

LETTER FROM LANSING

~a monthly public policy newsletter from the Mental Health Association in Michigan

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National Parity Analysis Gives Michigan 'F' Grade

Unsurprisingly, Michigan was one of 32 states to receive an 'F' in a national analysis of State Mental Health & Addiction Parity Statutes. The analysis was written by the Kennedy-Satcher Center for Mental Health Equity and published by the Kennedy Forum (www.thekennedyforum.org). Electronic copies are available at ParityTrack.org/Anniversary.

Michigan, unlike most states, has never enacted a parity law, though studies like this typically count peripheral statutes and policies (e.g., the Medicaid Health Plan benefit for "mild-to-moderate" mental illness) as related state regulatory action. Irrespective of that, we still flunked, and many observers are suggesting that we need to try again for state behavioral health parity law.

Because the federal parity law of 2008, expanded upon by the Affordable Care Act, is very difficult to interpret, monitor and enforce, with the latter left up to states, there is interest across the country in state laws to pick up where federal law left off. Illinois, which had adopted a parity law several years ago, recently did so, and New Jersey is close to being next.

Because of renewed interest in Michigan, the Michigan Partners In Crisis mental health-&-justice coalition (administered by MHAM) is covering this at its 2018 winter conference, Dec. 14th, 8:45 a.m. to 12:30 p.m., at the Community Mental Health Association of Michigan, 426 S. Walnut St., Lansing, MI 48933.

David Lloyd from the Kennedy Forum will present the latest info from around the nation on parity laws and activity. The conference will also feature a report from Michigan's Legislative Corrections Ombudsman, Keith Barber, on the work of his office since it was reestablished ten years ago (with a major push from Partners In Crisis).

Attendance at this conference is free. To reserve your spot, please contact Partners In Crisis coordinator Greg Boyd at ghb1@acd.net.

Michigan's Grade Deceivingly Higher re Involuntary Psychiatric Treatment Laws

Michigan's grade was much higher in a Treatment Advocacy Center analysis of the strength and quality of states' involuntary psychiatric treatment laws (www.treatmentadvocacycenter.org). Only two states, Wisconsin and Michigan, received a grade of 'A' in the September report.

But what good does a high rating do for persons with very severe disorders, whose only chance at recovery within today's clinical technology is a court order for treatment? In Michigan, it does little good. Assisted outpatient treatment (AOT) is still little used here, 14 years after it was first placed in state law. And while Michigan law allows for hospitalization of persons who aren't necessarily determined an immediate threat to self or others, that standard still dominates what happens practically in Michigan. And everyone involved in the situation blames someone else for why other existing criteria in Michigan law aren't utilized.

While we usually laud the products of the Treatment Advocacy Center, this one has no context on the application of our laws.

Why are Michigan's state-operated psychiatric hospital beds filled with forensic inpatients, with long waiting lists for non-forensic cases? (It was the Treatment Advocacy Center itself that reported Michigan is one of the country's five-worst states for per capita state-operated beds.) Why did the state have to create a special task force on the inaccessibility of psychiatric beds in private and community hospitals? If "citizen access to courts" is high here (per the report), why did the probate court in Washtenaw tell us last December, as we tried to help some local residents with a case, that citizens cannot petition the probate court for commitment but instead have to run everything through Community Mental Health (something that's patently illegal)? How does Michigan get a score of 49 out of 50 on AOT law when Oakland remains the only county making regular use of it?

Laws are important. Whether we make use of them is of equal if not greater importance. Actions speak much louder than words when it comes to this issue in Michigan.

New Study Implicates Lack of Access in America's Mental Health Crisis

"America's Mental Health 2018" was released this month by the National Council for Behavioral Health (www.thenationalcouncil.org) and the Cohen Veterans Network. Some 5,000 national respondents were surveyed.

Over 75% of respondents believe mental health is as important as physical health, and nearly 6 in 10 are seeking or wanting to seek mental health services for themselves or a

loved one. Yet 74% believe such services aren't accessible for everyone, and almost half believe related options are limited.

The perceived barriers to access were:

*High cost & insufficient insurance coverage – 42%

*Limited options & long waits – 38% report having to wait longer than a week for mental health care to begin, and 46% report having had to (or knowing someone who had to) drive over an hour for their most recent mental health appointment.

*Lack of awareness – 29% did not seek treatment in part due to not knowing where to go for services.

*Social stigma – Almost a third worry about others judging them, and 21% have lied to avoid telling others about mental health treatment.

Among other points, the survey found that low-income Americans are less likely to seek treatment or know where to go for it, while rural Americans are less accepting of mental health services and care, and more likely than urban or suburban populations to rely on primary care doctors or general community clinics for any mental health care.

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