

Good report on deinstitutionalization of the mentally ill

[Health & Medicine](#), [Mental Health](#)



Abstract

Medical reforms in the form of legislation have played a big role in bringing about parity in the health care sector. The 2010 Affordable Health Care Act, the 1996 Mental Health Parity Act and various other legislations have improved the accessibility, affordability and quality of group health plans and insurance plans. Although a few loop holes and old laws continue to hamper efforts to bring about health care parity, the legislations are a big step in the right direction.

The efforts aimed to integrate behavioral health services into mainstream medical service will affect the lives of many Americans positively, as only a small percentage of people who need treatment for alcoholism, drug and substance abuse and other mental conditions actually get the treatment in the absence of proper legislation. As many as 89% of people who required treatment for mental disorders and addiction in 2010 did not get treatment due to unfavorable and restrictive health plans which they may not afford anyway. 25% of grown-ups in the United States suffer from some sort of mental disorder. Regulation of the group health plans and insurance benefits helps to alleviate this situation, but more should be done in the way of correcting detrimental (old) laws.

Mental health ailments and conditions have traditionally been considered less treatable than medical and surgical ailments. Although advances in science have shown that mental health ailments are just as treatable as medical and surgical ones, policy implementers did not treat the two cases at the same parity. More emphasis was placed on the medical and surgical side of health in terms of professionals and medical assistance staff, national

<https://assignbuster.com/good-report-on-deinstitutionalization-of-the-mentally-ill/>

and hospital budgetary resources and health benefits and insurance. Mental health conditions caused by drug and substance abuse has especially been unduly neglected or ignored. Health insurance providers typically used to offer less for those seeking mental health benefits. Drug and substance abuse and other mental health conditions have not been part of the health care mainstream.

Hospitals and health care centers have not had and continue to not have enough capacity to sufficiently deal with mental health patients. Substance abuse health centers nationwide are not sufficient. Of the 23 million that required mental health attention and treatment in 2012, only eleven percent got it. Old laws designed to prevent Medicaid resources from going into private mental institutions prevent drug treatment centers with more than 16 beds from billing Medicaid for services offered to grown-ups. The old laws are a major impediment to access to health treatment, leading to discrimination against adults who require mental health treatment. A fact worsening the situation is that most medical health centers with a capacity to offer mental health treatment have more than sixteen beds.

The Substance Abuse and Mental Health Services Administration does not intend to change the law. Instead, alternative options such as offering treatment under programs financed by federal resources are being pursued. The Affordable health care act requires the Health Insurance Marketplace to cover drug and substance abuse and mental disorder services. The Health Insurance Marketplace seeks to ease health coverage and make it affordable. One can search for and compare health plans. The Act makes sure that health plans cover preventive services such as behavioral

assessment for children and depression screening for adults. Substance abuse and disorder services consist of one of the ten kinds of essential health benefits under health care law.

Medicaid programs offer mental health services in part or fully while some provide substance use disorder services in all states. Substance abuse treatment, peer supports, medication management, counseling, therapy and licensed clinical social work services are some of the services typically included. Medicare covers inpatient medical services such as nursing care, room and meals. Drugs, doctor consultation, psychiatrist, clinical psychologist, clinical social worker, and lab tests are also covered by Medicaid. Medicare mandates that children should receive all medically appropriate services unconditionally.

The Mental Health Parity Act (MHPA) is the legislation on which the Affordable Health Care Act builds. Passed in 1996, the legislation mandates that limits on health benefits for mental health disorders and drugs and substance addiction be no more restrictive or less favorable than those offered for medical and surgical treatment and services. The 2002 Mental Health Parity and Addiction Equity Act (MHPAEA) expanded on the MHPA. Financial requirements and treatment limitations are what are specifically addressed by the Mental Health and parity act. While the 1996 parity act mandated this equality only in the case of there being both medical/surgical benefits and mental illness in the health plan or health insurance coverage, the Health Care Act mandates that a health plan or insurance coverage shall cover mental health and substance treatment and medical/surgical treatment.

The MHPA mandates that mental health or substance use disorder benefits may not be subject to different treatment limitations requirements that do not apply to any other benefits. If a group health plan or health insurance provides coverage for out-of-network medical or surgical benefits, it must also provide out-of-network mental health or substance abuse disorder benefits. The MHPA requires that reasons for denial of benefits relating to mental health or substance abuse disorder benefits must be disclosed if requested.

Exceptions to the MHPA include non-federal government plans that have one hundred or less employees, small private employers that employ fifty or fewer persons, and group health insurers that incur increased cost under certain conditions, and large self-funded non-governmental employers that provide group health plan coverage to their employees that is not provided through an insurer. This ensures small businesses and people with individual health insurance coverage are not crippled by a rise in the health costs.

One in four adults in America suffers from a form of mental disorder. Ten percent of children and adolescents in the United States suffer from some form of serious disorder. Four of the ten major causes of disability in the world is mental disorder. Some common mental illnesses include schizophrenia, depression and post-traumatic stress disorder. The consequences of untreated mental disorder are far-reaching: unemployment, homelessness and suicide are just a few among them. The socio-economic consequences are staggering. Mental health is therefore just as essential as the mainstream medical/surgical treatment and deserves the same level of attention and resources in policy. Stigmatization of mental disorders leads

partly to its neglect by implementers in the health sector, as well as causes some people not to seek treatment. The stigmatization among policy makers and health care providers should be addressed.

Although there are no private studies indicating a rise in the number of employers covering these treatments because of the law, some complaints have been reported. Only a negligible percentage of plans have dropped substance use or mental health coverage since the 2010 parity regulations came out so as not to have to comply.

The administration attempts to meet health parity by removing provisions that facilitated insurance providers to make exceptions to parity requirements, elaborating that parity is universal across all plan standards, removing annual or dollar limits for mental health services and clarifying the scope of the transparency required by health plans.

References

- Andrews, M. (2013, December 3). Mental Health Parity Rule Clarifies Standards For Treatment Limits. Retrieved from kaiserhealthnews. org: <http://kaiserhealthnews. org/news/michelle-andrews-expert-answers-mental-health-parity/>
- Corrigan, P. (2004, October). How Stigma interferes With Mental Health Care. *American Psychologist*, 614-625.
- Gorman, A. (2014, April 10). Barriers Remain Despite Health Law's Push To Expand Access To Substance Abuse Treatment. Retrieved October 26, 2014, from kaiserhealthnews. org: <http://kaiserhealthnews. org/news/substance-abuse-treatment-access-health-law/>

Kaiser Health News. (2014, February 23). Despite Parity Law, Mental Health Coverage May Still Fall Short. Retrieved October 26, 2014, from kaiserhealthnews. org: <http://kaiserhealthnews. org/sperling-mental-health-parity/>

National Alliance on Mental Illness. (2014, March 17). Mental illnesses. Retrieved from nami. org: www. nami. org/template. cfm? section=about_mental_illness

The Center for Consumer Information & Insurance Oversight. (2013, November 13). The Mental Health Parity and Addiction Equity Act. Retrieved October 26, 2014, from cms. gov: http://www. cms. gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet. html

U. S. Department of Health & Human Services. (2014, January 3). Health Insurance and Mental Health Services. Retrieved October 26, 2014, from mentalhealth. gov: <http://www. mentalhealth. gov/get-help/health-insurance/>