mental health reforms makes powerful change. In the last decade, many creative advocacy strategies led to direct ratification of landmark legislation, including the passage and enactment of:

- The *Wellstone Domenici Mental Health Parity and Addiction Equity Act of 2008*, which established parity -- the equal treatment of mental health conditions and physical health conditions -- for large employers.
- The *Patient Protection and Affordable Care Act of 2010*, which codified and expanded mental health parity to private and small group insurance, expanded public insurance to low-income people without children and required free preventive services like mental health screenings.
- The *21st Century Cures Act*, which reformed the federal government infrastructure to better address mental health and substance use needs, created new funding streams for treatment of youth and adults, and recognized the importance of peer support in recovery.

- The *Comprehensive Addiction Recovery Act of 2016*, which expanded community-based recovery services funding for women, children, and veterans with substance use disorders .
- The *SUPPORT for Patients and Communities Act*, which further developed systems changes to improve treatment of opioid use disorder and disrupt the nationwide substance use disorder crisis.

With your help, when Congress pieces together appropriations and infrastructure bills, they will remember our key asks for mental health, and we will have another winning bill to add to this list!

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