

Milwaukee Jewish Council for Community Relations Statement on Mental Health Services

The soul that I have placed in you, sustain it...
Talmud, Taanit 22b, based on Genesis, 2:7

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BACKGROUND

The Jewish Perspective. The Bible includes many statements concerning the obligation to maintain one's health. We are urged to preserve life (Deuteronomy, 30:19) and to "Be exceedingly heedful of yourselves..." (Deuteronomy, 4:15). Health maintenance also includes the responsibility to take care of the self: "The soul that I have placed in you, sustain it". Thus, our tradition teaches that good health encompasses not only the physical dimension, but also the mental, and that the obligation to maintain mental health is an important component of the broader obligation to preserve health.

Medical care, both for physical and mental ailments, is a means to preserve and improve the quality of lives. Within the Jewish community, caring for Jews and others in need has always been a priority and commitment, and health care has long been recognized as our communal obligation. For many centuries, rabbis, physicians, nurses, and other caregivers have been close partners in the common effort to improve the quality of life. Jewish tradition teaches us that providing health care is not just an obligation for the patient and the doctor, but for society as well. It is for this reason that Maimonides, a revered Jewish scholar, listed health care first on his list of the ten most important communal services that a city had to offer to its residents. We believe that people are endowed with the understanding and ability to become partners with God in making a better world, partly through using our wisdom to cure illnesses.

Jewish Community Service Providers. Jewish agencies play a critical role in delivery of mental health services through nursing homes, assisted living facilities, family service agencies, community centers, hospitals, and other programs. In Milwaukee, the Jewish community provides support to several service providers of mental health and counseling services including Jewish Family Services, the Jewish Home and Care Center, the Jewish Chaplaincy Program, and the Jewish Community Center. Community rabbis provide counseling services. Jewish community day schools, pre-schools, and camps also provide some counseling services to the children they serve. Jewish professionals play a leading role in the mental health field as service providers, researchers, and advocates.

The General Perspective. More than 50 million adults - nearly 25% of the U.S. adult population - annually suffer from mental disorders or substance abuse disorders (American Psychiatric Association). Mental illnesses can affect persons of any age, race, religion, or income. These illnesses have a great impact on society. Four of the top ten leading causes of disability are mental illnesses including clinical depression, bipolar disorder, schizophrenia and obsessive compulsive disorder. The estimated cost of mental health care is over \$150 billion per year.

Despite stereotypes and misconceptions about the intractability of mental illness, these brain disorders are treatable. Research has given us effective treatments and service delivery strategies for many mental disorders. Just as a diabetic takes insulin, most people with serious mental illness need medication to help control symptoms. Supportive counseling, self-help groups, housing, vocational rehabilitation, income assistance and other community services can also provide support and stability, contributing to recovery. Support for continued research is essential to help us gain a further understanding of what goes wrong in the brain in mental illness and to develop better approaches for the treatment and prevention of mental illness.

Definitions. For purposes of this statement, we will rely on the following definitions:

- **Mental health**—the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.
- **Mental illness**—the term that refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.
- **Parity.** Parity means that mental health and alcohol/ drug abuse insurance coverage is no more restrictive than coverage of any other illness.

Note: Definitions for mental health and mental illness are from Mental Health: A Report of the Surgeon General, 1999

Certain populations require special mental health considerations:

- **Children.** Mental health disorders are the second leading cause of disability among children and youth. The Children's Defense Fund (CDF) estimates that 20 percent of American children and adolescents (approximately 11 million) have "serious diagnosable emotional or behavioral health disorders" ranging from attention deficit disorder, depression, and eating disorders to bipolar disorder and schizophrenia. CDF also reports that between 9-13 percent of children ages 9 to 17 have serious mental or emotional problems that substantially interfere with or limit their ability to function in the family, school, and community. The increased violence among young people is associated with serious emotional disturbances. Mood disorders such as depression substantially increase the risk of suicide; the incidence of suicide attempts reaches a peak during the teen years, and mortality from suicide, is the third leading cause of death at that age.
- **Older Adults.** An estimated 15-25 percent of elderly individuals also suffer from some form of mental illness. Depression is the most common mental illness among elderly people, followed by anxiety disorders and forms of dementia. The Centers for Disease Control and Prevention estimate the suicide rate for American elderly to be 21.8 per 100,000, the highest rate of any age group. Furthermore, elderly Americans may have a difficult time accessing mental health services because of the limited coverage provided by Medicare.
- **Poverty and Utilization.** Poverty status has been associated with both dropping out of services and shorter lengths of treatment. This relationship between underutilization of mental health services and poverty is especially significant for minority children and families.
- **Mental Illness and Substance Abuse.** Substance abuse is a major co-occurring problem for adults with mental disorders. As many as half of people with mental illnesses also have alcohol or other drug abuse problems. In light of the extent of mental disorder and substance abuse comorbidity, there is a great need for treatment that combines interventions directed simultaneously to both conditions, but access to such treatment remains limited.

What's wrong with the current system?

Essential Services Not Covered. Cost is a major determinant of seeking treatment even among people with health insurance because there is often inferior coverage of mental health as compared with health care in general. Coverage is very limited under most private insurance plans and government programs and far more restrictive than the coverage provided for treatment of other illnesses. Financial concerns are a major reason most people who need treatment don't get it. According to the Surgeon General, 75-80% of children and adolescents in need of mental health

treatment fail to get specialty treatment and most get no treatment at all. Surveys consistently document that a majority of individuals with depression receive no form of treatment. Half of the individuals who need alcohol/drug abuse treatment - and 80% of adolescents who need this treatment - do not receive it. The U.S. Department of Health and Human Services' Center for Mental Health Services reported in 1996 that as many as two-thirds of all young people who require services, are not receiving the mental health treatments they need. The long-term consequences of these untreated disorders are costly, in both human and fiscal terms.

Coverage of mental health services by Medicare is extremely limited, as is the coverage in most Medicare supplemental policies purchased through private insurance companies.

- Medicare provides some coverage for outpatient mental health services, but since patients must pay a 50 percent co-payment many elderly people simply cannot afford the care. While many poor elderly individuals are eligible for limited mental health benefits through Medicaid or Medicare, it can be difficult to find a provider willing to accept the low reimbursement rates set by the programs.
- Prescription drugs are a key tool in treating mental illness, but Medicare does not cover their cost.
- Many older adults have a need for mental health services in the home because of their physical and cognitive limitations as well as restricted access to transportation; however, Medicare does not cover mental health services provided in the home.

Complexity. The U.S. mental health service system is complex and includes many sectors (public-private, specialty-general health, health-social welfare, housing, criminal justice and education). As a result, care may become organizationally fragmented creating barriers to access. The system is also financed from many funding streams, adding to the complexity, given sometimes competing incentives between funding sources.

Stigma. Powerful and pervasive stigma prevents people from acknowledging their own mental health problems, much less disclosing them to others. Common patient attitudes that deter people from seeking treatment include being too embarrassed to discuss the problem, fear of job loss, concern about being hospitalized, thinking they could handle it alone, and thinking that no one could help.

Shortage of Services:

- Effective service delivery relies on the availability of well-trained clinicians. Key personnel shortages include mental health professional serving children/adolescents and older people with serious mental disorders, and other specialists who serve the severely mentally ill.
- All too often, effective treatment programs are simply unavailable in communities. It is essential to expand the supply of effective, evidence-based services nation-wide.
- Unemployment is pervasive among people with serious and persistent mental illness. Employment is of great value because it generates financial independence, social status, contact with other people, structured time and goals, and increased self-esteem. Vocational rehabilitation programs, such as club houses, that provide individuals with mental illness with training, job placement and coaching are in short supply and often have long waiting lists.

Lack of Cultural and Linguistic Sensitivity. Members of racial and ethnic minority groups often perceive that services offered by the existing system do not meet their needs, for example, by taking into account their cultural or linguistic practices.

3. Principles for Mental Health Services

The Council's positions on specific proposals for provision and funding of mental services will be based on the principles described below. Support for any particular proposal will be considered within the framework of these principles and reflect the degree to which they advance these goals.

Access

All Americans should have access to affordable, quality mental health services. Access to services should not be limited by income, language, religion, race, ethnicity, gender, sexual orientation, or physical or cognitive disabilities. To ensure access to services, it is vital that all health care and human service professionals are well informed about mental health treatment resources in their communities and encourage individuals to seek help.

Affordability

Concerns about the high cost of care are among the primary reasons people do not seek needed mental health care. These concerns are made worse by the disparity in private insurance coverage for mental health and substance abuse disorders in contrast to other illnesses. We support passage of parity legislation, as well as changes in government programs such as Medicare, to provide parity for mental health and alcohol/ drug abuse disorders, including coverage for prescription drugs. Parity makes good economic sense. The National Institute of Mental Health has found that parity may increase insurance premiums about 1% but would result in decreases in total health care costs. Businesses that provide insurance coverage of mental illnesses have also found an unexpected benefit in reduced sick leave for physical ailments. Increased productivity and fewer sick days have resulted in a net positive for these businesses.

Overcome Stigma

For our nation to reduce the burden of mental illness, to improve access to care, and to support needed research, stigma must no longer be tolerated. We support efforts to provide the public with accurate knowledge about mental health problems and that treatment can be successful, and to encourage individuals to seek help. Discrimination against persons with mental illness should not be tolerated.

Partnerships

Public and private agencies have an obligation to facilitate entry into mental health care and treatment. Because of the many points of entry into the mental health services system, care may become organizationally fragmented creating barriers to access. We support strong linkages between state and local mental health systems, both public and private; public and private schools, and juvenile justice systems.

Integration into the Community

To ensure recovery, service provision must go beyond initial medical treatment to provide for assistance with work, housing, education, and socialization. Our health delivery system should promote vocational rehabilitation services designed to provide individuals with mental illness with employment training, job placement and social support.

Culturally/Linguistically Competent

Persons of cultural, racial, religious, and ethnic diversity and those for whom English is not the primary language have unique characteristics that sometimes impede their abilities to benefit fully from existing treatment, training, and rehabilitation programs. We support the provision of mental health services that are culturally competent, i.e. culturally and linguistically sensitive. In addition, we support expanded efforts toward recruitment and training of professionals from these groups, the development and distribution of materials in appropriate languages for use in education, encouragement of their participation in programs and services, and outreach efforts targeted to these underserved groups.

4. Action Recommendations

Based on these principles for mental health services, the Milwaukee Jewish Council for Community Relations supports the following actions:

- Expansion of access to and increased funding for mental health services for children, elderly people and other underserved populations.
- Enactment of legislation to reduce financial barriers to treatment including creating parity in the treatment of physical and mental illnesses under private health insurance plans and government programs.
- Development of community outreach and educational resources to improve public awareness of effective treatment.
- Partnerships between the business and social service sectors to develop vocational rehabilitation programs that provide individuals with mental illness with training, job placement, and social support.
- Increased efforts to recruit service providers for shortage areas including rural areas, service provision to children/adolescents and older people, as well as service providers who are members of underserved cultural, racial, and ethnic groups.
- New options to develop and fund treatment programs that address co-occurring mental disorder and substance abuse comorbidity.
- Continued research to develop new approaches for the treatment and prevention of mental illness.
- Outreach by Jewish community organizations and synagogues to their membership and staff to inform them of the need for greater sensitivity with respect to the mentally ill and urge them to join in efforts to help reduce the stigma of mental illness.
- Efforts to provide spiritual care services for the mentally ill in a religiously and culturally sensitive fashion, such as the Jewish Chaplaincy Program.

Sources

We gratefully acknowledge the following sources that were used to develop this position statement:

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