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'Parity' through back door

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

By Richard E. Vatz and Jeffrey A. Schaler  
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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](http://www.towson.edu), is associate psychology editor of *USA Today Magazine*. His e-mail is [rvatz@towson.edu](mailto: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](mailto:schaler@american.edu).