

## Groups Join Forces on Parity

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physical illness," said Sen. Kennedy, who was joined by several other members of Congress, including Sen. Mike DeWine (R-Ohio), Rep. Patrick Kennedy (D-R.I.), Rep. Sue Myrick (R-N.C.), and Rep. Jim Ramstad (R-Minn).

The coalition's steering committee members are from the Bazelon Center for Mental Health Law, the National Association of State Mental Health Program Directors, the National Mental Health Association, and NAMI. The group developed "Emergency Response: A Roadmap for Federal Action on America's Mental Health Crisis," which lists 28 "action steps" aimed at improving provision of mental health services in the United States.

In 2003, President Bush's New Freedom Commission on Mental Health report called for "fundamental transformation of the nation's approach to mental health care." However, the Campaign for Mental Health Reform noted in its executive summary that "there has been little progress in realizing the commission's goals or implementing its recommendations."

In fact, since the commission released its report, the campaign noted, 63,000 Americans have died from suicide; more than 200,000 Americans with mental illness have been incarcerated; more than 25,000 families have given up custody of their children to get them mental health services; and juvenile detention centers have spent \$200 million "warehousing" youth instead of providing treatment."

The campaign estimates that the U.S. economy has lost more than \$150 billion in productivity because of unaddressed mental health needs.

Other priorities for the group include reforming copayments for mental health treatment under Medicare and providing early identification and effective treatment both for returning veterans at risk of post-traumatic stress disorder and to mothers and children who receive health care at federally funded maternal- and child-health clinics.

The coalition also advocates presumptive eligibility for Social Security benefits and Medicaid for mentally ill homeless

people and diverting mentally ill individuals who have committed nonviolent crimes into treatment instead of jail or prison.

Some of the group's priority proposals are included in legislation pending in the House or Senate, campaign director Charles Konigsberg said. For example, mental health parity is outlined in the Paul Wellstone Mental Health Equitable Treatment Act of 2005, sponsored in the House by Rep. Kennedy. Attempts to pass mental health-parity legislation have failed for the last several years.

Legislation to encourage states to let parents keep custody of their mentally ill children and still receive services is sponsored in the House by Rep. Ramstad and in the Senate by Sen. Susan Collins (R-Maine).

Mr. Konigsberg said the campaign considers its effort complementary to that of a federal agency agenda for mental health services improvement announced a few days earlier by six federal departments. The "multiyear effort to alter the form and function of the mental health system," includes a federal executive steering committee that would oversee the "mental health system transformation," according to press materials.

The 70-item Mental Health Action Agenda includes reinforcing the message that mental illness and emotional disturbances are treatable and that "recovery is the expectation," through a national public education program sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The agenda also proposes working to reduce the number of suicides through implementation of the National Strategy for Suicide Prevention and helping states formulate and implement comprehensive state mental health plans that would be able to create individualized plans of care.

The federal effort's steering committee includes 13 members from the Department of Health and Human Services and one representative from each of the departments of Agriculture, Housing and Urban Development, Veterans Affairs, Education, Justice, and Transportation, as well as a member from the Social Security Administration.

A SAMHSA spokeswoman said her agency has several grants available as part of its "transformation" agenda, including \$18.8 million offered to states to support infrastructure and service-delivery improvements. ■

## Think Tank Wants Parity—and More

BY JOYCE FRIEDEN

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Sometimes, being equal is just not enough—at least, that's what the Progressive Policy Institute says.

A new paper from the institute, a liberal Washington think tank, suggests that rather than aiming for simple dollar-for-dollar parity with physical health benefits, advocates for mental health parity should insist that mental health providers be held accountable for delivering high-quality, cost-effective services.

Some people in the business community are intrigued by this idea, noted David Kendall, senior fellow for health policy at the institute. "Employers see themselves as leaders in the outcomes disclosure field, and their argument has been all along that parity shouldn't mean unlimited entitlement to [mental health] services," he said. "So if we can find ways to discipline the demand side with outcomes [data], I think that may help break the deadlock on parity." One reason the Progressive Policy Institute (PPI) published the paper is that President Bush has "dropped the ball" on reforming the mental health system, even though he himself called for such reforms about 4 years ago, Mr. Kendall said.

In the report, PPI notes that enhanced parity "would bring together a wave of cutting-edge reforms—some proposed, some already proven—that aim to promote effective treatments and tangible results, often reinforced by

pay-for-performance or other incentives."

One example would be Assertive Community Treatment (ACT), in which mobile interdisciplinary teams give 24-hour assistance to hard-to-reach mentally ill patients. "When states fail to adopt such practices, the cost of preventable hospitalization soars," the report noted.

Parity legislation should also "require the disclosure of performance results, not just reimbursement for any service provided," the report said.

**The institute says enhanced parity 'would bring together a wave of cutting-edge reforms ... that aim to promote effective treatment and tangible results.'**

"Without some form of accountability, mental health parity risks turning into a blank check for mediocre treatment-as-usual. Parity legislation should include a requirement to use at least some of the measurements that have been developed by the Substance Abuse and Mental Health Services Administration," such as its Mental Health Consumer-Oriented Report Card.

Rep. Patrick Kennedy (D-R.I.), chief sponsor of a parity bill in the House of Representatives, said that although accountable mental health care is a laudable goal, Parity Plus is not the way to go about achieving it. "If we are to ever rid the prejudice associated with this country's mental health policy, we cannot at the same time require

some kind of higher standard of accountability for mental health care," he said at a PPI forum on Parity Plus. "Holding mental health to a higher standard in order to get the same coverage just perpetuates the stigma."

Nicholas Meyers, director of government relations at the American Psychiatric Association, in Arlington, Va., agreed. "We appreciate the interest of PPI in the parity issue, but framing and conditioning approval of parity on a range of performance initiatives is both a very dubious political strategy and perpetuates the stigma," he said. "It's an assumption at the get-go that the only way mental health parity should be approved is if strict performance measures are imposed."

Furthermore, performance measures are still in the early stages of development, especially in the area of "pay-for-performance" programs, Mr. Meyers continued. For example, "There are a whole host of technical issues: Who owns the information that's being reported? Who has access to it?" he said.

Still, PPI's Mr. Kendall thinks the Parity Plus proposal helps to advance the mental health care debate in one other way: It puts some of the onus for improvement squarely on the managed care plans. "If you have accountability measures, that's another way to hold managed care plans accountable for delivering quality care," he said. "It's a tool slowly but surely consumer and provider groups are coming around to." ■

## Can Physicians Improve Patients' Health Literacy?

IRVINE, CALIF. — Keep an eye out for patients who are at high risk for low health literacy—typically seniors, immigrants, those with low levels of education, Medicaid recipients, and those in poor health, Jeannette Hilgert said at a meeting sponsored by the Institute for Healthcare Advancement.

Once you have identified a patient who has low health literacy, adjust your approach, said Ms. Hilgert, program administrator at the Venice (Calif.) Family Clinic. For example, it helps to speak slowly, use plain, nonmedical language, and repeat the important information. It is also a good idea to review written materials for clarity and simplicity. Consider using a variety of visual aids that portray written instructions, such as prescription instructions and preventive strategies.

Recent studies indicate that patients' adherence to medical instructions improved by at least 25% when the instructions were supplemented with visual aids.

Health care visits are particularly overwhelming and confusing to patients with chronic conditions, Ms. Hilgert said. A survey at the Venice Family clinic discovered that 33% of patients do not initiate discussions about their health with their doc-

tor. Half said they did not ask questions because they either did not know how or because they felt that their doctor knew best.

To address this insecurity, encourage patients to ask lots of questions and to take an active part in their own care. An equal partnership between physician and patient can increase the likelihood of positive health outcomes, said Marian Ryan, corporate director of disease management and health education for Molina Healthcare Inc.

"Self-management is key. Without it, patients can't be active partners," Ms. Ryan said. Patients who get involved in their health care experience an increased sense of control and may be motivated to take better care of themselves. This effect increases with the length of time in which patients are actively involved in their own health care.

"Once they get excited by one step they took that led to success, they start inquiring," said Ms. Hilgert about patients she observed at the Venice Family Clinic. She added that it follows that patients who ask more questions and are actively involved in their care are more likely to follow doctors' medical advice.

—Nadja Geipert