



National Coalition of Mental Health Professionals and Consumers, Inc.

P.O. Box 438

Commack, N Y 11725-0438

www.TheNationalCoalition.org

Working To Inform America About Real Mental Health Care

Fighting To Protect Quality Care, Patient Choice, Privacy And Decision-Making Power

White Paper – Essential Elements of Mental Health and Substance Abuse Care

As professionals and consumers we are enmeshed in a context of many dysfunctional US health care payment plans. These plans require major changes to allow services and financing that meet human and economic need without over-regulation, waste, fraud, or excessive profit-taking. Proposals to change U.S. healthcare economics must include specific elements that protect **access**, **choice**, **privacy** and **quality** in the area of mental health and substance abuse services. The changes must be both pro-consumer and pro-clinician while being mindful of costs.

This white paper has been prepared by the National Coalition in service of policy makers at all levels of the health care change process.

Access

There must be no discrimination between availability of physical and mental health care. Availability and continuity of services should not be contingent on people's place of employment. Any barrier or process that denies people access to mental health and substance abuse services drives up medical care spending, destroys lives, hurts families, damages workplace productivity and increases crime.

Proposals for improvement in health care **must assure** that mental health and substance abuse services include:

- Consumer choice of professionals, treatment settings, types of treatment.
- Wide range of services for all populations.
- High quality, coordinated care for vulnerable populations via integrated community networks, and local community control of these networks.
- Consumer choice of forms of payment for mental health and substance abuse services,
 - No discrimination against those who self-pay; no insurance contract, or government regulation should prohibit people from private purchase of mental health and substance abuse services.
 - If people use insurance to help cover the cost of mental health and substance abuse services the provisions of those insurance contracts should be explicit and have full medical parity, i.e. not subject to reviewers' definitions of "medical necessity" or any management, limitation or restriction that does not also apply to other medical benefits under that contract. To prevent discrimination between physical and mental health services, there should not be any separation in terms of annual or lifetime limits.
 - Third party payments to providers of mental health and substance abuse services should be equitable for the services rendered. Driving down payment for mental health and substance abuse services results only in limiting consumer choice when practitioners and facilities either leave third party payment systems or are driven out of business. Payments based on diagnoses without regard for their severity often lead to under-treatment. A system that does not allow for extended treatments based on severity of diagnoses hurts the consumer.

Choice

Effective mental health and substance abuse care requires an informed population, qualified practitioners and facilities and treatment choices that are appropriate to the individual or family seeking services.

Proposals for improvement in health care **must assure** that mental health and substance abuse services include:

- Strategies to inform consumers about mental health and substance abuse treatment alternatives; the effectiveness and limited risk of talk therapies and psychosocial interventions; effectiveness and risks of prescription medications.
- Consumer choice over all aspects of mental health and substance abuse services including the treatment setting, the type and length of treatment and the treating practitioners and facilities.

- Consumer choice about whether to seek mental health and substance abuse services.
- Provisions that, when mental health and substance abuse services are mandates of courts, government agencies or the criminal justice system, the involuntary consumer should have as much choice as possible over the treatment setting, the type of treatment and the treating practitioners and facilities.

Privacy

People own their personal health information. Proposals for improvement in health care **must assure** that mental health and substance abuse services include:

- Consumers' right to control who has access to their information, wherever and however it is kept. Exercise of the right to privacy should not effectively result in denial of services.
- Regulation that personal details about mental health and substance abuse services which may be disclosed for purposes of payment shall not be maintained in the record or further disclosed by the payer.

Quality

Quality of mental health and substance abuse services is primarily based in the training of the professionals and para-professionals providing service. Adequate local and regional facilities for intensive out-patient and inpatient treatment of mental health and substance disorders are also essential.

Proposals for improvement in health care **must assure** that mental health and substance abuse services include:

- Treatment methods and processes that are informed by qualified professional education, training and research, not invasively regulated by legislators or third party payers.
- Availability of a range of clinicians qualified by appropriate training in mental health and substance abuse specialties and sub-specialties.
- Recognition that payment systems that are based on clinician's degrees reward those who end formal training and punishes those who continue to improve their skills and knowledge base. A system that discourages advanced training eventually hurts the consumer. A relatively fair system to encourage clinicians to continue advanced training would set reimbursement by health plans at a fixed amount for specific services with co-pays negotiated by clinicians and patients on a sliding scale basis.
- No "fail-first" requirements or excessively high co-payments before consumers can use the newest or most effective medications. (This can be dangerous for people with serious mental illnesses.)
- Availability of inpatient and intensive-outpatient settings appropriate to the care of those who cannot function safely in the community; separate units or programs for adults, children, adolescents, the elderly, and those with addictions and physical disabilities which complicate treatment. Such settings should be situated locally, to facilitate support of family and friends.
- Availability of the full range of mental health and substance abuse treatment methods, without restriction to artificially brief, symptom-focused or problem-focused models. As with innovations in medical care, quality of mental health and substance abuse services requires respect for new understanding in human development, behavior and functioning.
- Policies that encourage innovation and improvement of services and service delivery.
- Recognition that claims for specific treatments as "evidence based" frequently fail meta-analytic scrutiny and may be biased by their source of funding and the limitations of the research process itself. (For decades, the brief, solution-focused therapies have gotten grants for research since those therapies fit into the most used research protocols while several forms of therapy supported by patients and the community of therapists are not given grants because they cannot be manualized or standardized and because they would require long-term studies.)
- All funding sources for research, authors, and journals that support claims for the benefits of specific treatments must be fully disclosed.