

Equal Treatment: Mental Illness is a Chronic Disease

*By Linda Rosenberg, MSW
President and CEO, National Council for
Community Behavioral Healthcare*

Misconceptions about mental illness have existed for centuries. Accused of everything from moral failings to demonic possession, people with mental illness were forced to hide their suffering. The Surgeon General of the United States reported in 1999 that stigma was the single largest barrier to the recovery of people with mental illness, making it harder for them to get treatment as well as find housing, jobs and friends. Nearly two-thirds of people with mental illness do not get the help they need.

Today we understand that mental illness is not only treatable, but that it is a chronic disease like asthma or diabetes. Classifying mental illness as a chronic disease may seem surprising, but consider the statistics. Nearly one in five Americans has a mental disorder, and mental illness is the leading cause of workplace absenteeism. Depression, one of the most common mental illnesses, is harder on people's health than long-term illnesses like angina, arthritis, asthma and diabetes. A new study by the Centers for Disease Control and Prevention finds that depression and anxiety are two major causes of health problems and chronic illnesses, including asthma, diabetes and cardiovascular disease.

Emergency rooms are overcrowded with people with mental illness. According to the Agency for Healthcare Research and Quality, almost one-fourth of all stays in U.S. community hospitals — 7.6 million of nearly 32 million stays — involve depression, bipolar disorder, schizophrenia and other mental health disorders or addiction disorders. Our contemporary response to mental illness has been to treat it as an acute illness — with a hospital stay followed by a referral to a doctor or clinic in the community. Unfortunately, the outcome is often relapse and repeated cycles of high-cost hospital stays.

Managing the Disease

With adequate treatment and support, people can learn to manage their mental illness and can recover sufficiently to have full, productive lives even if they are not cured. In fact, recovery rates for mental illnesses like depression, anxiety, schizophrenia and bipolar disorder surpass the treatment success rates for many

physical disorders such as heart disease.

But there are major challenges to the well-being of people with mental illness. Contributing to the complexity of successful treatment is poor employment status and resulting poverty; high levels of substance use and physical illnesses; and difficulty with adherence to treatment regimens.

The same kind of care-management approaches effective in treating physical conditions such as diabetes or asthma — approaches that offer continuity, coordination and comprehensiveness — can also work for mental illness. The millions of Americans who are living with mental illness need the confidence and skills to manage their condition; the most appropriate treatments for optimal disease control and prevention of complications; a mutually understood care plan that includes coordination among all physicians and support-service providers; and careful, continuous follow up.

People with mental illnesses are no different than people living with arthritis, diabetes and other chronic diseases. They need to be evaluated, insured and treated. They need continuing care and monitoring.

Ending Insurance Discrimination

Adequate care requires adequate dollars. Public insurance pays for at least 75 percent of treatment services for people with chronic and serious mental illnesses in community settings. Despite its discriminatory approach, it is the only option for millions of poor, unemployed, homeless, incarcerated and other vulnerable populations with mental illness. So we must act to end the discrimination. We must eliminate ongoing and threatened cuts to Medicaid. And Medicare must stop requiring higher co-pays from people with mental illness, while strengthening its sadly inadequate mental health benefits package.

Private insurance also discriminates against



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people with mental illness. Currently, only an estimated one-fifth of U.S. workers with employer-sponsored health insurance are covered by strong parity laws that mandate mental health benefits, prohibit limits on outpatient visits and inpatient days, and limit the extent to which enrollees are burdened with higher cost sharing for mental health services.

The recent House passage of the mental health parity bill – the Paul Wellstone Mental Health and Addiction Equity Act – offers hope, taking us closer to ending discriminatory private health insurance policies that deny or restrict

access to treatment for people who are suffering from mental illnesses and addiction disorders. If it becomes law, the bill will require health insurers to offer mental health benefits equal in cost and scope to medical and surgical benefits. It will prevent insurers from requiring larger co-payments or imposing lower reimbursement ceilings for mental illnesses and addictions.

We have indeed come a long way in how we perceive and treat mental illnesses. But more needs to be done to meet the needs and manage the costs of this chronically ill population. Now is the time to put mental illnesses on an equal footing with other chronic diseases. The sooner that mental illnesses achieve parity, the sooner millions of Americans can get on the road to recovery.

For more information:
www.thenationalcouncil.org