

The Baltimore Sun, Op-Ed page

'Parity' through back door

Controversial and costly mental health coverage mandate is slipped through on back of bailout bill

<http://www.baltimoresun.com/news/opinion/oped/bal-op.parity23oct23,0,6818325.story>

By Richard E. Vatz and Jeffrey A. Schaler
October 23, 2008

Psychiatric self-interest groups have tried for years to force insurance companies to cover the treatment of mental illness and addiction. Treating depression as well as disturbing and sometimes simple problems in living on the same level as cancer, heart disease and diabetes is the essence of what has come to be known as "parity."

Now, through political legerdemain, this government-mandated coverage has just become law as an amendment attached to the Emergency Economic Stabilization Act of 2008.

The parity amendment requires that mental health and substance use disorder benefits be "no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered" by an insurance group health plan or coverage (if said plan covers mental illness). That has a reasonable sound to it. Unfortunately, though, this legislation, unless reversed - or at least modified to apply only to severe disorders - is likely to open up a Pandora's box for the American health care system.

Quietly slipping the parity requirement into the financial bailout bill legislatively resolves a half-century of contentious debate over the definition of "mental illness," whether "psychiatric disorders" are medical disorders, and the nature of addiction. What it does not resolve are the many valid objections to the whole concept of parity - objections that have never been satisfactorily answered.

The issue of coverage for mental illness, on the rise since the 1970s, became a nationally prominent concern largely through lobbying efforts by Tipper Gore, wife of former Vice President [Al Gore](#). Her political activism, revealingly, was first motivated by her situational depression following her young son's serious injury in an accident. Does anyone really believe such upset is an indication of "illness?"

Through Mrs. Gore's encouragement, [President Bill Clinton](#) ordered federal

parity coverage for psychiatric "illness," though mental illness and addiction were never adequately defined.

There are other problems with the parity argument. Consider:

- The American Psychiatric Association claims that more than 50 percent of Americans are now or will at some point be mentally ill. This estimate, a major increase from years ago, is virtually unlimited since there is no way to accurately confirm or disconfirm "mental illness."

- Supporters of parity celebrate the new law as signaling the end of "stigma," but they fail to consider that stigmatization is a marvelous negative reinforcer for undesired behavior, some of which is called "mental illness."

- Substance disorders are arguably a function of behavioral choices and in no way constitute diseases to which insurance should apply. Such self-destructive behavior is best explained by mindset, personal values and how a person copes with his or her environment. Incidence varies by cultural context, and people can clearly stop or control their addictions through an exercise of free will. Not so when it comes to bodily illness; one can no more will away cancer, heart disease or diabetes than he or she can will their onset.

- Severe conditions such as schizophrenia have been used to typify "mental illness," when it in fact constitutes no more than 1.5 percent of those labeled "mentally ill." A more prototypical mental illness, "adjustment disorder," is a name given by psychiatrists to people who have problems in living - hardly worthy of health insurance and an inducement against confronting one's problems and choices. The same could be said for "impulse-control disorders" such as gambling too much (called "pathological gambling") and other supposed mental disorders.

Unfortunately, major media outlets have often ignored these arguments in coverage of the parity issue. Major articles in The [Washington Post](#) and The [New York Times](#), for example, include testimony only from supporters of the amendment.

Passing a measure that is objectionable in so many ways is bad enough. Even worse is the fact that such a contentious, scientifically questionable and potentially expensive piece of legislation was passed through the back door.

Richard E. Vatz, a professor at [Towson University](#), is associate psychology editor of USA Today Magazine. His e-mail is rvatz@towson.edu. Jeffrey A. Schaler, a psychologist, is a professor of justice, law and society at American

University and executive editor of Current Psychology. His e-mail is schaler@american.edu.

Letters below appeared on The Baltimore Sun site. These are not from the Letters to the Editor that may be published

The article appeared to be humor.

Parity in healthcare means an end to legislated policies that treated mental and physical care as separate but "equal." We are fully aware there is and was no equality, that one deteriorated while the other flourished.

It means further that dollars will be available to provide research, which will in turn hopefully provide answers. Research has worked well in physical health, perhaps now we will make the same advances in mental health.

Legislated parity in insurance, which is an exaggeration of the legislation, does not mean that change will occur overnight, ending any form of segregation takes time and social adjustment. There will likely be litigation to achieve real parity, resistance and social turmoil, all were

experienced as women
and African Americans
struggled to achieve real
parity.

Harold A. Maio
khmaio@earthlink.net

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[#3](#)

Thursday Oct 23

BennyFactor
Baltimore, MD

I suspect that a major impetus to do this now is the incredible percentage of Iraq War vets coming home with severe mental problems. The other big driver is the pharmaceutical industrial complex, which has managed to market questionable cures with insane side effects to every potential hypochondriac in America - of which there are many - primarily due to the barrage of other marketing designed to convince us that we can't possibly live a full life or even survive unless we can afford to buy a bunch of useless crap our free market economy produces. Compounding that is the fact that most of our production has been shipped to cheap labor markets, leaving us jobless and unable to satisfy our insatiable market-driven need for useless crap - which is driving all of us crazy and causing us to seek medication that drives us even crazier. maybe the insanity of this cycle will stop when we stop viewing healthcare as a market item instead of an investment in our national human infrastructure

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[#4](#)

Thursday Oct 23

Eric
Columbia, MD

If this is such a no brainer THEN WHY DID THEY HAVE TO SNEAK IT BY US YOU PUSIES? If it is such a good bill it would have no problem passing by

itself!

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#5

Thursday Oct 23

Gloom and Doom
[Silver Spring, MD](#)

What a load of crap. The American Psychiatric Association claims that more than 50 percent of Americans are now or will at some point be mentally ill? I believe their number is way off. Here is the fact: 100% of Americans are currently mentally ill but only half of us know it. The other half are voting for Lord Obungholeus. What a rip, government and groups trying to tell and force any business about how to run their business. Funny Uncle Sammy should get out of the health care business. Social Security doesn't even exist. They stole all the money a long, long time ago. Neither party and neither candidate are even worth the paper our worthless money is printed on. And which "Collective" do you wish to reside in Comrad?

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#6

Thursday Oct 23

Anthony
[Washington, DC](#)

Eric wrote:

If this is such a no brainer THEN WHY DID THEY HAVE TO SNEAK IT BY US YOU !#\$@S? If it is such a good bill it would have no problem passing by itself!

It would have passed by itself. Legislators used this bill to make sure the bailout bill passed, not the other way around.

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#7

Thursday Oct 23

megs
[Westminster, MD](#)

It's a shame the writers of this column are so ill-informed/un-educated in this area. May I suggest they visit this web-site, so that they can learn that mood disorders ARE physical.

<http://www.hopkinsmedicine.org/Psychiatry/ind...>

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#8

Thursday Oct 23

This column is astoundingly mean spirited and surprisingly ignorant given the background of the authors.

Example: The statement "Treating depression as well as disturbing and sometimes simple problems in living on the same level as cancer, heart disease and diabetes is the essence of what has come to be known as 'parity.' "

You mean, treating mental illness on the same level as, say, the flu or the sniffles, or diaper rash? All of which are covered by insurance the same way as cancer, heart disease, and diabetes.

As in all illness, the range of mental illness is broad, as are treatment needs. It may be true that diagnoses of mental illness are uncertain and overused (the opposite may also be true). Would the authors suggest that insurance not cover treatment of any diseases with uncertain origin and diagnoses?

Alzheimer's is an organic brain disease that cannot be definitively diagnosed until autopsy. So if the patient dies and it wasn't Alzheimer's, should the insurance company be absolved of paying for treatment?

An extensive body of of clinical and health services literature documents the cost of inadequately treating mental illness. What standard of certainty/harm would the authors suggest for parity in coverage?

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SDW
Arlington, VA

Eric
Columbia, MD

#9

Thursday Oct 23

Anthony wrote:

<quoted text>

It would have passed by itself. Legislators used this bill to make sure the bailout bill passed, not the other way around.

Like many extras added on, it will attract more votes than it is likely to reject, however if you would suggest most pork would pass if it came up individually is incorrect.

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www.HollywoodPavilion.com

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#10

Thursday Oct 23

Irene S Levine PhD
Ossining, NY

The true "psychiatric self-interest groups" are consumers and families living with serious mental illnesses. Until the disease its home, its hard to fully understand the stigma and discrimination that still exists for individuals with these no-fault brain disorders. These groups are to be applauded for their advocacy.

Irene S. Levine, PhD

Professor of Psychiatry, NYU School of Medicine
co-author, Schizophrenia for Dummies (Wiley, 2008)

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Michelle Colder Carras

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#11

Friday Oct 24

I find it fascinating that the authors choose to present ideas of mental illness that not only set back by years the work that so many of us have done to dispel the stigma surrounding mental illness, but also ignore the science of psychiatric disorders. Those of us with mental illness do not choose the thoughts, feelings or behaviors that characterize our extreme states of mental or emotional distress. I did not choose this way of being any more than I chose to have blue eyes or brown hair. And while I can color my hair or wear dark contact lenses, I can't slap on a new brain. I and millions of others need affordable therapy to deal with the effects of our illnesses.

To anyone who would like more realistic information about mental illness, I suggest the following websites:

<http://www.nimh.nih.gov/>
<http://nami.org/>

Michelle Colder Carras,
NAMI speaker and peer mentor

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[#12](#)

Friday Oct 24

[GHG](#)

Joined: Fri Oct 24

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Baltimore

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Perhaps the writers have never had the experience of watching a beloved child or spouse deteriorate with serious mental illness, trying to commit suicide, or curling up in a fetal position wishing that the pain of racing thoughts or voices would go away and let him sleep. And perhaps the writers have not experienced the hopefulness of a person who has lived with severe depression for years and finally receives the correct medication and tells you that it is like coming out of a dark closet and discovering that the world is in technicolor. I have seen both and it never ceases to break my heart and yet give me hope that lives can be better.

People who still believe that the world is flat can believe that if they want to, but it doesn't make it true.

Serious mental illnesses are as real as any illness and have a biological basis just as cancer does. We treat cancer even though not all will be cured. We treat mental illness and some get better. Some mental illnesses are resistant to treatment just as some cancers are resistant to treatment. No one seems to question the cost of treating cancer even though the survival rates are very low for some cancers like pancreatic cancer. Why do people question the cost of treating mental illness? Some day we will have better treatments for cancer and some day we will have better treatments for schizophrenia and bipolar disorder. As for people who go to the doctor for flu, skin rashes or acne, it's OK with me if they want to feel better and look better and a physician can help them, but it is as important to treat mental illness as it is to treat diabetes or cancer

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[#13](#)

Friday Oct 24

"Not so when it comes to bodily illness; one can no more will away cancer, heart disease or diabetes than he or she can will their onset."

Kathleen Orrson
[Baltimore, MD](#)

True! I can no more will away my Schizophrenia that I have battled for over 25 years than I can will away my Multiple Sclerosis.

Both are medical disorders that require medical treatment, medications, and sometimes hospitalization.

With proper treatment I have been able to avoid hospitalization for over 10 years now. And without hospitalization at times, I would have been dead at my own hand because I have a brain disease!

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An opinion piece in the Sun raised significant objections to the mental health parity bill which was recently passed in Congress (‘‘Parity through back door’’, Thursday October 23). Health care legislation is always strongly debated, and that is as it should be; a complex subject which touches each of us personally should be discussed at length. In that spirit, I wish to offer another perspective on the propriety of requiring insurers to provide coverage for mental health issues that is no more restrictive than that for other physical ailments.

Bob Wirtz
[Baltimore, MD](#)

I say ‘‘other physical ailments’’ because it is well established that mental illnesses are biological brain disorders. The bizarre behaviors associated with schizophrenia are not evidence of a weak will, but rather of imbalances in the chemical messenger system that controls all activity in the brain. The violent mood swings of bipolar disorder are not the result of a person’s unwillingness to control him/her self, but of faulty communication between nerve cells at the synapse. Severe depression is not a decision to wallow in self-pity; it is a consequence of a broken brain just as a limp is a consequence of a broken leg.

Suppose that I break my leg on a skiing trip, and that my neighbor who has the same health plan breaks his leg in the same way while rescuing a child from a burning building. Would our medical insurance pay 90% of my neighbor’s costs but only 70% of mine? Of course not; the coverage is for the broken leg and the reason that the break occurred has

nothing to do with treatment. Trauma to the brain from an automobile accident can and does cause behavior which is, to an observer, identical to that of a person suffering from schizophrenia. Is it reasonable to say that the victim of a car wreck deserves to have 90% of his treatment covered but that the victim of a genetic predisposition deserves only 70%?

How about depression? After all, we all have bad days and most of us manage to get through bad situations without medical assistance. But a person suffering from depression does not have the support of a normally functioning brain when facing life problems. A diabetic needs chemical help to manage blood sugar level and a person with depression needs chemical help to manage mood. Why should one medication be considered more necessary than the other?

Finally, let me touch on the matter of stigma as a deterrent of bad behavior. Ostracism is a powerful deterrent, but it works only when a person has a choice in how to act. Mental illnesses, by their nature, manifest through behavior. It is no more reasonable to ask a person with bipolar disorder to refrain from mania than it is to ask a person with severe allergies to refrain from sneezing. It is high time that we as a society stop treating people whose brains are disordered as though they had chosen to have that condition and should be ashamed.

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[#15](#)

Friday Oct 24

Mary Porter
[United States](#)

It saddens me greatly that two college professors are so ill-informed as to fail to acknowledge the

biological basis of mental illness. Major depression, schizophrenia, bipolar disorder, and other mental illnesses exact a devastating toll on individuals, their families and on society as a whole. To suggest that these illnesses involve a personal choice is irresponsible and ignores science.

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#16

Friday Oct 24

L Perry
Woodbury, NY

Come off the arrogant horse and the delusion that no one has a legitimate mental illness. Look as far as your own house. Parity is important in the treatment of mental disorders. Mental illness is as debilitating as a physical illness. Just as a diabetic need chemical assistance to regulate personal insulin. Many mental disorders need chemical and psychological assistance to create self balance. By definition a mental disorder is a sickness. Check the dictionary. Fortunately, major media outlets, medical groups and politicians have come to realize the well documented negative impact that mental illness can wreck on individuals and society if left untreated, i.e.

Columbine, Seung-Hui Cho , Virginia Tech massacre, etc.

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#17

Friday Oct 24

Miriam Yarmolinsky
Rockville, MD

The article seemed a throwback to several decades (some would say a century or more!) ago, when personal responsibility was oft-cited as a response to unbearable mental illness (or a case of nerves or nervous exhaustion, hysteria, the vapours, or whatever the terms du jour were).

It reminded me also of a book that I read in the mid 80s, when I was first hospitalized for severe depression, called "The Myth of Neurosis" by Garth

Wood, a British practitioner of Moral Therapy (who also happened to be a psychiatrist). At least Dr. Wood acknowledged that the major Axis I mental illnesses, such as clinical depression, bipolar (then manic depression) disorder, and schizophrenia exist and can be debilitating, and often benefit from medications in addition to therapy and other treatments. He however took issue with Axis 2 (personality disorders in particular - which I disagree with not counting as major mental illness) and garden variety neuroticism. Back then, 20 years ago, we weren't as assaulted by Big Pharma ads as we are now, and he did raise some valid issues.

But our current authors of the Sun article seem willfully ignorant - almost like it's a schtick, like Bill O'Reilly who I wonder can't possibly believe everything he spouts off on. I don't know - perhaps it was a writing exercise?

I don't believe the origin of mental illness as only 100% biologically based, as a congenital illness w/ no interaction w/ the environment. However, as one of the other responders wrote, does it matter what caused the end results? Depression, for instance, is a cardiovascular disease, some say. Schizophrenia especially seems to predict a 25 year earlier mortality, and responds well to nicotine, which brings its own set of ill effects. Most people with serious mental illness do have or will develop serious somatic (if we're to operate in the Decartes model of artificial split) illnesses that perhaps the authors would deem acceptable for insurance coverage.

As a person who developed Crohn's Disease in the last few years - an autoimmune, gastroenterological disease with wide systemic effects - I can tell you (so far anyway) that I vastly prefer Crohn's Disease to that of severe clinical suicidal depression. The latter I lived with most of my adult (and teenage) years. I am better now, after dozens of drug trials, a few hospitalizations, ECT (don't think it helped but I sought it myself years ago due to desperately unremitting depression). Currently, my healing is probably attributed to holistic, strengths based therapy (which also focuses on the arts and creativity), low doses of newer antidepressant drugs,

acupuncture, REGULAR EXERCISE!, pets, amazing supportive boyfriend, extremely gratifying work in the mental health field, and friends. And, some lucky glitch in my neurology.

Unfortunately, I find it much easier to say I have Crohn's than severe mental illness (somewhat in remission); by writing about it here, is a way to destigmatize it! Though, disclaimer, my profession allows me to be open about having mental illness, and I am extremely lucky in that regard. In the wider world, I am not that comfortable, as there is that same stigma that the professors so blatantly display. There is no way that I see that I could have survived without excellent health insurance coverage, by the way, that covered my psychiatric treatments of all kinds. You can bet I and the others that wrote are just a mere fraction of those that have suffered terribly from mental illness.

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Miriam Yarmolinsky
Rockville, MD

#18

Friday Oct 24

Colour my face red! I forgot to include my FAMILY as part of the healing attribution list! Oops! You are now included!

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#19

Friday Oct 24

Janet Edelman
Columbia, MD

I fully agree with comments by SDW, GHG, Bob Wirtz and Michelle Carras and others who criticize the tone and opinions of the authors of this article, who are both psychology editors and should know better. Their trivialization of other people's illnesses and disorders is hurtful and wrong. I have watched people that I care about suffer with mental illnesses, and then watch their lives improve with proper treatment. Illnesses of the brain deserve the same

level of health care as illnesses of any other part of the body.

In order to add to this discussion, I would like to address some of the comments in the article concerning the legislation.

Starting with the title of the article: "Parity' through back door; Controversial and costly mental health coverage mandate is slipped through on back of bailout bill". Per the NAMI website, "Separate mental health insurance parity bills have passed the Senate (on September 18, 2007) and the House (on March 5, 2008) by wide bipartisan margins. The bills (S 558 and HR 1424) were never far apart on substance, and in the end negotiations centered on narrow issues such as parity in out-of-network coverage and notice to plan enrollees in cases where a group health plan seeks a temporary exemption from the parity requirement." An agreement between the House and Senate to reconcile the two bills was made in August, 2008. The revised bill with the offsets for its cost was included with many other bills in the Emergency Economic Stabilization bill in order to get the bills passed this year before Congress adjourns. This is not going through the back door, as stated in the article. For more details see <http://www.nami.org/Template.cfm...>

The first sentence of the article states: "Psychiatric self-interest groups have tried for years to force insurance companies to cover the treatment of mental illness and addiction.". I would like people to know that not all insurance companies object to parity. Some welcome it and some do not. See the post in BusinessWire from Aetna on October 3, 2008: "Congress, Stakeholders Make History Achieving Mental Health Parity; Aetna applauds landmark legislation passed as part of economic package" <http://www.businesswire.com/portal/site/home/...>

I will leave it to others to shed light on some of the other misleading statements in this article.

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#20

Friday Oct 24

Hayfields
Joppa, MD

What a shame that Towson University Professors keep resorting to 1950's era scientific papers, which are anachronistic, to disparage parity for mental illness. Let me ask them a question from the scientific paper they love to cite so much: "Who defines the norms and hence the deviation?"

I was considered normal until I could no longer control the biological abnormalities in my brain. My behavior deviated to the point that I was in jail. Once I started treatment, I redefined what "normal" was for me and I haven't "deviated" from it since. Every day of recovery is one more day of "normal" while understanding that any "deviation" is likely to result in relapse and more trouble down the road.

So, if the Towson University professors want to stay in the 1950's in how they approach mental illness, perhaps they are the ones who have "deviated" from the "norm."

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#21

Saturday

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Baltimore, MD