

# THE BRAIN IS STILL PART OF THE BODY

## Dismantling the \$343B Standard of Neglect for the Bipolar Community

Kerry Martin, MPP | Director of Growth & Impact, National Shattering Silence Coalition

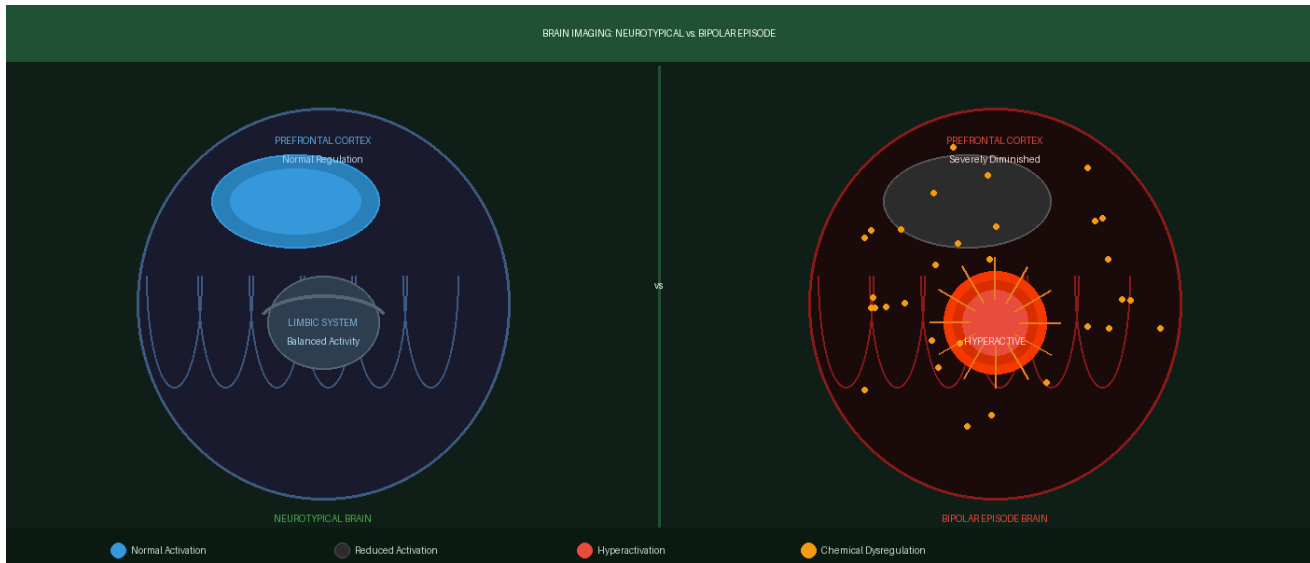
*Author's Note: I wrote the first version of this call to action nearly nine years ago. At the time, I was a survivor of Bipolar I fighting for a seat at the table. Today, as the Director of Growth & Impact for the National Shattering Silence Coalition (NSSC), I am no longer asking for a seat—we are building a new table. The data has changed, the costs have soared, but our resolve to secure the “Right to be Well” has never been stronger.*

We must confront a devastating truth: Bipolar disorder is a killer disease that claims roughly 11% of our community over our lifetime. That is approximately 30,000 American lives every single year—nearly one every 15 minutes. Yet, there remains a glaring mismatch between the enormous impact of this condition and society’s limited commitment to addressing it.

In 2017, I called for spending equality. Today, the demand has evolved. Alongside the National Shattering Silence Coalition (NSSC), I am moving beyond ‘Awareness’ to usher in the Era of Accountability. We aren’t asking for ribbons; we are demanding medical equity. Lives are at stake.

## SCIENCE DOES NOT LIE: MENTAL ILLNESS IS A PHYSICAL ILLNESS

Bipolar disorder is a brain disease—a chemical and structural imbalance that can be mapped and measured. We must stop treating brain disorders as “behavioral” choices and start treating the brain as the physical organ it is.



MRI Scan Comparison: Neurotypical Brain vs. Brain During a Bipolar Manic/Depressive Episode — highlighting diminished prefrontal regulation and amygdala hyperactivation.

Look at the scans above. You aren’t looking at a “mood” or a character flaw; you are looking at a biological brain crisis. When we tell families to “just use voluntary programs” for someone in the throes of this pathology, we are asking a physically compromised organ to fix itself.

Furthermore, we must address Anosognosia—the neurological impairment that prevents an individual from recognizing their own illness. True liberty is not found in abandonment; it is found in the right to be well.

## THE NUMBERS: A NATIONAL STANDARD OF NEGLECT

Bipolar disorder is among the ten most disabling medical conditions worldwide. While it affects approximately 2.8% of the U.S. adult population (7 million people), it carries the highest burden of severity in all of psychiatry: a staggering 82.9% of cases are classified as severe.

**1 in 3** individuals with Bipolar disorder will attempt suicide at some point in their lives.

**51%** currently receive zero medical treatment.

**3x** Individuals with SMI are 3x more likely to end up in a jail cell than a hospital bed.

## The "Neglect Tax": Bipolar Disorder's Role in a Failing System

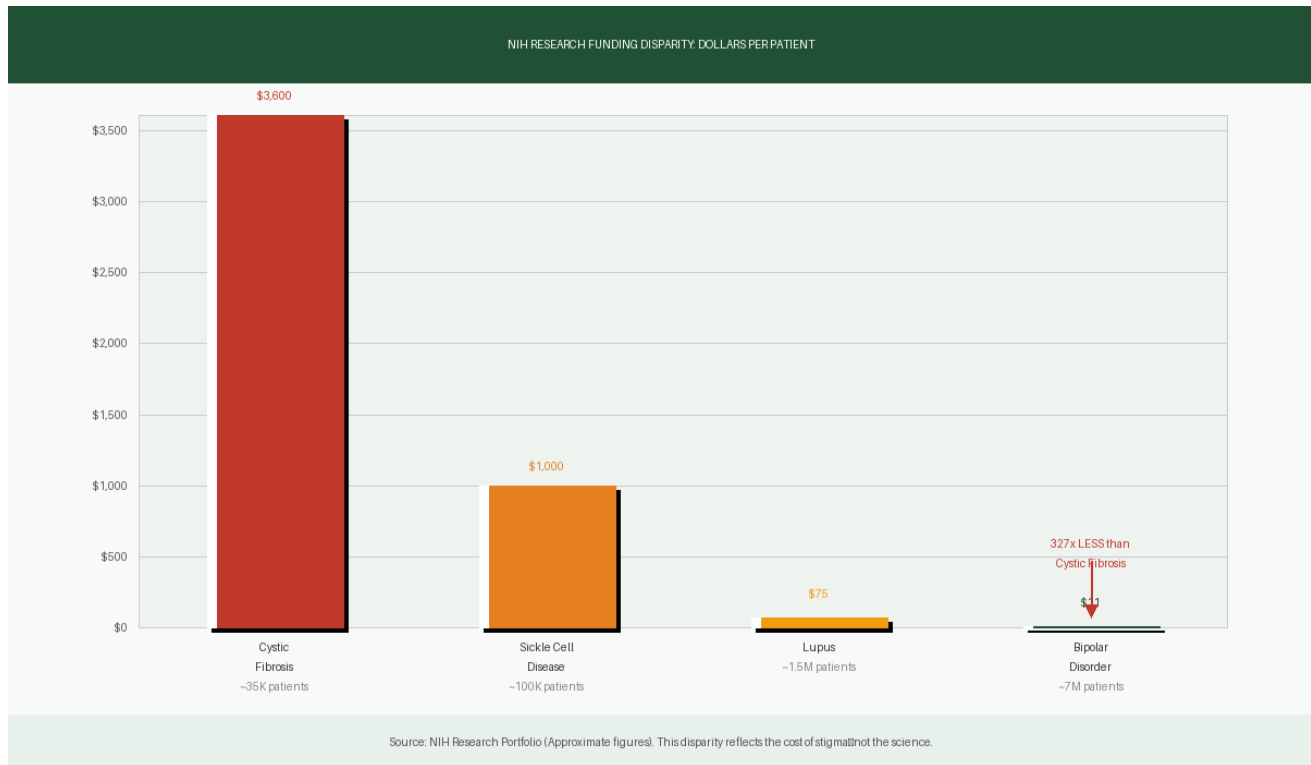
While the \$343 Billion SMI Neglect Tax represents the total annual economic burden of all untreated serious mental illnesses, Bipolar Disorder is a primary driver of this systemic financial drain. Because Bipolar episodes often involve high-acuity crisis events—manic episodes, emergency police interventions, and a higher volume of suicide attempts—this community is disproportionately impacted by our nation’s “Standard of Neglect.”

- The “Crisis Surcharge”: Bipolar Disorder is documented as the most expensive behavioral health diagnosis in terms of lost productivity and emergency intervention. It costs taxpayers twice as much as major depression per individual, fueled by the “revolving door” of ER boarding.
- The Incarceration Drain: Every day, we spend \$11 million to incarcerate those with SMI rather than treat them. Because Bipolar symptoms are frequently met with handcuffs rather than a medical “Warm Handoff,” this community accounts for a massive portion of the “Competency Limbo” costs in our jails.
- The Pediatric Pipeline: This neglect begins early. Children with early-onset Bipolar or SED are 3 to 4 times more likely to face systemic entanglement, fueling the next generation of the Neglect Tax.

## SHEDDING LIGHT ON FUNDING DISPARITY

The inequality is most glaring when you look at diseases that receive significantly higher federal research funding despite impacting far fewer people. This is the price of stigma. We do not begrudge these physical illnesses their funding; we simply demand that those with a killer brain disease be treated with the same medical dignity.

Condition	Est. U.S. Population Impacted	NIH Funding Per Patient
Cystic Fibrosis	~35,000	\$3,600+
Sickle Cell Disease	~100,000	\$1,000+
Lupus	~1.5 Million	\$75
Bipolar Disorder	7 Million	<b>\$11</b>



NIH Research Funding Per Patient: The staggering disparity between Bipolar Disorder (\$11/patient) and conditions like Cystic Fibrosis (\$3,600/patient) reflects the cost of stigma, not science. Source: NIH Research Portfolio (Approximate figures).

When we refuse to fund research and treatment, we are forced to fund the consequences. This failure has created the \$343 Billion SMI Neglect Tax—a compounding fiscal surcharge paid by taxpayers to warehouse the sick in jails rather than stabilize them in hospitals.

## A CALL TO ACTION: JOIN THE SMI PEER ALLIANCE

We are done waiting for the system to change itself. At NSSC, we are turning our lived experience into systemic power. We are inviting those living with Bipolar I, Schizophrenia, and other no-fault brain diseases to join the SMI Peer Alliance and use the ground-truth of your lived experience to help champion a National Standard of Care.

As peers, we have the power to change the narrative. We must move from the ‘cannot’—the death, the incarceration, the abandonment—to the ‘can.’

- **WE CAN** mandate medical accountability.
- **WE CAN** build clinical oversight into our communities.
- **WE CAN** restore the Right to be Well.

I say this not just as a policy expert, but as a woman who lives with Bipolar I. I have stood on the edge of that clinical void, and I am only here today because I was lucky enough to receive treatment. We must stop relying on 'luck' and start relying on a National Standard of Care.

---

**Kerry Martin, MPP**

Director of Growth & Impact

National Shattering Silence Coalition (NSSC)