

MENTAL HEALTH CARE REPORT FOR TRANSITION HEALTH POLICY TEAM

On December 28, 2008, 8 members of Therapists for Peace and Justice met for a Health Care Community Discussion. Since we are all mental health care providers, we decided to focus our discussion specifically on **mental health care**. (Report submitted 1-04-09)

THERAPISTS FOR PEACE AND JUSTICE (TPJ)

We are a San Francisco Bay Area volunteer organization which began meeting after 9-11-01. Our initial meetings were prompted by an individual and collective response to war, terrorism and our own commitment to peace and social justice issues and how we might respond to these issues as individuals, therapists and supervisors. We have grown to 150 members.

As a group of activist psychotherapists, we urge you to give equal consideration to the accessibility and quality of **mental health services** available to the American public.

The constitution of the World Health Organization (WHO) includes a definition of health, which clearly identifies **mental health** as “an integral part”. We concur with this view and point to an extensive body of research validating the individual and societal benefits of **mental health** interventions. The WHO validates that “cost-effective interventions exist to promote **mental health**, even in poor populations.” It is common knowledge that in primary health care settings, 70% of patient visits contain mental and emotional dimensions, yet mental health services receive a fraction of the money spent on health care.

PRACTICE BASED EVIDENCE

Our discussion group had 8 participants, all mental health care providers, primarily Licensed Clinical Social Workers and Marriage & Family Therapists with one PhD. Between us, we have 243 years of experience. While institutions like the WHO are important guideposts for evidence based practices, we offer our years of practice as evidence of the human and societal benefits of **mental health** interventions.

We are daily engaged in the struggle to relieve suffering and improve lives. Here are some of the benefits we see for our clients:

- Enhanced job and school performance
- Improved intimate relationships
- Stabilized families
- Improved parenting skills
- Suicides are prevented
- Mentally ill homeless folks come in off the street
- The grieving are comforted
- Those dying and chronically ill are supported
- Addicts are motivated to quit using
- Mothers with postpartum depression receive treatment and bond with their infants
- The behavior and self-esteem of vulnerable children improves so that they can make friends and concentrate at school.
- Foster children receive help and comfort
- People overcome eating disorders
- Survivors come to terms with the painful trauma of sexual abuse
- Veterans find respect and healing

We listen to the lonely and isolated, those suffering a lifetime of discrimination and poverty and encourage them to reconnect with their communities. We coach people with serious mental illnesses as they develop ways to find hope and meaning in their lives.

CURRENT PROBLEMS

Along with the benefits **mental health services** can bring, we offer you our perspective on the many frustrating barriers and limitations experienced by both those providing and those needing **mental health services**.

ACCESS

Mental health services are unequally and inadequately funded by both private and public insurance plans.

“Regarding insurance companies and mental health coverage: They may include it but in some cases the deductibles and co-pays are so high that low-income families cannot afford them. Small business owners will often be forced to opt for the most inexpensive health plans and those plans have \$2,000 to \$3,000 deductibles, so that employees can never access the mental health coverage. So, although Insurance Companies can say that they have a mental health plan, it is very often not accessible due to the large deductibles. There is also the question of the Insurance Companies trying to hold on to the money by returning claims with bogus reasons why they cannot be paid.”

“After a job change to a company with no health coverage, one family I see purchased COBRA and is struggling to pay \$1200/month. Because of pre-existing adult depression & infant heart problems, they are not able to find insurance that will take them. They also want to keep their current doctors and other health care providers.”

“Of course the ranks of unemployed are not covered and Medicare & MediCal are impossible (I have been billing Medicare for more than a year on one client and still have not been reimbursed).”

“The crazy patchwork of insurances that we have and attached to employment as they are, means that people’s plans may change, coverage changes, providers approved by that insurance panel may change. If you already have a therapeutic relationship, it puts you in a terrible bind of providing non-reimbursed care or needing to terminate the relationship.”

“Low-income families or families who are self-employed often cannot afford health insurance because private policies are so expensive and/or they can only afford to buy a minimal insurance package for their children. That leaves the parents without insurance and often the limited number of mental health sessions on the child’s insurance prevents them from continuing treatment.”

“Not all insurance companies cover mental health services. The parity bill recently passed only meant that for those insurance companies that do cover mental health, they had to offer coverage equal to that provided for medical health.”

“One of the most short-sighted aspects of mental health coverage by any insurance company including MediCal or Medicare is that they will only cover what we call the parity diagnoses. You must have a full-blown DSM IV TR diagnosis for reimbursement. You can't bill for V codes, like going through a divorce, losing your home, you can't bill if you are helping somebody with normal grieving - only if it turns into pathological grieving. It's like saying that they won't pay doctors to see people for any preventive health - only once they have the heart attack or develop diabetes. It's absolutely stupid!”

“Do they know that people get denied health coverage for pre-existing conditions for not just medical conditions - but common mental health issues - like depression, anxiety, etc.? It would be good to destigmatize these mental health conditions in general, but especially when this means that people will be denied coverage if they say they ever went to a therapist, or (heaven forbid) ever took medication for such conditions.”

“Psychotherapists themselves deserve appropriate, prompt professional fees. Managed Care fees have not been raised in 20 years, which is a disincentive for clinicians to take patients on insurance, which puts poorer people at the end of the queue.”

“There are also many poor people who will not be covered by public funding such as MediCal or Medicare because they don't have young children, or they are not yet 65 etc. They have no money so cannot pay for mental health services. Public institutions are completely overburdened on inadequate grant monies to try and meet the need. These are often the most stressed out Americans, and they are shut out. This is dangerous.”

“One prevention focus that is badly needed is the foster care system and it's aging out of adolescents--on their own at 18 with no resources. And of course the lack of services to children---reduction in inpatient mental health treatment so that kids and adolescents are often sent out of state.”

“I think we want to stress the mental health needs of underserved, and traumatized populations--such as, foster kids, foster parents, GI's, the Ninth Ward of New Orleans. The Obama people have no trouble delineating the worsening condition of the 'middle class' or occasionally even, 'workers'. But, there is not much talk about poor people, who live in crime-ridden communities or are isolated and homeless.”

“Many people don't even seek mental health services because of the stigma and their expectation that they won't be able to afford it.”

“There are just too many Americans who need mental health services that insurance doesn't cover or that they don't have insurance or other resources to pay for. The human and financial costs are enormous.”

QUALITY

We believe the current trend towards lauding only short-term therapies as “evidence based” and limiting coverage to these premises is a disservice to both consumers and mental health providers. There are some brief cognitive and behavioral therapies that can be useful for certain disorders, but this is not true for all. Many sufferers of mental disorders need long-term strategies rather than short-term solutions. Long term, on-going treatment can be the essential ingredient in reducing domestic violence, child abuse, or precluding jail time.

We advocate a range of treatment modalities—individual, relationship, family, and group psychotherapy; play therapy for children and collateral sessions for biological parents and other caregivers, and school-based programs. We also need to provide people, regardless of socio-economic status, with the opportunities to see providers who offer a spectrum of clinical orientations.

The newer field of neurobiology points to the efficacy of relationship based interventions, recognizing the crucial nature of social interactions, attachment and affiliation. In fact, most research points to the therapeutic relationship as the single common factor in successful treatment. There are rarely quick, cookie cutter solutions to the complicated workings of the human heart and mind.

“Why is there such poor reimbursement for group work (about \$16/session) – even though this is often the most effective treatment for many mental health issues?”

PRIVACY

Core to the psychotherapeutic relationship is confidentiality. We hear sorrows, secrets, anger, resentments, and hopes only because our clients know that except in specific situations of risk, they hold the privilege. In the privacy of our offices, they can voice aloud that which burdens them because they can trust us not to share with their inner life with anybody.

TPJ is best known for sounding the alarm to the psychotherapeutic community about how section 215 of the Patriot Act not only curtails our civil rights, but also destroys therapist/client confidentiality in the name of national security. *See article referenced below & available upon request. The proposed move to electronic records carries the same risks in the name of cost saving.

“Imagine clients' surprise and dismay when they discover that their mental health records are being outsourced to places overseas. This occurred with clients whom I know. There was a problem with their insurance paying the therapist's fees so they called their insurance company's claims department. They ended up speaking with someone who was obviously not a native English speaker and they could not get the issue resolved. They asked their therapist to call which she did. Again, it was obvious that the person on the other end was not a native English speaker. When the therapist asked the person where he was, his answer was that he was not allowed to say. That was about all that the therapist could understand of what he was saying. When she reported this to the clients, they were appalled and angry, and felt helpless about how to deal with this. The issue has still not been resolved.”

“The more affluent in our society frequently self-pay for their mental health services to prevent the transmission of their personal information to insurance company data bases. The less affluent and the poor do not have this option. In fact, mental health services publicly funded by MediCal often require such extensive treatment plans with detailed information about the client's difficulties that many psychotherapists will not participate on ethical grounds, or, through inability to spend so much administrative time for the low rate of reimbursement.”

RECOMMENDATIONS

We find unacceptable the system of tiered and unequal care that currently exists. We want to see the provision of intensive and adequate funding for high quality **mental health services**. These services should be affordable to all; access should not be tied to a person's employment or marital status, and should be portable across the life span. There should be no place for exclusion on the basis of pre-existing conditions, felony records or any other life circumstance. The provision of **mental health services** should be seen as an essential component of a civilized society along with medical care and education.

Within this system of **mental health care**, we need: Prevention, Early Intervention, Crisis Intervention, quality Outpatient and Inpatient individualized treatment for all Americans if we want a healthy nation. We would like to see expanded and intensive services for traumatized communities—e.g., GIs, survivors of natural disasters such as the Ninth Ward of New Orleans, inner city neighborhoods devastated by violence. These programs can employ, as paraprofessionals, members of the local or targeted population, who can ensure attunement and cultural sensitivity alongside trained clinicians, who can offer treatment to suffering individuals of all ages as well as groups and can strengthen and rebuild communities. Services should be culturally sensitive and developed flexibly to meet the individual needs of consumers. We favor a not-for-profit single-payer model to avoid money being siphoned out by exorbitant administrative costs and shareholders.

An immediate positive impact would be felt by increased funding for **community mental health** services and programs, perhaps as part of the anticipated stimulus package.

We also would like to express our hope that the Obama/Daschle Health Policy Team includes **mental health** professionals of varied licensures and modalities. In this country, the majority of **mental health** services are provided by master's level therapists, and they should be included at every stage of your deliberations.

In conclusion, we again refer you to the World Health Organization's writings on the importance of **Mental Health**: "**mental health** is the foundation for well-being and effective functioning for an individual and for a community..." In other words – "**THERE IS NO HEALTH WITHOUT MENTAL HEALTH.**"

We thank the Transition Health Policy Team for reading and considering our report.
Therapists for Peace and Justice 12-28-08 discussion:

"WHO's Fact Sheet: Mental Health: Strengthening Mental Health Promotion"

<http://www.who.int/mediacentre/factsheets/fs220/en/>

We want to email this important article in pdf format, but website accepts only one document.

"The Impact of the Patriot Act on Psychotherapy," July/August 2008 newsletter of The Psychotherapy Institute. By Kathy Anolick, MFT; member of Therapists for Peace and Justice

Below are URLs to 3 articles that illustrate some important issues discussed in our report:

"Economy Takes a Toll on Mental Health," January 2, 2009 San Francisco Chronicle

By Edward Guthmann, SF Chronicle Staff Writer

<http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2009/01/02/MN3K14PUMO.DTL>

"A Focus on Violence by Returning GI's," January 2, 2009 New York Times

By Lizette Alvarez & Dan Frosch <http://www.nytimes.com/2009/01/02/us/02veterans.html?em>

"Medicating Aliah," May/June 2005 issue Mother Jones Magazine

By Rob Waters (When state mental health officials fall under the influence of 'Big Pharma', the burden falls on captive patients such as a 13-year-old girl and many other hospitalized and overmedicated children.)

www.motherjones.com/news/feature/2005/05/medicating_aliah-2.html