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## Our view: The long road to real mental health parity

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Jennifer Shilling recalls a good idea that was kicked around during a local effort to combat alcohol abuse: a mental health crisis center that could also function as a social detox facility.

That was eight years ago.

Today that facility is a reality, finally giving people involved in mental health crisis interventions - too often police officers - a third option that's more appropriate for many people than the old alternatives: a hospital emergency room visit and possibly Chapter 51 commitment, or jail.

Shilling, who represents the 95th District in the Wisconsin Assembly, and Rep. Sandy Pasch of Whitefish Bay on Friday hosted one in a statewide series of symposiums on mental health care and addiction treatment. The event at the La Crosse Center was the fifth in the series, with three to go.

Called "Making Parity Real," the events are fact-finding and idea-generating gatherings that come on the heels of a recent victory for advocates of improving the treatment of mental illness and addictions: The Wisconsin Parity Act builds on the protections in federal law that require certain group health insurance plans to treat mental health care in the same way they cover other kinds of care.

The parity legislation was a victory in a couple of senses: Not only will it increase the quality of mental health care coverage in those cases in which it is offered, but it also is a step on the path to erasing the troubling distinction between mental and physical health.

Health, after all, is health. And the inexorable trajectory of our burgeoning knowledge about "mental" health is that what we call "mental illness" is indeed physical. It's about the brain.

And treating the brain is important: Mental illness and addiction are supremely costly.

The indirect cost of lost U.S. productivity caused by depression and bipolar disorder alone is in the hundreds of billions of dollars a year. The emotional cost to those battling mental illness and their families is incalculable.

And don't forget the additional cost of crimes committed because of mental illness and addiction. And there's the inevitable criminal recidivism caused by our neglect. Our failure to treat mental illness and addiction in our prison population is not simply inhumane - Pasch correctly called it criminal in a meeting with the Tribune's editorial board. Our failure there leads inevitably to more crime and more incarceration.

Shilling's recollection of that idea for a detox center and its fulfillment eight years later is an appropriate analogy for the larger issue of the advancement of mental health: We've made progress, but that progress remains too slow.

Access to mental health services is hampered by shortages of trained professionals and the spotty availability of services, especially in rural areas. Paying for such care remains out of reach for many: If you don't have insurance that covers mental illness, the Parity Act isn't going to help. And while outspoken advocates such as the National Alliance for the Mentally Ill have made strides in bringing mental health care into the mainstream of American life and conversation, there remains much work to do.

We salute leaders such as Shilling and Pasch who are working passionately to move the treatment of mental illness and addictions into the 21st century. As they point out: It's not a partisan issue; it's a practical issue of good public health policy and economic good sense.