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Essential information for decision-makers

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Field's comments on parity implementation show deep divide on managed care practice

Little consensus seen on regulations

The coalition that worked for 13 years to win equitable insurance coverage for mental illness looks hardly like a unified front now that the subject of parity has moved from the legislative arena to the painstaking process of writing regulations.

> ***Key Points...***
> - *Most groups supporting parity go their separate ways on implementing regulations.*
> - *Managed care review practices in behavioral health at heart of disagreements.*
> - *Few believe the dispute will damage consensus-building in the future.*

While the Coalition for Fairness in Mental Illness Coverage last month submitted to the federal government barely three pages of comments on implementation of last year's landmark parity law (with just four points on which all members could sign off), individual members of the coalition have submitted to Washington highly detailed comments illustrating deep differences in views on how the law should be interpreted.

At the center of many of these differences is a historical dispute over whether managed care review of behavioral health treatments needs to diverge from managed care practices in general health, because of any differences in how behavioral health conditions are diagnosed,

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National Council on the Hill

Making the case for BH in health care reform, pushing co-sponsorship of key bill

As lawmakers continue to work vigorously on proposals for health care reform, more than 350 members of the National Council for Community Behavioral Healthcare descended on Capitol Hill last week to add their voices to the health care debate urging members of Congress and their staff to support comprehensive parity for mental health and addiction services in all components of health care reform.

> ***Key Points...***
> - *More than 350 members march to Capitol Hill to rally for parity inclusion in health care reform.*
> - *House members co-sponsor key bill addressing chronic disease.*
> - *Capitol Hill visits mark fifth year and record attendance.*

The Hill Day event marked a victory of sorts following last week's announcement by House lawmakers that they will co-sponsor S. 1136, the Mental Illness Chronic Care Improvement Act (MICCIA) of 2009. Rep. Janice Schakowsky (D-Ill.) will introduce it and Rep. Carolyn C. Kilpatrick (D-Mich.) will be the original co-sponsor.

Sen. Debbie Stabenow (D-Mich.) introduced S. 1136 on May 21. The legislation would authorize a new $250 million, four-year, Medicaid demonstration program in

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treated and monitored. One's position on this issue tends to determine whether one believes the regulations that are written for parity should be defined narrowly (looking to the letter of the law's wording) or applied broadly (as essentially a mirror image of how general health services are covered).

"I think these differences are understandable," Bill Emmet, director of the Campaign for Mental Health Reform, told *MHW*. "People have to revert in some ways to where their core values are."

Emmet does not believe that the contrasting positions of many of the people who worked hardest to see parity adopted will yield a contentious atmosphere that will impair groups' ability to work together in the future. "Ultimately we're all on the same side of understanding behavioral health's place in general health," he said. "I don't think the field will be torn apart by this."

Yet it is clear from the comments submitted last month to the U.S. Department of Labor and two other federal agencies that along the spectrum of views on how parity should be implemented, a picture of two completely different laws emerges.

One view, represented by the business community and by the managed behavioral health care companies that make up the Association for Behavioral Health and Wellness (ABHW), states that the 2008 legislation calls for equal treatment only in financial requirements and treatment limitations, and that common managed care review procedures in behavioral health need to be preserved in order to control costs and maintain access to care.

"I don't think we felt that this law was addressing every aspect of mental health and substance abuse coverage," ABHW president and CEO Pamela Greenberg told *MHW*.

The other dominant position, articulated by a group called the Parity Implementation Coalition that includes mental health associations such as the National Alliance on Mental Illness (NAMI) and Mental Health America, states that without significant controls on managed care review procedures, insurers will be able to state that they offer a parity benefit while closing off access to actual services under the benefit.

"No one didn't know that managed care practices would continue to be employed, but by the same token it is still an open question as to what are the appropriate managed care practices," said Emmet. He added, "The Parity Implementation Coalition makes the point that under a narrow interpretation of the law, management techniques may be more restrictive for mental health and substance abuse than for med/surg."

Areas in dispute

ABHW's comments to the federal government, which at close to 20 pages dwarf what was submitted by the original parity coalition to which it belonged, reserve some of their strongest language for the section on management of the parity benefit.

"The law clearly was intended to allow for the management by plans of the mental health and substance use disorder benefit, as is currently done," the comments state. ABHW goes on to state that in recognition of the "very real differences" between behavioral health and general health benefits, the law should not be interpreted as requiring identical managed care procedures for behavioral health and general health.

"Whereas medical and surgical services have numerous tests and lab analyses to diagnose an illness or condition and then determine the subsequent appropriate course of treatment and the successful resolution of the illness/condition, mental health and substance use disorder care does not always have similar concrete biological markers to illuminate the diagnosis and treatment planning process in such an objective fashion," the comments state.

Greenberg said last week that the managed care community was careful not to say that there is a lack of science behind behavioral health treatment. But she added that it is more

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difficult to establish assertions about a course of treatment for addiction or for schizophrenia than for many general health conditions. This in turn requires a more careful review of a patient's progress after initial treatment is authorized, she said.

But members of the mental health community argue that this stance ignores the reality that the field has come to know a great deal about what works in treatment, and that generalist physicians treating illnesses such as hypertension and diabetes are plagued with some of the same uncertainties about what will work for an individual patient.

"Our evidence is as strong as or better than the evidence in general health," James H. Scully Jr., M.D., medical director of the American Psychiatric Association (APA), told *MHW*. "Who's been curing diabetes or hypertension? We just want to be treated the same."

In its own set of written comments on parity implementation, the APA argues to those who will be writing the implementing regulations that they should require a real-time monitoring of insurance coverage and management practices, including prior authorization requirements and differential payment rates to physicians that can serve to block access to treatment.

"There is always the danger that some insurers could engage in aggressive benefit management that amounts to de facto treatment limitations," Scully wrote.

The managed care industry's comments also seek federal clarification of the law's provision that the financial requirements applicable to behavioral health benefits be no more restrictive than the "predominant" financial requirements applied to "substantially all" med/surg benefits. ABHW argues that the law intended that these financial requirements, in areas such as copayments, be no more restrictive than those that apply to similar levels of care in general health. Without that clarification about levels of care, ABHW says, plans could be forced to collect copayments for hospital services that are no higher than the typical copayment for a physician office visit, since office visits are the predominant service in general health.

ABHW also states that nothing in the parity law should preclude insurance plans from excluding coverage for some specific conditions, much as they are allowed to do in

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SAMHSA principles for health reform reflect field consensus

As was the case with parity, a broad coalition of behavioral health leaders is again making its mark on a major legislative issue in health care: this time the push for sweeping health care reform. The Substance Abuse and Mental Health Services Administration (SAMHSA) last week issued a document containing nine principles that it believes should guide reform; the list grew out of discussions that the federal agency initiated with mental health and addiction field leaders.

The document, "Ensuring U.S. Health Reform Includes Prevention and Treatment of Mental and Substance Use Disorders," had its origins in the initial days of the Obama administration, as SAMHSA began convening work groups to explore areas that both the mental health and addiction constituencies could embrace in health reform. It remains to be seen whether such a consensus can be preserved as more details emerge about behavioral health's standing in the health care changes Congress will consider.

The nine principles state that health reform should:

1. Articulate a national health and wellness plan for all Americans, with a focus on prevention and early intervention.
2. Legislate universal coverage of health insurance with full parity, with a recognition of the need for specialized services for mental health and substance use disorders.
3. Achieve improved health (for people) and long-term fiscal sustainability (for health care), emphasizing the need to coordinate services with primary care.
4. Eradicate fragmentation by requiring coordination and integration of care for physical, mental, and substance use conditions, highlighting the connection among interrelated illnesses.
5. Provide for a full range of prevention, early intervention, treatment, and recovery services that embody a whole-health approach, with activities that reinforce the ability of individuals with behavioral disorders to lead productive lives with the proper supports.
6. Implement national standards for clinical and quality outcomes tied to reimbursement and accountability, with guidelines rewarding quality improvement and use of evidence-based practices.
7. Adopt and fully utilize health information technology (HIT), stating that a system of electronic health records will help evaluate care access and cost-effectiveness.
8. Invest in the prevention, treatment and recovery support workforce, with strategies designed to improve on a situation in which too many individuals with behavioral disorders are forced to receive services from untrained generalists.
9. Ensure a safety net for people with the most serious and disabling mental and substance use disorders, with preservation of existing block grant funding a critical element.

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general health. "We don't believe the law intended to mandate that all treatments be covered," Greenberg said. "The decision of what's evidence-based is up to the plan now."

While the parity law states that implementing regulations are to be issued by this October, Greenberg says insurers and employers already are negotiating the details of health plans that will take effect next January. As a result, the managed care community is requesting that if a plan now implements its plan design for 2010 based on its expectations of what the parity law will require, it be considered exempt from enforcement action next year if it is found to be out of compliance with certain regulations.

Health reform backdrop

It is not lost on those involved in making their views heard on parity implementation that the regulatory process could be affected by the impending discussions of a broad health care overhaul (see sidebar, on page 3 for the field's latest input on the health reform effort).

"We have to remember the context in which all of this is occurring," Emmet said. "Health reform to some extent could supersede the regulatory process."

He added that the larger health reform discussions make the concerns of the mental health advocacy groups about traditional managed care restric-tions all the more important.

"Our understanding of what it means to be in the mainstream of medical care is evolving by the day," Emmet said. He added, "The more we've come to understand the [intersection] of behavioral health disorders with general health, the more we realize that we have to reconceive the notion of medical necessity."

Those interviewed by *MHW* last week do not believe that the significant differences highlighted in the various groups' comments on parity implementation will damage possible future efforts to work together on major national initiatives. "I hope not," Greenberg said. "Because we've been working together for so long, I think we just have to agree to disagree here." •

State Budget Watch

Pennsylvania budget woes threaten community MH funds

> ***Key Points...***
> - *Senate budget bill is defeated in House committee.*
> - *Advocates say proposed cuts still worrisome.*
> - *State official says direct services will not be impacted.*

Despite the defeat last week of a Pennsylvania Senate budget bill that included $27 million cuts in community mental health funds, mental health advocates moved forward with a rally at the state capitol to protest the proposed cuts that they said will remain a part of the budget discussion moving forward.

Gov. Edward G. Rendell recommended a $3 million cut in community mental health funds in his fiscal 2009-2010 budget proposal, as part of an effort to address the state's $3.2 billion shortfall.

The Senate bill would have cut an additional $24 million, which included $10 million for community mental health and state hospital funding, and $13.5 million for the state's Behavioral Health Services Initiative (BHSI).

The proposed cut to BHSI would eliminate services to 2,761 individuals with mental illness and 7,500 individuals in need of substance abuse treatment, who do not qualify for Medical Assistance, the state's Medicaid program, advocates estimate.

Senate bill 850, considered the counterproposal to Rendell's $29 billion budget, would not have restored any of the governor's cuts and would have made even deeper cuts to balance the budget hole. Rendell introduced his budget in February, at that time projecting a budget shortfall of $2.3 billion. That shortfall has since increased by nearly one billion dollars.

The House Appropriations Committee voted against moving the Senate bill to the House floor. Whether House lawmakers use that bill as a vehicle for proposing the state budget, remains to be seen, said Sue Walther, executive director of the Mental Health Association in Pennsylvania.

"They may decide to introduce a whole separate bill," Walther told *MHW*. Meanwhile, Senate leaders have refused to meet with House leaders or the governor until the House has officially introduced a bill, she said.

Advocacy efforts continue

Although the bill was defeated last week by the House Appropriations Committee, the situation remains bleak, Walther said. "Those cuts are still very much on the table and are part of the discussion of [budget] negotiations that will take place," she said. "The content of that legislation can still become a reality," she said.

Walther added, "We're still at risk of losing $27 million — $3 million from governor; $24 million from the Senate."

Advocates for the past few months had mounted a campaign opposing the proposed budget cuts that included letter-writing, e-mails, and calls and visits to legislators to voice their concerns. The rally last week continued those efforts.

The proposed cuts affect populations across all disability groups,

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not just people with mental health issues, all of whom are working together to oppose the proposed cuts, she said.

Proposing cuts to individuals who are disabled or those who are in recovery are not the areas to save money, she said. Individuals affected by these cuts may end up in more expensive inpatient care, homeless, and in jails, Walther added.

State 'can survive' cuts

The deputy director for the state Office of Mental Health and Substance Abuse Services (OMSHAS), a division of the Pennsylvania Department of Public Welfare, Joan Erney, told *MHW* that the state can survive the "painful" cuts that are proposed.

"While any cuts will be painful, I believe that if the governor's proposed budget is passed, OMSHAS can meet the needs of persons who need our services," said Erney. She noted that no direct services will be impacted by the proposed cuts.

The governor is proposing $1.1 million in cuts to BHSI funds, which address services for consumers with mental illness and substance abuse who are no longer eligible for medical assistance.

"The governor in his budget proposal in February made some hard decisions," said Erney. "We believe if his budget passes, it will be painful, but we will survive. Our choices are not as bad as many of our sister states."

'The governor in his budget proposal in February made some hard decisions. We believe if his budget passes, it will be painful, but we will survive.'

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Erney said the department aims to provide a high level of services as effectively as possible. The state recently closed two state hospitals. However, funding for patients who were in those facilities to help them transition to the community will not be affected, she noted.

The commonwealth has a county-based system, noted Erney. Any funding the county has left over after each contract year of providing behavioral health services would be reinvested into more services for consumers, she said. These dollars become available due to counties' effective management of the HealthChoice behavioral health Medicaid contract. "There are very specific guidelines that are followed as to how these dollars can be spent," she said. "It's an appendix to our contract."

The department remains confident that with $3 million in the governor's budget proposal for community funding, a high level of services focusing on quality and best practices can still be provided. "Our budget strategy is to reinvest," said Erney.

Still, Erney noted that the economic environment increased the need for the department's services. The department is also concerned about the mental health needs of veterans, she noted. "We're trying to connect them to mental health services," Erney noted.

Erney noted that the governor's goal is to pass the budget by June 30. The new fiscal year begins July 1. Lawmakers are expected to begin negotiations in conference committee in the coming weeks. "We plan to watch it closely," she said. •

Colorado to join six others on innovation for dual eligibles

Colorado officials announced that as the nation develops health reform options, the state has been one of seven chosen to participate in a national initiative that will test innovative service models for people who are dually eligible for Medicare and Medicaid.

Nationally, the more than 8 million adults who are dually eligible represent 18 percent of the overall Medicaid population, but account for 46 percent of the program's costs because of their complex array of medical, behavioral and long-term care needs. Many dual eligibles are vulnerable individuals with serious mental illness.

A majority of the dual eligibles are in fragmented fee-for-service systems, with little to no care coordination. Integrating the financing, delivery and administration of services across Medicaid and Medicare could significantly reduce unnecessary hospitalizations and decrease the use of institutional care over time, according to the Colorado Department of Health Care Policy and Financing.

Through the "Transforming Care for Dual Eligibles" effort, Colorado will join Maryland, Massachusetts, Michigan, Pennsylvania, Texas and Vermont in developing and implementing strategies to improve care and control costs for dual eligibles, a population with individual health care costs nearly five times those of other Medicare (beneficiaries, according to state officials.

Through the 18-month program, participating states will receive in-depth technical assistance in addressing program design, care models, financing mechanisms, contracting strategies and cooperative efforts with the Centers for Medicare and Medicaid Services (CMS

"Participation in this initiative will accelerate the health reform

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work at the state and community levels to increase access to quality care in a cost-effective manner," said Joan Henneberry, executive director of the state Department of Health Care Policy and Financing.

"The work of these seven states in designing patient-centered delivery models, if successful, could help pave the way for other states seeking to improve care for these vulnerable beneficiaries," said Karen Davis, president of the Commonwealth Fund, which supports the program.

"The whole thrust is to make it easy for clients and families to navigate the system," Joanne Lindsay, spokesperson for the Colorado Department of Health Care Policy and Financing, told *MHW*. "We'll be talking with other states about what their plans are," said Lindsay, who noted that the state currently has 65,000 dual eligibles in the Medicare and Medicaid programs. •

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up to 10 states to improve the outcomes and satisfaction of individuals with chronic mental illness, such as schizophrenia, schizoaffective disorder, bipolar disorder, and major clinical depression.

Co-sponsorship of the legislation represented a key agenda item for the National Council. "Introduction of the bill demonstrates the importance of this issue and congressional commitment to improving the health status of persons with serious mental illness," Chuck Ingoglia, vice president of public policy for the National Council, told *MHW*.

The National Council's Fifth Annual Hill Day was held June 9-10 with the theme, "Together we will." The participation of more than 350 people from 40 states represents a record attendance, Linda Rosenberg, president and chief executive of the National Council for Community Behavioral Healthcare, told *MHW*.

"This is the most important thing that we do," said Rosenberg. "Hill Day has helped to emphasize to our leaders in Congress that recovery is real and that strengthening and expanding the mental health and addictions treatment capacity in this country must be a part of the health care reform agenda.

"It is tremendous to have this level of grassroots advocacy as we take on one of the most complex topics facing our industry and our society today — health care reform," said Rosenberg.

Ingoglia added, "Given these considerable and challenging economic times, the fact that folks would take time and spend money to come to Washington is remarkable."

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>
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Key agenda items

The National Council has urged its members to focus on the following initiatives, all of which address health care accountability, during their discussion with lawmakers and their staff:

- *Mental health and substance-use disorders included in benefit packages:* Mental health and substance abuse benefits must be part of any nationwide healthcare reform plan, with equitable insurance coverage for mental health and addiction disorders on par with other health conditions.
- *"Federally qualified" behavioral health centers:* Create a national standard of evidence-based treatment and supports for persons with mental illnesses and addiction disorders, with reimbursement based upon the cost of delivering services.
- *Co-location of primary care in community behavioral health organizations (CBHOs):* Enable persons with serious mental illness to benefit from one-stop, comprehensive care for behavioral and physical conditions under one roof.

The inclusion of CBHOs in federal health IT funding initiatives is also high on the National Council's health care reform agenda. The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted as part of the economic recovery bill passed by Congress earlier this year.

It creates a new $17 billion Medicare and Medicaid reimbursement system to help physicians, hospitals and community mental health centers purchase and maintain health information technology for widespread adoption and use of electronic health records. The National Council is seeking inclusion of CBHOs in any federal HIT initiatives to ensure that individuals with mental illnesses and addictions have access to the benefits of HIT via the providers that serve them.

The National Council is also urging Congress to include $35 million for the Primary and Behavioral Health Care Integration Grant Program in the fiscal 2010 budget. The funding will help community-based providers to overcome the common barriers to providing gen-

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eral medical services and expand their ability to collaborate effectively to provide integrated health care.

A new federal definition for Federally Qualified Behavioral Health Centers (FQBHCs) would establish federal status for CBHOs that volunteer to meet the standards of an FQBHC, according to the National Council. It would also provide a definition for such an entity that clearly identifies treatment objectives and updates the minimum core services required.

The National Council is seeking to create nationwide minimum reimbursement for community-based mental health care and substance abuse services — established at the federal level — that reflects the cost of delivering those same services.

"We see it as an opportunity to define behavioral health care services and the behavioral health delivery system for a whole host of people and large populations, including the uninsured and underinsured," and individuals with mental illness and addictive disorders, Richard H. Leclerc, president of Gateway Healthcare, Inc., in Pawtucket, R.I., and Hill Day attendee, told *MHW*.

Leclerc said he is encouraged that a Senate committee member had contacted the National Council about providing a definition for FQBHC. "Having a federal designation that's current is setting the groundwork for being included in health care reform and also for future funding," he said.

Awards

The National Council concluded their Hill Day events with the presentation of several awards honoring legislators. Patrick Kennedy (D-R.I.), who was unable to attend Hill Day, received the National Council's first-ever Behavioral Health Champion award.

Legislators of the Year awards were presented to Sens. Max Baucus (D-Mont.), Sen. Tom Harkin (D-Iowa) and Olympia Snowe (R-Maine) and to Reps. Mary Bono Mack (R-Calif.), David Obey (D-Wisc.) and Lucille Roybal-Allard (D-Calif.). •

Glenn Close announces launch of stigma reduction campaign at MHA gala

Glenn Close, actress and advocate, announced the launch of a national public service announcement campaign to reduce the stigma associated with mental illness, last week during Mental Health America's (MHA) Centennial Gala held on June 11 in Washington, D.C.

Close told Gala attendees about the mental illness affecting both her sister and nephew and spoke about her volunteer work at the Fountain House, a New York-based organization devoted to helping those with mental illness. She admitted to having "vestiges of stigma" at one point. "Think how millions of people must feel like me," she said. "It encouraged me to keep going" and to work on a campaign that would be national in its reach, she said.

The new campaign premiers August 1. The spot, which will be filmed in New York's Grand Central Station, will be directed pro bono by Ron Howard, Close said. Singer John Mayer has offered his song, "Say," as the campaign's anthem, she said. "We think what we create will have a huge emotional impact," Close said."This is the beginning of something that will blow the roof off this whole issue."

The Gala was part of MHA's Centennial Celebration and Conference, "Forging the Future, Celebrating the Legacy," from June 10-13. MHA honored key mental health leaders, consumers and advocates were honored for their efforts in parity and peer support.

Editor's note: MHW *will highlight more of the MHA conference events and activities in the June 22nd issue.*

Briefly Noted

Study provides first U.S. prevalence estimate of Tourette syndrome

A study released June 5 by the Centers for Disease Control and Prevention provides the first-ever national estimate of the prevalence of Tourette syndrome (TS). CDC Health Scientist Rebecca Bitsko, Ph.D., and colleagues found that three out of every 1,000 children aged 6 to 17 have been diagnosed with TS. The TS diagnosis was three times more common in boys than in girls. As 79 percent of youth with TS had been diagnosed with at least one other mental health or neurodevelopmental condition, Bitsko called for research to further study this link. She also said studies must examine "the impact of TS on quality of life, long term outcomes for children with TS, and strategies for reducing the impact of conditions associated with TS." The report is available at www.cdc.gov/mmwr.

NIMH grant supports research comparing depression treatments

The Group Health Center for Health Studies reported June 1 that it has received a grant from the National Institute of Mental Health (NIMH) to conduct research comparing the efficacy of various treatments for depression as they are provided in clinical settings. Led by Greg Simon, M.D., the two-year study will use electronic medical records to track how individuals respond to various treatments over time. The NIMH grant is part of the federal stimulus funds from the American Recovery and Reinvest-ment Act of 2009. The government is supporting such "comparative effectiveness" research so that it can base health care reform on the best available evidence.

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State News

Research measures cost of rural homelessness in Maine

A study commissioned by the Maine State Housing Authority, released May 18, is believed to be the first to examine the costs of rural homelessness. In her study of Maine's rural homeless population, 97 percent of whom were found to be mentally ill, lead researcher Melany Mondello of the Shalom House called the phenomenon "the hidden homelessness." In addition to the high rates of mental illness, 18 percent of Maine's rural homeless had substance abuse problems. Eleven percent were veterans. The study determined it would be less costly to provide "permanent supportive housing" for Maine's homeless than to serve them while they are without a home, including a 57 percent decrease in the cost of mental health service provision.

S.C. pilots multisystemic therapy with juvenile offenders

Recent outcomes data gathered by the Multisystemic Therapy (MST) Institute find that implementation of the MST treatment model has resulted in improved outcomes among South Carolina's juvenile offenders. The Institute reported June 5 that this family- and home-based approach is an alternative to residential placement for juvenile offenders. South Carolina's Department of Mental Health (DMH) currently supports five MST teams around the state. Among 302 cases between March 2005 and March 2007, roughly 80 percent of youth remained in school and/or working, continued living at home and had no new arrests — outcomes that compare to or exceed national averages. Louise Johnson, director of children's services at DMH, said such rigorously tested, evidence-based programs are in the state's best economic interest.

Coming up...

The **U.S. Psychiatric Rehabilitation Association (USPRA)** will hold its annual conference, "Navigating the Depths of Psychiatric Rehabilitation," on **June 29-July 2** in **Norfolk, Va.** For more information, visit **www.uspra.org**.

The **National Alliance on Mental Illness (NAMI)** will hold its 2009 National Convention, "Creating a Healthy Future for us All," in **San Francisco** on **July 6-9**. Visit **www.nami.org** for more information.

The **American Mental Health Counselors Association (AMHCA)** will hold its 2009 Annual Conference, "Connection, Healing and Wholeness: Strengthening Individuals, Families and Communities Through Mental Health Counseling & Advocacy," on **July 23-25** in **Washington, D.C.** Visit **www.amhca.org** for more information.

The **Depression and Bipolar Support Alliance (DBSA)** will hold its 2009 National Conference on **September 10-13** in **Indianapolis, Ind.** For more information, visit **www.dbsalliance.org**.

Resources

Guide: Law enforcement responses to people with mental illnesses

The Council of State Governments Justice Center announced May 28 the release of "The Law Enforcement Response to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice." Supported by the John D. and Catherine T. MacArthur Foundation, the guide translates research findings on this topic to help policymakers and practitioners develop "safe and effective" interventions. Visit www.consensusproject.org to download the guide for free.

Mental Health Weekly welcomes letters to the editor from its readers on any topic in the mental health field. Letters should be no longer than 350 words.

Submit letters to: Valerie A. Canady, managing editor, Mental Health Weekly, 111 River Street, Hoboken, NJ 07030-5774; e-mail: vcanady@wiley.com. Letters may be edited for space or style.

Names in the News

Joseph Baker, a senior health policy advisor in the administrations of Governors David Paterson and Eliot Spitzer, has been hired as president of the Medicare Rights Center, effective June 15, the Center reported June 1. Baker currently serves as deputy secretary for health and human services in the Paterson administration. Baker replaces Robert M. Hayes.

In case you haven't heard...

Lifestyle and diet elements that were natural to our hunter-gatherer ancestors might help to explain why depression has become so prevalent, according to University of Kansas associate professor of clinical psychology Stephen Ilardi. KU reported June 4 that Ilardi has written a book describing the six "healing elements from the ancient past" that could help to combat depression: consuming more omega-3 fatty acids; avoiding excessive rumination; getting ample daily sunlight exposure; increasing physical exercise; spending more time socially connecting; and getting more sleep. "As a species, humans were never designed for the pace of modern life," said Ilardi.