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# Mental Health: Policy Alternative

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# Abstract

A look at a possible policy alternative to the Mental Health Parity and Addiction Equity Act of 2008 that will explore a new policy that will resolve the limitations and issues associated with the original policy. The Mental Health Parity and Addiction Equity Act of 2008 serves as beneficial to many throughout the United States but limitations at the state and federal levels prevent many others in need from receiving treatment. The new policy proposed; the Mental Health Inclusion Act will look at possible solutions to these problems by assessing the issues related to the Mental Health Parity and Addiction Equity Act.

# Mental Health: Policy Alternative

The Mental Health Parity and Addictions Equity Act of 2008 was put into place to ensure that all that receive insurance benefits through their employer are eligible to receive treatment for mental health issues. This policy ensures that mental health services are as readily available as general health services and reversed the limitations on longevity of services. Although the Parity Act of 2008 is beneficial to many Americans there are still issues that need to be resolved in order to truly make mental health care and addiction coverage equal. The new proposed policy, The Mental Health Inclusion Act will take an in depth look at the Parity Act of 2008 in order to address each issue associated with the original policy to ensure more feasible and accessible coverage and services to those in need.

# Mental Health Inclusion Act

The new proposed policy, the Mental Health Inclusion Act will strive to eliminate the boundaries that still exist in mental health coverage and treatment availability in the United States. The Act will provide program assistance similar to Medicaid and Medicare allowing those; employed or not, insured or not access to feasible mental health services. Along with extending mental health coverage via the proposed program the Mental Health Care Inclusion Act would not limit the types of mental illness that are covered, unlike the Mental Health Parity and Addictions Equity Act of 2008.

Along with many positive features of the Mental Health Parity and Addictions Equity Act of 2008 there are also many negative aspects to the coverage provided and to the feasibility of coverage. According to Health Affairs, “With most employers and insurers, there are two major concerns: (1) skyrocketing utilization rates that increase costs and overwhelm the advantages of the continued provision of mental health benefits, and (2) the types of mental illnesses that must be covered under the new rules. Proponents of the legislation wonder if the MHPAEA goes far enough to ensure full parity or whether it will fall short of providing any real equity of access to services.” (Barry, Frank, & McGuire, 2006). The state and federal government were not adequately prepared for this drastic growth utilization. This shows that the government and health care providers lack awareness of the prevalence of mental illness. This “flaw” in the Parity Act of 2008 could have been prevented. The policy makers should have ensured that the policy was adequately backed with supporting funds and resources in order to sustain a significant increase in utilization of services covered by the Act. The Mental Healthy Parity and Addictions Act also limit the types of mental illness covered by insurers which still leaves many without coverage due to their diagnosis and as a result the welfare of the target population falls second. This Act proves to only provide coverage to certain members of the target population and due to the increase in utilization of services the cost has risen to a point where the quality and availability of services provided are hindered.

The Mental Health Inclusion Act will address these concerns by adequately preparing for the increase in case loads and demand for services and by eliminating the lack of coverage based on diagnosis. The goal of the Mental Health Inclusion Act is to include mental health coverage and services in general health care; breaking the boundaries between general health issues and mental health issues once and for all. This change and evolution of the Mental Health Inclusion Act must occur at the federal and state levels. Policy makers must gain financial support from the federal government in order to be able to offer these expanded services and coverage. The federal government must assess the funds needed to support this Act and make cuts where needed in order to budget and accommodate for the instatement of the Act.

First the focus must be shifted to Medicaid and Medicare and the rising number of the unemployed and uninsured. According to Karger & Stoesz (2010), “The percentage of the nation’s population without health care coverage was 15.8 percent in 2006 and the percentage of people covered by government health insurance programs (Medicaid and Medicare) was 27 percent.” (Karger & Stoesz, 2010) ,of the uninsured and those reliant on the government health insurance programs millions are unemployed and therefore unable to receive the coverage afforded in the Mental Health Parity and Addiction Equity Act of 2008. The focus of the Mental Health Inclusion Act is to ensure that mental health coverage is included in the services available to the rising percentage of those on Medicaid and Medicare.

In order to begin this process it is necessary to look at the policies in tact currently for governmental health care coverage at various levels, according to Health Affairs, “There are two important pieces to mental health parity policy: federal and state legislation.” (Sturm & Liccardo Pacula, 1999). By assessing governmental healthcare at both the state and federal levels we are able to pinpoint factors that are working and not working and be able to evaluate where funding may be shifted in order to accommodate for programs included in the Mental Health Inclusion Act. Understandably, cost is a major concern in expanding governmental health care services. As stressed by Karger & Stoesz (2010), “Medicaid became the largest public assistance program in the nation. In 2006 Medicaid served on in every six people at a combined federal and state cost of $319.6 billion.” (Karger & Stoesz, 2010), so it is crucial that policy makers clearly define the economic feasibility of the Act and pool resources in order to gain additional funding to include mental health coverage in general health care.

Similar to the stigma surrounding Medicaid and Medicare there is an even strong stigma associated with mental illness so it is critical to evaluate the level of support from the entire population that this policy will influence. It is clear that without an increase in tax rates the funding of programs such as those encompassed by the Mental Health Inclusion Act will be impossible so it is important to estimate and prepare for the level of political feasibility. According to Karger and Stoez (2010), “The polictical viability of a policy is subject to the public’s perception of its feasibility.” (Karger & Stoesz, 2010) stressing the importance of raising awareness on mental illness throughout the states and communities in order to eliminate stigma associated with mental illnes is vital in gaining support from tax payers who will ultimately fund the policy.

Implementation of Policy Alternative

 In order to implement the Mental Health Inclusion Act a systematic model of policy framework must be implemented to ensure the policy’s success. Understanding the influences of the Mental Health Inclusion Act on the population and the pros and cons of the policy is essential when putting together an effective policy. When implementing the Mental Health Inclusion I would first ensure that I have clearly evaluated the problem and have ensured political, economic and administrative feasibility because without the support of the population and government, adequate funding and staffing, implementing a policy such as this would be difficult and failure would be likely.

 The first step in implementing the Mental Health Inclusion Act would be to decipher where the services would be offered. In order to limit cost these services would be added the general health care services provided at certain medical facilities where staffing is available and can accommodate patients in need of this type of service. A struggle that would be inevitable initially would be the reluctance from providers. If the implementation of the policy ensures the “largest possible social benefit at the least possible social cost” (Karger & Stoesz, 2010) then the implementation would involve ensuring that the addition of these services would come at little to no cost to the providers. Many providers are concerned with being overwhelmed with an abundance of new patients, but ensuring that the medical facilities are equipped to handle this patient increase by guaranteeing adequate personnel and resources would alleviate this initial concern. Focusing on the benefit of this program from all sides is vital in its acceptance.

 Working with the target population is also central to the effective functioning of this program. Through raising awareness of mental illness by the policy makers during the initial policy analysis the target population has been analyzed to its entirety. Understanding the concerns of those who suffer mental illness is key to understanding the types of services necessary to provide ample treatment to those in need. By taking into consideration and implementing what was learned from the target population along with the considering the concerns of those who oppose the Act such as; insurance companies and those in the private sector we are able to adopt a plan that will please both sides. As stated in Medical Benefits, “…parity of coverage of mental health and substance-abuse services, when coupled with management of care, is feasible and can accomplish its objectives of greater fairness and improved insurance protection without adverse consequences for health care costs." (Goldman, 2006), which illustrates that with a systematic approach mental health parity can be treated fairly and according to general health standards.

Global Perspective

Mental illness is not just a problem in the United States but across the globe. There are many similarities and differences in policy in the United States in comparison to other countries such as Canada where universal health care exists. Mental illness is clearly defined in Canada as, “Mental illness affects thinking, mood or behavior and can be associated with distress and/or impairment of functioning, with symptoms that vary from mild to severe” (Centre of Addiction and Mental Health, 2011). According to the Centre for Addiction and Mental Health of Canada, “1 in 5 Canadians will experience a mental illness in their lifetime and the remaining 4 will have a friend, family member or colleague who will” (Centre of Addiction and Mental Health, 2011). Of those that experience mental illness in their lifetime, only one-third will receive treatment (Centre of Addiction and Mental Health, 2011). This illustrates the need for an addition of a mental health specific policy in Canada’s universal health care.

Universal health care in Canada can be explained as, “All Canadian citizens, regardless of income, employment or health, have enjoyed access to free basic health care, whether it’s provided in a hospital, home or clinic.” This policy relates to the proposed policy; the Mental Health Inclusion Act because the goal of the Act is to create universal, affordable healthcare to those without. Unlike Canada, due to the cost of services in the United States there is not an overwhelming number of people seeking services at the same time therefore citizens of the United States are able to gain treatment and services fairly quickly compared to Canada where there are wait lists due to the massive number of citizens seeking free treatment. With the clear weak administrative feasibility that currently exists in Canada the expansion of effective mental health services would be difficult. Without adequate, competent personnel who possess the skills and training needed to facilitate these services it would not be feasible to offer expanded mental health coverage.

As in the United States, the stigma associated with mental illness has a deep impact on services and programs provided to the mentally ill as illustrated by the Centre of Addiction and Mental Health, “46% of Canadians think people use the term mental illness as an excuse for bad behavior; and 27% are fearful of being around people who suffer from serious mental illness” (Centre of Addiction and Mental Health, 2011). This lack of understanding and support affects the political feasibility of a policy such as the Mental Health Inclusion Act from thriving clearly shown through the delineation of funds within Canada’s health care program, “While mental illnesses constitute more than 15% of the burden of disease in Canada, these illnesses receive only 5.5% of health care dollars” (Centre of Addiction and Mental Health, 2011). Without the support of the citizens of Canada and the governmental support for mental health services at the political level the passage of an act such as the Mental Health Inclusion Act would be difficult. This difficulty would be in part to the economic feasibility of adding mental health coverage to their universal health care program. With only 5.5% of health care dollars going towards mental illness, Canadian government would need to assess their health care system and suggested earlier in the United States in order to more equally allocate the funding of mental health and general health services in order to function as the Mental Health Inclusion Act is intended.

Reflection

 The Mental Health Inclusion Act would serve as a way to narrow the gap between general health care services and mental health care services. Today, the stigma associated with mental illness is diminishing and the idea the mental illness should be treated just as any illness is becoming easier to grasp by those who once opposed this. I think that this proposed policy would be feasible at all levels if we were to reassess and evaluate our existing governmental healthcare system and make changes where needed in order to implement this policy. The main point of concern is funding so in order to ensure adequate funds to support this program it is important to identify where the funds and resources are available and assess the pros and cons of shifting resources to encompass coverage for mental health services. As a social worker advocating for change in the health care system there are many boundaries and limitations that one will encounter that will make the policy analysis process difficult. In order to implement and pass a policy such as the Mental Health Inclusion Act, a social worker at the macro level must clearly define the problem and the goals of the policy. To define this problem the social worker must understand the problem from the perspective of those who suffer mental illness as well as the perspective of those who oppose the policy in order to ensure that the policy’s goals encompass the concerns of everyone involved. As a social worker it is my responsibility to research and collect data that supports and opposes the Mental Health Inclusion policy as well as guarantee that all aspects of the policy remain ethical.

Conclusion

 The Mental Health Inclusion Act goes beyond the original Mental Health Parity and Addictions Equity Act of 2008 by eliminating restrictions on services and expanding mental health coverage and services regardless of employment. It would work to ensure that everyone in need of mental health care regardless of their situation were able to attain these services as easily as they are able to attain general health care. The issue of mental health care is universal as well as the stigma associated with the situation so it is vital to raise awareness of mental illness with the goal that it will be viewed no different than physical illness. Through a collective understanding of mental illness and political, economic and administrative feasibility it is possible to implement a policy such as the Mental Health Inclusion Act. With a systematic approach and the support from those involved at all levels, those who suffer mental illness will gain equality and be better equipped to live with and overcome mental illness if a policy such as the Mental Health Inclusion Act is implemented.

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