

POLICY MEMORANDUM

TO: US Department of Health and Human Services
FROM: Mary Pascual
SUBJECT: Addressing Concerns About Mental Health Care System In The United States
DATE: November 23, 2016

Summary

Adolescents, 10 to 19 year olds, make up more than 12% of the United States' population ("America's Adolescents"). In the last year, about 3 million of those twelve to seventeen year old adolescents had experienced at least one major depressive episode, and about 6.8 million of thirteen to eighteen year olds have had an anxiety disorder (Schrobsdorff 50). According to the US Department of Health and Human Services, "a major depressive episode is defined as a period of two weeks or longer during which there is either a depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, like problems with sleep, eating, energy, concentration or self-image" (Schrobsdorff 50). Over the years, the numbers of adolescents who have experienced a major depressive episode have increased from 7.9% in 2006 to 12.5% in 2015. Though there are solutions available, a big part of the problem has to do with the limited access to the treatment and the effectiveness of it ("Policy Issues"). Therefore, there needs to be a plan for the mentally ill that will effectively give them the "chance to live the life they want with meaningful roles in the community", and it starts with focusing on the access to the health care and the effectiveness of the treatments given ("Policy Issues").

Background

Congress first studied the mental health services in 1955, which led to President Kennedy presenting the Community Mental Health Centers Act in 1963 (Greenberg 396). The act would put the federal government in charge of the mentally ill instead of the states by replacing state

psychiatric hospitals with community mental health centers, which would help to save the state funds ("How to Bring Sanity to Our Mental Health System"). In 1970, first lady Rosalyn Carter decided the mentally ill in Georgia needed more help so she created the President's Commission on Mental Health. Because of her, "services became available in communities throughout the state and many chronic, backward patients were freed from snake-pit-style institutions and placed in therapy settings" (Greenberg 396). However, problems arose with the commission such as only 600 of the proposed 2,000 full-service inpatient and outpatient facilities being built throughout the country. The purpose of the facilities was to "enable the patient to remain in the community while being treated" (Greenberg 396). Middle to lower income people were unable to afford the private facilities and thus, were forced to either seek treatment in state hospitals, which provided minimal care at best, or go untreated. Nevertheless, the commission was eye-opening for the government in that it helped them to see what they could do to improve the system. In order to help the mentally ill, they needed to focus on the people who were unable to receive help, which include the poor and the people who live in urban or rural places that lacked the services. Now, the federal government works with the states in helping with the mental health care problem with funds and "establishes and enforces minimum standards that states can then expand upon" ("The Federal and State Role in Mental Health").

Issues

Though the mental health system has many flaws, one of the major ones is its accessibility to the mentally ill. One in five mentally ill adults are unable to receive beneficial treatment, which shows that the health care system needs work ("Mental Health in America – Access to Care Data"). While people may argue that the patients with unmet treatment were the people who never sought out treatment in the first place, the unmet treatments actually stems from issues

with the mental health care system itself. The problems include “lack of insurance or inadequate insurance, lack of available treatment providers, lack of available treatment types (inpatient treatment, individual therapy, intensive community services), and insufficient finances to cover costs – including, copays, uncovered treatment types, or when providers do not take insurance” (“Mental Health in America – Access to Care Data”).

17% of mentally ill adults are uninsured (“Mental Health in America – Access to Care Data”). While the number has decreased from the 19% in 2011, the insurance does not guarantee those patients access-needed treatment. Of the insured, 56.5% still did not receive treatment, and for the ones who did, 20.3% reported to having inadequate treatment. For youths, they have a similar situation with their private insurance. While only 7.9% of them had private insurance that did not cover their mental or emotional problems, it does not mean that they are receiving adequate treatment. For example, in Kansas the uncovered mentally ill youths dropped from 11.3% in 2011 to 5.9% in 2014. Yet, 70.4% of youths suffering from severe depression received inefficient treatment, which is defined as “less than six or no sessions of treatment” (“Mental Health in America – Access to Care Data”).

Options

The access for the mentally ill to adequate health care can be solved in a variety of ones. For one, it can be solved through getting more mental health professionals to work in rural and low-income areas (“Improving the Mental Health System: Who Is Responsible?”). Even though the government has been successful in getting more mentally ill people insured, more than half of adults do not seek treatment, as stated above, and one of the reasons why is because the services were not available to them due to where they lived. In order to persuade the professionals to work in those areas, the US Department of Health and Human Services should persuade the

hospitals to promise that mental health professional students are guaranteed a job with them if they train in there. Because of the rise of student debt, it would be a preferable solution since those training would be more willing to train somewhere that they knew they could also get a job in order to pay off their loans. Even though the hospitals or the states may not have that many resources to guarantee a lot of future mental health professional jobs, it is better to have one or two mental health professionals in the hospital than to have none at all.

Another solution is to have the government make the states “set up commissions to oversee the quality of care of persons with mental illness”, which will be similar to New York’s Commission on Quality of Care for the Mentally Disabled (“Improving the Mental Health System: Who Is Responsible?”). With surprise inspections, they can insure whether or not patients receive adequate treatment from the hospitals, and if they can get the hospitals to perform more adequate treatments, it may encourage more of the mentally ill to seek treatment. However, the solution is less preferable because a lot of problems can arise. For example, in order for the commission to exist, it needs funding, which means something funded by the mental health care fund will get a decrease. It could be taken from something important such as drugs or research. Also, there is the question of what the commission would deem as adequate. While here it is defined as “less than six or no sessions of treatment”, the people in the commission may feel as though six or even one sessions of treatment is excessive for patients, and therefore, they would deem the treatment as adequate (“Mental Health in America – Access to Care Data”).

The Take-Away

The mental health system holds many flaws both when it was overseen by the federal government and by the states, which is worrisome due to the alarming increase of mentally ill patients. While the government has worked to ensure more people are getting insured, the lack

of adequate treatment prevents the number of mentally ill patients from decreasing. If the government can work with states to get more mental health professionals to work in rural or poor areas and can regulate the hospitals to ensure the patients are being treated properly, then America will see results. If not, it will not matter whether or not everyone is insured because the other flaws in the system will prevent change from taking place.

Works Cited

"America's Adolescents." *Office of Adolescent Health*. US Department of Health and Human Services, 1 Nov. 2016. Web. 20 Nov. 2016.

"The Federal and State Role in Mental Health." *Mental Health America*. Mental Health America, 2016. Web. 22 Nov. 2016.

Greenberg, Joel. "Not Just for Show." *Science News*, vol. 111, no. 25, 1977, pp. 396–397. www.jstor.org/stable/3961625.

"Mental Health in America - Access to Care Data." *Mental Health America*. Mental Health America, 2016. Web. 21 Nov. 2016.

"Policy Issues." *Mental Health America*. Mental Health America, 2016. Web. 20 Nov. 2016.

Schrobsdorff, Susanna. "The Kids Are Not All Right. (Cover Story)." *Time* 188.19 (2016): 44-51. *Academic Search Complete*. Web. 20 Nov. 2016.

Torrey, E. Fuller. "How to Bring Sanity to Our Mental Health System." *The Heritage Foundation*. The Heritage Foundation, 19 Dec. 2011. Web. 22 Nov. 2016.

Torrey, E. Fuller. "Improving the Mental Health System: Who Is Responsible?" *Improving the Mental Health System: Who Is Responsible? | Psychiatric Times*. UBM, 24 Dec. 2014. Web. 22 Nov. 2016.