



# THROUGH A BACK DOOR DARKLY

## New Mental Health Insurance Requirements

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*Costly and mandatory mental health coverage  
sneaks through in the Federal bailout bill.*

IT HAS THE KIND of intuitive appeal that should make thoughtful people skeptical—mandatory insurance coverage for all mental illnesses by all companies that cover mental illness at all. What images come to mind? Many, perhaps most, conjure up pictures of cognitively damaged people who are at the mercy of something called “mental illness.” In this fantasy, mental illness can strike without warning and leave individuals involuntarily debilitated, walking around aimlessly, spouting incomprehensible “word salad.”

With its major audience a government with increasing control over its citizens’ daily lives and a credulous general public mystified by the allegedly medical components of the edifice of mental health care, 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 become law as an undebated amendment attached to the Emergency Economic Stabilization Act of 2008. Thus, a proposal which had failed in a variety of forms for over a decade to enforce mental health parity has become law. The parity amendment requires that mental health and substance use disorder benefits be “no more restrictive than the predominant financial requirements applied to substan-

tially all medical and surgical benefits covered” by an insurance group health plan or coverage (only if said plan covers mental illness). Again, to the untutored ear, this has a reasonable sound to it. Logicians would say its supporting arguments sport a sort of “face validity.” Yet, this legislation, unless reversed—or at least modified to apply only to organic-based mental disorders—is likely to open up a Pandora’s box for the U.S. health care system.

Organic-based mental disorders are those with known physiological bases. Regardless of what many “experts” and laypersons say, there are no known brain lesions or organic causes responsible for “mental illness.” If there were, these would be brain or neurological diseases, not mental diseases. These would be identified by their physical origins. Another way to understand the difference here between brain disease, for example, and mental illness is this: brain disease usually is characterized by cognitive deficit, *e.g.*, short-term memory loss; mental illness, by false claims—self-reported imaginings, also known as hallucinations.

Addiction often is treated with religion. Alcoholics Anonymous is the best example. Courts in the U.S. increasingly are viewing AA as a religious activity. When courts order people into AA, or when states give money to addiction treatment providers utilizing AA’s “12 Steps,” the free exercise and establishment clauses of the First Amendment are violated. The \$35,000,000 Federal project MATCH of a few years ago showed that AA is as effective as the best contemporary psy-

chology has to offer when it comes to treatment of alcoholism. We know from past studies that AA is as effective as leaving people to their own devices. It is important to remember, particularly in light of the parity bill, that AA and other self-help groups are free. No money needs to be appropriated to them at all. In fact, they do better without Federal or state subsidy. Quietly slipping the parity requirement into the financial bailout bill surreptitiously adjudicates by legislative fiat 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 address are the many valid objections to the entire concept of mental health parity—objections that barely have been allowed to see the light of day and indisputably never have been resolved satisfactorily.

This analogy—that mental illness is like physical illness—is not reciprocal. People with cancer hardly are like John Hinckley, Theodore "Unabomber" Kaczynski, or Jeffrey Dahmer. Those struggling with the devastation of diabetes hardly are like those who choose to destroy themselves by shooting heroin or smoking crack. When a person with diabetes is de-

est threat to liberty and justice in a free society.

Through Mrs. Gore's encouragement, Pres. Bill Clinton ordered Federal parity coverage for psychiatric "illness," though mental illness and addiction never were defined adequately. In Gore's 2000 presidential campaign, he stated his policy as follows: "I want to make sure that a patient with depression is given access to care on terms no different from a patient who has diabetes." If depression is like diabetes, is diabetes like depression? The analogy, again, is not reciprocal.

### Verifying mental illness

The lack of pathological verification necessary to label someone as "mentally ill" has led to some truly anomalous phenomena. According to *The New York Times*, Olympic swimming superstar Michael Phelps was diagnosed in early childhood as having the mental disorder Attention Deficit Hyperactivity Disorder (ADHD). He no longer takes drugs for the diagnosis, and famed ADHD psychiatrist Edward M. Hallowell says of the disorder, "I have been treating this condition for 25 years and I know that, if you manage it right, this apparent deficit

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prived of his insulin, that individual gets sick and dies. When a crack user is deprived of cocaine, he or she gets better and lives. There are far more differences between mental and physical disease than there are similarities, but medical science increasingly is becoming political science, especially when government gets involved in mandating and defining illness, treatment, and medicine—and individuals with real diseases always will lose relatively when mental health professionals stand to gain by hiding behind their "patients."

The issue of coverage for mental illness, made increasingly salient since the 1970s, became a prominent national concern largely through the lobbying efforts of Tipper Gore, wife of former Vice Pres. Al Gore. Her political activism, revealingly, first was motivated by her situational depression following her young son's serious injury in a car accident after he darted into a street. Does anyone really believe such upset is an indication of "illness?" Does anyone believe that such a reaction is revelatory of what psychiatry's *Diagnostic and Statistical Manual of Mental Disorders* calls a "depressive disorder?"

Psychiatrist Thomas Szasz accurately predicted close to 50 years ago what we are experiencing today when he warned against the "therapeutic state"—a term he created—as the great-

can become an asset. I think of it as a trait and not a disability." So, should such a claim mandatorily be covered by insurance? Now, according to Hallowell, this "disorder" not only is a "trait" and not a "disability," it is an "asset" as well.

Other generally ignored objections to the parity argument include those disputing the American Psychiatric Association's claims that over 50% of Americans are—or will be at some point—mentally ill. In the December 2008 *Archives of General Psychiatry*, there is a report that "almost half of college-aged individuals had a psychiatric disorder in the past year;" and this includes heavy drinking, categorized under "alcohol use disorders." These findings were not based on any type of medical examination, but on "face-to-face interviews" conducted by nonphysicians. Moreover, these estimates, more than doubling the APA's and National Institute of Mental Health's assessment from years ago, virtually are unlimited since there is no way to confirm accurately the existence of "mental illness" or "psychiatric disorders." Mental illness and psychiatric disorders always are diagnosed on the basis of symptoms or complaints. There are no signs. Most physical illness is diagnosed on the basis of signs, discovered through objective tests.

Parity amendment supporters celebrate the new law as signaling the end of "stigma," but

they fail to consider that stigmatization is a marvelous punishment reinforcer for undesirable behavior, some of which is called "mental illness." If there is no "stigma" to having mental illness, there is no disincentive for those who—consciously or unconsciously, innocently or strategically—want the label to justify their unnecessary medicating or seeking of privileges, special rights, and competitive advantages in a variety of situations ranging from jobs to education.

Substance disorders arguably are 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 clearly can stop or control their addictions through an exercise of free will. Not so when it comes to bodily illness; one no more can will away cancer, heart disease, or diabetes than he or she can will their onset independently of smoking or eating badly.

Schizophrenia is used to typify "mental illness" when it, in fact, constitutes no more than 1.5% of those labeled "mentally ill." Such citing of unrepresentative problems as the prototype of mental illness—including some examples of schizophrenics who have authentic brain disease—is used to make people falsely envision enfeebled, helpless, sympathy-inducing sick people as poster children for mental illness. 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"), Body Dysmorphic Disorder, Multiple Personality Disorder, and other supposed mental disorders whose incidence rises and falls with their marketability at any given time.

Most major media outlets generally ignore the foregoing arguments in coverage of the passage of parity for mental disorders. Major articles in *The Washington Post* and *The New York Times* covering the passage of parity in 2008, for instance, often include testimony only from supporters of the amendment. Recall that it took but a single boy to expose the Emperor's "new clothes."

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—especially for purchasers of health insurance—was passed through the back door. ★

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