



## MENTAL HEALTH TOOLKIT FREQUENTLY ASKED QUESTIONS

### **What is the *Mental Health Parity and Addiction Equity Act of 2008*, and what does it mean for states?**

According to the Department of Health and Human Services, the *Mental Health Parity and Addiction Act of 2008* is a federal law that requires group health plans and health insurance issuers to ensure that financial requirements and treatment limitations applied to mental health or substance abuse disorder benefits are not more restrictive than the majority of requirements or limitations applied to all other medical or surgical benefits. This *Act* does not apply to businesses that employ between two and 50 employees in a calendar year under any group health plan or insurance coverage. States are required to implement the requirements of this *Act* and any other future changes to the *Act* through legislation or regulations. However, this *Act* does not mandate insurance plans to provide mental health services if they previously did not cover those services. Most health plans and employers must be in compliance by July 1, 2010.

### **What are the barriers to accessing mental health services in rural areas?**

According to the National Alliance on Mental Illness, approximately 57.7 million Americans experience a mental health disorder in a given year. Despite the fact that mental illness is common, there is an average delay of eight to 10 years from onset of symptoms to treatment. While inadequate knowledge of mental illness and treatment may keep many from seeking help, a significant challenge in access to mental health services comes from the lack of mental health care providers and services in rural areas. According to rural health researchers at Texas A&M University's Southwest Rural Health Research Center, 20 percent of non-metropolitan counties are without mental health services, and in 1999, 87 percent of the 1,669 federally designated Mental Health Professional Shortage Areas in the nation were in non-metropolitan counties. Because of the scarcity of mental health care providers, primary care doctors, who may not be adequately prepared in mental health care, provide the majority of mental health services in rural areas.

Rural and underserved areas may particularly benefit from policies that promote greater integration of primary and behavioral healthcare, including reimbursement of telephonic and electronic consultation by behavioral health professionals and telemedicine services and co-located physical and behavioral health services.

### **What are the benefits of establishing a state Mental Health Caucus in a state legislature?**

Six states have established formal legislative caucuses on mental health: Colorado; Louisiana; Massachusetts; Minnesota; New Mexico; and Oregon. These types of caucuses try to increase legislators' awareness of mental health policy issues and their impact on multiple state agencies, including health and human services, education, housing, and corrections. With the spotlight on federal healthcare reform, mental health is a smaller segment of that larger picture that is often overlooked. According to Mental Health America, some of the benefits to establishing a state Mental Health Caucus include: cultivating a leadership cadre that promotes sound mental health policy development; educating legislators on key issues from consumer, family, and caregiver perspectives; helping legislative leadership bring together key decision-makers, such as appropriations chairs, budget directors, and advocates on a regular basis; establishing a forum to develop political strategies to advance mental health issues; and creating a forum for dialogue, learning, and communication with various stakeholders.

### **How can state policies on mental health treatment and intervention assist the homeless population?**

In 2008, a survey by the United States Conference of Mayors found that 20 percent of cities listed better coordination with mental health service providers as one of the top three items needed to combat homelessness. Research from the National Mental Health Association found supported housing has been

effective in assisting homeless people who live with mental illness/illnesses. In addition to providing housing, supported housing programs provide many different services and include: daily living and money management skills training; mental health treatment; physical health care; education and employment opportunities; and peer support. These programs also provide outreach and engage workers, a variety of flexible treatment options to choose from, and services to help reintegrate people back into their communities. Homeless people who suffer from mental illnesses are more likely to recover and achieve residential stability if they have access to these supported housing programs.

According to the National Coalition for the Homeless, a significant barrier to the successful implementation of supportive housing is a lack of funding. Funding is available from various programs run by the U.S. Department of Housing and Urban Development, in addition to the Projects for Assistance in Transition from Homelessness (PATH); unfortunately, there aren't enough resources to support adequate services to the homeless population and those at risk for homelessness. Efforts should be made to guarantee that these funds are used appropriately and efficiently, in ways that effectively help the mentally ill homeless population.

### **How can state legislators assist people who live with mental illness join or rejoin the workforce?**

For many individuals who live with mental illness or substance abuse, the ability to work and contribute to society is essential to their recovery. According to the National Mental Health Association, the national unemployment rate for individuals suffering from mental illnesses is approximately 90 percent, and less than 25 percent of people who suffer from schizophrenia receive any form of vocational assistance. Many people living with serious mental illnesses (SMIs) face difficulty in finding and retaining jobs due to lack of assistance and stigma and discrimination in the workforce.

There are many ways state legislators can assist individuals living with mental illnesses succeed in the workforce. States could take advantage of many resources available from the federal government for employment programs and initiatives. State agencies that are responsible for employment services should receive training and improve skills on how to work with individuals with mental illnesses. States could also pursue policies that provide business incentives and tax credits to employers who provide training programs that promote workforce development, training, and long-term employment for people with serious mental illness. In addition, states can engage community colleges and universities in developing skills training programs for severely mentally ill individuals, and encourage collaboration between labor departments, mental health providers, mental health insurers, educational institutions, the private sector, and the criminal justice system.

### **How can state legislators reduce the number of mentally ill patients who are incarcerated?**

The incarceration of people with mental illnesses has been a deeply concerning issue for professionals in the mental healthcare field and the criminal justice system. According to the National Alliance on Mental Illness, jails and prisons are ill-equipped to meet the needs of offenders who live with mental illnesses, who often cycle in and out of incarceration. Recently, some states have created mental health courts in order to combat the criminalization of mentally ill offenders by offering treatment options instead of prison sentences. The purpose of these types of courts is to assist people with mental illnesses to stay out of jail and have them enter treatment programs within their communities.

State legislators should take an active role in preventing the criminalization of mentally ill offenders. Some steps legislators could take to combat this problem include: establishing "smart on crime" programs; releasing eligible mentally ill offenders; reduce repeat offenses among the mentally ill population; develop alternatives to incarceration; and introduce mental health programming, such as the mental health courts, and crisis intervention teams within the criminal justice system.