

Making mental healthcare universal too

By William R. Beardslee and Marylou Sudders | Boston Globe | January 13, 2005

ONCE AGAIN, Massachusetts stands at the threshold of resolving one of our society's seemingly intractable issues: insuring the uninsured.

The shared commitment of the governor, speaker of the House, and Senate president bodes well to finally provide healthcare coverage for all of our citizens. Although we are optimistic that the political will exists, we are worried that mental health will be traded off in the insurance coverage debate.

With a projected budget deficit of \$900 million and with just the *incremental* costs of covering the uninsured estimated at between \$374 million to \$539 million, this prospect seems possible.

Experience with low-cost health plans around the country suggests that they frequently severely limit or exclude mental health coverage. For example, the New York Security Health Plan includes no mental health benefit, neither inpatient nor outpatient.

The New York experience raises concerns that in the noble quest for universal coverage, we will sacrifice the hard won gains of mental health parity, reinforcing the stigma of mental illness and the healthcare divide that artificially separates our mental from our physical well-being.

In 2000, Massachusetts was the last of the New England states to pass legislation requiring better mental health insurance coverage, known as parity. The mandated mental health benefit that previously existed was an embarrassment for a state with a national reputation as a healthcare leader.

The passage of "parity" was a hard fought victory for mental health advocates, researchers, family members, practitioners, and individuals with the illness. Like most laws, it is not comprehensive, excluding substance abuse treatment and allowing insurers too much latitude in interpreting benefit coverage. But it provided far better insurance coverage than what previously existed and offered a platform for future reform.

High quality care of both mental and medical illness is a fundamental human right and a matter of basic human dignity. It is as wrong and as misguided to deny or delay care to a child or adult with mental illness as to a person with physical illness. Mental illness causes untold individual suffering, places huge stress on the families of those who suffer from it, and robs society of the contributions that people could otherwise make as caregivers, parents, employers, and employees.

There has been remarkable progress in understanding the neuroscience of mental illness and, perhaps even more, in realizing evidence-based effective

treatments for both adults and children for the major mental illnesses, including anxiety disorder, depression, ADHD, and even psychosis.

We also understand more and more about how effectively to prevent some of these illnesses and certainly how to ease the burden of suffering by removing the guilt that families feel and by providing support and understanding. In the long run, an investment in mental health services can reduce future healthcare costs because people are then better able to take care of themselves and remain in the workforce.

Underlying these advances is the fundamental realization that mental illnesses are every bit as biological and medical in nature as physical illnesses. This is the conclusion of two major reports -- "Mental Health: A Report of the Surgeon General" by Dr. David Satcher in 1999 and the 2003 "Achieving the Promise: Transforming Mental Health Care in America, The President's New Freedom Commission on Mental Health"-- produced by the Bush administration.

Additionally, there is evidence that integrating the delivery of mental health services with medical services is more effective and efficient than separating them. We find common cause with all of those who favor universal healthcare.

We recognize that mental health is only one of the areas that need to be included. Nonetheless, the stigma that surrounds mental illness remains strong and pervasive and the biases within society that sees mental illness not as a real illness but a character flaw or weakness remain.

Parity obliterates stigma and bias and promotes the total health of the person. Only by making certain that there is parity for mental healthcare can we achieve the vital goals of universal, comprehensive healthcare.

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