From *The New York Times* "Week in Review," March 30, 2008.

Below this is a letter I received from a Dr. Robert Howland. I don't have time to write back to him but you're welcome to do so. I've also put the email address for the letters to the editor if you want to write a letter. That's up to you. In some of the classes recently I mentioned how writing letters is good practice for you. What's key is to keep your letter SHORT. Probably no more than 150 words. Don't repeat yourself in your letter. Do include your full name, you can use you address at school or home if you like.

Insure Me, Please

The Murky Politics of Mind-Body

By SARAH KERSHAW

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From Plato and Aristotle to Descartes, the great thinkers have for millennia argued over what is known in philosophy as the "mind-body problem," the relationship between spirit and flesh. Dualism tends to win the day: The mind and the body, while linked, are separate. They exist independently, perhaps mingling but not merging.

The debate lives on these days in less abstract form in the United States: How much of a difference should it make to health care — and health insurance — if a condition is physical or mental?

Decades of culture change and recent scientific studies have blurred the line between these types of disorders. Now a critical moment has been reached in a 15-year debate in statehouses and in Congress over whether treatment for problems like depression,

addiction and schizophrenia should get the same coverage by insurance companies as, say, diabetes, heart disease and cancer.

This month, the House passed a bill that would require insurance companies to provide mental health insurance parity. It was the first time it has approved a proposal so substantial.

The bill would ban insurance companies from setting lower limits on treatment for mental health problems than on treatment for physical problems, including doctor visits and hospital stays. It would also disallow higher co-payments. The insurance industry is up in arms, as are others who envision sharply higher premiums and a free-for-all over claims for coverage of things like jet lag and caffeine addiction.

Parity raises all sorts of tricky questions. Is an ailment a legitimate disease if you can't test for it? A culture tells the doctor the patient has strep throat. But if a patient says, ''Doctor, I feel hopeless,'' is that enough to justify a diagnosis of depression and health benefits to pay for treatment? How many therapy sessions are enough? If mental illness never ends, which is typically the case, how do you set a standard for coverage equal to that for physical ailments, many of which do end?

The United States has a long history of separating the treatment of mental and physical illnesses, dating back to the days when the severely mentally ill were put in poorhouses, jails and, later, public asylums. That ended after the deinstitutionalization movement of the 1960s, but mental health experts and advocates say that the delivery of services is still far from equal, because emotional illness is still not considered to be on a par with medical illness.

Countries like Canada and the United Kingdom, with national health care systems that don't limit access to any services, have long ago moved toward merging these two branches of health care, and the Scandinavian countries are known for treating mental illnesses as medical diseases, according to researchers who have studied the various systems.

In the United States over the last five years, research studies examining the link between physical brain abnormalities and disorders like severe depression and schizophrenia have begun to make a strong case that the disorders are not scary tales of minds gone mad but manifestations of actual, and often fatal, problems in brain circuitry. These disorders affect behavior and mood, and they look different from Parkinson's disease or multiple sclerosis in brain imaging. Still, a growing number of studies — and many more are under way — are making the biological connection, redefining the concept of mental illness as brain illness.

"Insurance companies balk at this, but there are striking similarities between mental and physical diseases," said George Graham, the A.C. Reid professor of philosophy at Wake Forest University. "There is suffering, there is a lacking of skills, a quality of life tragically reduced, the need for help. You have to develop a conception of mental health

that focuses on the similarities, respects the differences but does not allow the differences to produce radically disparate and inequitable forms of treatment."

While squarely in the minority, some still question the legitimacy of calling any mental ailment a disease. A louder chorus argues that addiction is a behavioral and social problem, even a choice, but not a disease, as many mental health professionals and the founders and millions of followers of Alcoholics Anonymous maintain.

Critics of parity say that anything that would not turn up in an autopsy, as in depression or agoraphobia, cannot be equated with physical illness, either in the pages of a medical text or on an insurance claim. These critics also say that because the mental abnormality research is so new, it should still be considered theory rather than an established basis for equal payment and treatment. "Schizophrenia and depression refer to behavior, not to cellular abnormalities," said Jeffrey A. Schaler, a psychologist and an assistant professor of justice, law and society at American University in Washington. "So what constitutes medicine? Is it what anybody says is medicine? Is it acupuncture? Is it homeopathy?"

Nevertheless, as federal parity legislation has wobbled along over the years, 42 states have adopted their own versions of parity, offering a patchwork of standards for insurance companies on coverage for addiction and mental illnesses. A federal law would extend insurance parity to tens of millions more Americans who are not covered under the laws and set one broad standard for the nation. As the states have experimented with parity, however, many providers have complained that insurance companies have often found it easy to deny benefits by ruling that claims are not "medically necessary," a potentially tough standard when it comes to ailments of the mind.

Meanwhile, attitudes about mental illnesses and addiction have changed significantly in the decades since advocates for the mentally ill — and for parity — first tried to include broad coverage of mental illnesses in the nation's insurance plans. Pop culture has normalized and even glamorized rehab and even suicide attempts, chipping away slowly at social stigmas and lending strength to the idea that the sufferer of a mental illness or addiction may be a victim, rather than a perpetrator. Still, a cancer patient generally remains a far more sympathetic figure than a cocaine addict or a schizophrenic.

But scientific advances may go a long way to help the parity cause. The biological and neurological connection lends strength to the notion that mental illnesses are as real and as urgent as physical illnesses and that there may, at long last, even be a cure in this lifetime, or the next.

And if you can cure something, you can treat it and there is a finite quality to that treatment — and its cost. So you may, if you are an insurance company, be a lot more willing to pay for it.

"The more research that is done, the more the science convinces us that there is simply no reason to separate mental disorders from any other medical disorder," said Thomas R. Insel, director of the National Institute of Mental Health, which has conducted a series of

studies on the connection between depression and brain circuitry and on Thursday released an important study showing a connection between genetics and the ability to predict the risk for schizophrenia.

Last fall, the Senate passed its own parity bill with substantial differences from the House bill, which had been co-sponsored by Representative Patrick J. Kennedy, Democrat of Rhode Island. Mr. Kennedy has admitted to struggling with addiction and depression.

Supporters and opponents both expect the negotiations over how to reconcile the two bills to be protracted; President Bush, who has voiced support for the more limited coverage called for in the Senate bill, has said he would not support the House version, which estimates a cost to the government of $3.8 billion over the next decade through coverage from federally funded insurance. The bill also includes ways to offset the cost.

The precise impact of the House bill on private health insurance premiums was difficult to calculate, insurance industry experts said, but they said that increases to group plans would be likely, with some of the costs passed on to employees. Neither bill applies to employers with 50 or fewer employees or to the individual insurance market.

Despite such warnings that premiums might increase, however, it is unclear by how much. Such extensive parity requirements have never been tested on a federal level, and one question is how many people might take advantage of new benefits even if they were available.

The uncertainty is plain when experts try to estimate the effect. The Congressional Budget Office estimated that the Senate bill, with its minimalist approach, would increase health-plan costs by four-tenths of one percent. However, a report released last month by the Council for Affordable Health Insurance, an insurance industry group, estimated that state-based parity formulas were likely to increase rates by about 5 to 10 percent, on average. And a 2006 study in The New England Journal of Medicine, examining the costs associated with a parity program put into place by President Bill Clinton for all federal employees, found that it actually didn't increase the use or the cost of mental health services. And that plan, it said, was similar to the one proposed in the more generous House bill.

The House bill would require insurance companies that offer mental health benefits to cover treatment for the hundreds of diagnoses included in the Diagnostic and Statistical Manual of Mental Disorders, from paranoid schizophrenia to stuttering to insomnia to chronic melancholy, or dysthymia.

The Bush administration and other opponents say the list of disorders is far too broad. That leads from parity to another, parallel morass in the fields of psychiatry and pharmacology. Both fields are accused of over-diagnosis and of seizing on fashionable diagnoses — bipolar disorder or post-traumatic stress disorder, for example — for financial gain or through highly subjective assessments.

“It’s the phone-book approach of possible conditions,” said Karen Ignagni, president of America’s Health Insurance Plans, an industry group representing insurance companies that cover 200 million Americans. “And this comes at a time when advocates have made a very persuasive case about the importance of covering behavioral health.”

But in the halls of Congress, at least, the mind-body problem is far from resolved, particularly when it is uncertain who the next president will be.

Here is an email someone sent to me this morning. I don't know who he is. This is how I found out the article was published. If you want, you can write to him or you can write to the *New York Times*. They probably won't let you respond to him in the letters section until or after they publish (if) his letter.

----- Original Message -----
From: Howland, Robert
To: schaler@american.edu
Sent: Sunday, March 30, 2008 8:29 AM

Dear Dr. Schaler:

You were quoted in an article written by Sarah Kershaw in the New York Times:

"Critics of parity say that anything that would not turn up in an autopsy, as in depression or agoraphobia, cannot be equated with physical illness, either in the pages of a medical text or on an insurance claim. These critics also say that because the mental abnormality research is so new, it should still be considered theory rather than an established basis for equal payment and treatment. “Schizophrenia and depression refer to behavior, not to cellular abnormalities,” said Jeffrey A. Schaler, a psychologist and an assistant professor of justice, law and society at American University in Washington. “So what constitutes medicine? Is it what anybody says is medicine? Is it acupuncture? Is it homeopathy?”"

Is this an accurate quote or was it taken out of context in some way? If you were trying to be academically provocative or scientifically critical toward psychiatric diagnostics and neuroscience, this statement would only portray you as having an opinion that is grossly simplistic and uninformed.

Sincerely,

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