Groups Join to Fight for Mental Health Reform

BY NELLIE BRISTOL
Contributing Writer

WASHINGTON — A coalition of national mental health organizations—including the American Psychiatric Association and the National Alliance for the Mentally Ill—has launched a campaign aimed at implementing some of the goals set 2 years ago by the New Freedom Commission on Mental Health.

A top priority of the effort, called the Campaign for Mental Health Reform, is the enactment of mental health–parity legislation. Other priorities include using Medicaid funds for home- and community-based care instead of institutional services and allowing states to fund comprehensive treatment plans. The campaign also will work for legislation aimed at allowing families to buy into Medicaid services for children with disabilities.

Ending discrimination in the treatment of mental illness is "the next frontier," according to Sen. Edward M. Kennedy (D-Mass.), who attended the press event in late July outlining the campaign's agenda.

"It is something that this country has to come to grips with. [We] should and will be the better country, be a fairer, more just country, when we deal with this in the way that we have with physical illness," said Sen. Kennedy, who was joined by several other members of Congress, including Sen. Mike DeWine (R-Ohio), Rep. Patrick Kennedy (D-R.I.), Rep. Sue Myrick (R-N.C.), and Rep. Jim Ramstad (R-Minn).

The coalition's steering committee members are from the Bazelon Center for Mental Health Law, the National Association of State Mental Health Program Directors, the National Mental Health Association, and NAMI. The group developed "Emergency Response: A Roadmap for Federal Action on America's Mental Health Crisis," which lists 28 "action steps" aimed at improving provision of mental health services in the United States.

In 2003, President Bush's New Freedom Commission on Mental Health report called for "fundamental transformation of the nation's approach to mental health care." However, the Campaign for Mental Health Reform noted in its executive summary that "there has been little progress in realizing the commission's goals or implementing its recommendations."

In fact, since the commission released its report, the campaign noted, 63,000 Americans have died from suicide; more than 200,000 Americans with mental illness have been incarcerated; more than 25,000 families have given up custody of their children to get them mental health services; and juvenile detention centers have spent $200 million " 'warehousing' youth instead of providing treatment."

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The campaign estimates that the U.S. economy has lost more than $150 billion in productivity because of unaddressed mental health needs. Other priorities for the group include reforming copayments for mental health treatment under Medicare and providing early identification and effective treatment both for returning veterans at risk of posttraumatic stress disorder and to mothers and children who receive health care at federally funded maternal- and child-health clinics.

The coalition also advocates presumptive eligibility for Social Security benefits and Medicaid for mentally ill homeless people and diverting mentally ill individuals who have committed nonviolent crimes into treatment instead of jail or prison.

Some of the group's priority proposals are included in legislation pending in the House or Senate, campaign director Charles Konigsberg said. For example, mental health parity is outlined in the Paul Wellstone Mental Health Equitable Treatment Act of 2005, sponsored in the House by Rep. Kennedy. Attempts to pass mental health–parity legislation have failed for the last several years.

Legislation to encourage states to let parents keep custody of their mentally ill children and still receive services is sponsored in the House by Rep. Ramstad and in the Senate by Sen. Susan Collins (R-Maine).

Mr. Konigsberg said the campaign considers its effort complementary to that of a federal agency agenda for mental health services improvement announced a few days earlier by six federal departments. The "multiyear effort to alter the form and function of the mental health system," includes a federal executive steering committee that would oversee the "mental health system transformation," according to press materials.

The 70-item Mental Health Action Agenda includes reinforcing the message that mental illness and emotional disturbances are treatable and that "recovery is the expectation," through a national public education program sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The agenda also proposes working to reduce the number of suicides through implementation of the National Strategy for Suicide Prevention and helping states formulate and implement comprehensive state mental health plans that would be able to create individualized plans of care. ■

'Parity Plus' Urged for Mental Health Benefits

BY JOYCE FRIEDEN
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Sometimes, being equal is just not enough—at least, that's what the Progressive Policy Institute says.

A paper from the a liberal Washington think tank suggests that rather than aiming for simple dollar-for-dollar parity with physical health benefits, advocates for mental health parity should insist that providers be held accountable for delivering high-quality, cost-effective services.

The business community is intrigued by this idea, said David Kendall, senior fellow for health policy at the institute. "Employers see themselves as leaders in the outcomes disclosure field, and their argument has been all along that parity shouldn't mean unlimited entitlement to [mental health] services," he said. "So if we can find ways to discipline the demand side with outcomes [data], I think that may help break the deadlock on parity."

One reason the Progressive Policy Institute (PPI) published the paper is that President Bush has "dropped the ball" on reforming the mental health system, even though he himself called for such reforms about 4 years ago, Mr. Kendall said.

In the report, PPI notes that enhanced parity "would bring together a wave of cutting-edge reforms—some proposed, some already proven—that aim to promote effective treatments and tangible results, often reinforced by pay for performance or other incentives." One example would be Assertive Community Treatment (ACT), in which mobile interdisciplinary teams give 24-hour assistance to hard-to-reach mentally ill patients. "When states fail to adopt such practices, the cost of preventable hospitalization soars." Parity legislation should "require the disclosure of performance results, not just reimbursement for any service provided," the report said. "Without some form of accountability, mental health parity risks turning into a blank check for mediocre treatment-as-usual. Legislation should include a requirement to use at least some of the measurements developed by the Substance Abuse and Mental Health Services Administration," such as its Mental Health Consumer-Oriented Report Card.

Rep. Patrick Kennedy (D-R.I.), chief sponsor of a parity bill in the House of Representatives, said that although accountable mental health care is a laudable goal, Parity Plus is not the way to go about achieving it. "If we are to ever rid the prejudice associated with this country's mental health policy, we cannot at the same time require some kind of higher standard of accountability for mental health care," he said at a PPI forum on Parity Plus.

Nicholas Meyers, director of government relations at the American Psychiatric Association, in Arlington, Va., agreed. "We appreciate the interest of PPI in the parity issue, but framing and conditioning approval of parity on a range of performance initiatives is both a very dubious political strategy and perpetuates the stigma," he said. Furthermore, performance measures are still in the early stages of development, especially in the area of pay for performance, Mr. Meyers said. For example, "There are a whole host of technical issues: Who owns the information that's being reported? What protections are provided for confidentiality? How and by whom are measures developed and validated?"

Despite this opposition, PPI's Mr. Kendall thinks that there is one other way a Parity Plus proposal helps to advance the mental health care debate: It puts some of the onus for improvement squarely on the managed care plans. ■