

Inclusion of Mental Healthcare in Overall Healthcare Reform

The **Campaign for Mental Health Reform** is a collaborative effort of 18 national mental health organizations. It seeks to align federal policy with goals articulated by the President's New Freedom Commission on Mental Health,¹ the Institute of Medicine,² the U.S. Surgeon General,³ and others who recognize that mental health is integral to health, recovery is possible, and service systems must be coordinated to provide access to quality care. Representing consumers, family members, mental health professionals, and administrators, the Campaign provides a united voice on federal mental health policy.

The Campaign believes strongly in the integration of mental health and overall healthcare. Accordingly, just as mental health is integral to overall health, mental health reform must be integral to healthcare reform. The prevalence of mental health and substance-use disorders exacts an extraordinary toll on this country.

- One in four uninsured adult Americans has a mental disorder, substance use disorder, or both.⁴
- Mental illness is the leading cause of disability in the United States and Canada for people between the ages of 15 and 44.⁵ The Global Burden of Disease study indicates that the burden of disease from mental disorders for countries like the United States exceeds those from any other health condition.⁶
- Adults with serious mental illness die 25 years sooner than those who do not have a mental illness.⁷ Over 32,000 Americans took their own lives in 2005.⁸
- In 2002, mental illness and substance use disorders led to \$193 billion in lost productivity – more than the gross revenue of 499 of the Fortune 500 companies – and by 2013, this figure is estimated to rise to more than \$300 billion.⁹
- Almost one in four stays in U.S. community hospitals involved depression, bipolar disorder, schizophrenia, and other mental health and substance use disorders.¹⁰

Treatment for mental health and substance use disorders is effective. Recovery rates for mental illnesses are comparable to and even surpass the treatment success rates for many physical health conditions. For example, up to 85% of people with depression who are treated with a combination of medication and psychotherapy experience substantially reduced symptoms, enhanced quality of life, and increased productivity.¹¹

The Campaign expects health reform to prioritize the reduction of costs, the promotion of wellness and access to preventive care, an increased emphasis on evidence-based practices and other methods to improve quality, and strengthened management of chronic diseases. The following principles are designed to ensure that mental health and substance use disorders are included in a healthcare reform initiative that addresses these and other issues.

Principles:

1. Healthcare reform must promote mental healthcare as integral to overall health. Accordingly, health reform must improve coordination between primary care and mental healthcare while addressing the unique needs of individuals with mental health conditions or substance-use disorders.
2. Healthcare reform must ensure that coverage of and access to treatment and rehabilitation for mental and substance use disorders in the public and private sectors are not more limited than for other health conditions (whether through restrictive limits on the frequency or duration of treatment, cost-sharing requirements, access to providers and specialists, range of covered services, or reimbursement practices).
3. Any health expansion must ensure that individuals with mental and substance use disorders have access to the full array of services necessary for recovery from these conditions and are not subject to arbitrary limits on days, visits, and other conditions of coverage.
4. Consumers and families should be meaningfully and significantly involved in all aspects of healthcare reform planning and implementation.
5. Healthcare reform must promote effective screening and early intervention for mental health and substance use disorders across the lifespan, recognizing that half of all lifetime cases of mental illness begin by age 14.
6. Models of care encouraging primary and preventive care, including medical home models and wellness programs, must be responsive to and inclusive of the needs of individuals with mental illness and substance use disorders, including direct access to care by mental health professionals.
7. Chronic care management programs must include mental illness and substance use disorders among the conditions they cover. Intensive outreach, limited or no co-payments, and enhanced services are important components of chronic care management that will be particularly helpful for individuals with mental illnesses and substance use disorders.
8. Healthcare reform should include a focus on quality of mental health and substance abuse care and create incentives for implementation of evidence-based and promising practices.
9. Healthcare reform must also include workforce training initiatives to effectively meet the mental health and substance use treatment needs of an increasingly ethnically diverse population.
10. Individuals should have choices on their health and mental health care that foster recovery and wellness through individualized community-based services and supports.
11. Any denials of coverage must be transparent and subject to a meaningful independent review process that enables individuals to effectively challenge a denial.
12. Efforts to improve our healthcare system through comparative effectiveness research should ensure that consumers who may require very individualized care (such as individuals with a mental illness) are fully engaged in setting this research agenda and that the needs and concerns of these consumers are afforded special consideration and accommodation in the use of this comparative effectiveness research for decision-making regarding coverage.

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- ¹ *Achieving the Promise: Transforming Mental Health Care in America*, President's New Freedom Commission on Mental Health, July 2003, www.mentalhealthcommission.gov.
- ² *Improving the Quality of Health Care for Mental and Substance-Use Conditions*, Institute of Medicine, 2006.
- ³ *Mental Health: A Report of the Surgeon General*, Department of Health and Human Services, 1999.
- ⁴ *Coverage for All: Inclusion of Mental Illness and Substance Use Disorders in State Health Care Reform Initiatives*, National Alliance on Mental Illness and National Council for Community Behavioral Healthcare, June 2008, www.HealthcareforUninsured.org.
- ⁵ *Statistics*, National Institute of Mental Health, <http://www.nimh.nih.gov/health/statistics/index.shtml>
- ⁶ *The World Health Report 2001- Mental Health: New Understanding, New Hope*, World Health Organization, 2001.
- ⁷ *Morbidity and Mortality in People with Serious Mental Illness*, National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, October 2006, www.nasmhpd.org
- ⁸ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) : www.cdc.gov/ncipc/wisqars
- ⁹ *Individual and Societal Effects of Mental Disorders on Earnings in the United States: Results from the National Co-morbidity Survey Replication*, Kessler, RC, et al, *American Journal of Psychiatry*, 165: 703-711, June 2008.
- ¹⁰ *Care of Adults with mental health and substance use disorders in U.S. community hospitals*, (HCUP Fact Book No. 10; AHRQ Publication No. 07-0008) Agency for HealthCare Research and Quality, 2007.
- ¹¹ *Health care reform for Americans with severe mental illnesses: Report of the National Advisory Mental Health Council*, National Advisory Mental Health Council, *American Journal of Psychiatry*, 150: 1447-1465, 1993.