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PUT IDEOLOGICAL DIFFERENCES ASIDE; UNITE TO IMPROVE THE MENTAL HEALTH SYSTEM

by Michael B. Friedman, MSW

Vituperative ideological divisions among mental health advocates impede us from achieving major improvements in our mental health system.

Some advocates would limit the rights of people with serious mental illnesses for their own good and for the safety of society. They believe in expanding the use of coercive interventions, especially involuntary outpatient treatment, which they usually refer to as "assisted outpatient treatment." They also generally believe that deinstitutionalization went too far and that many people with serious mental illness would be better off in hospitals than in jails and prisons, or homeless on the streets. They, therefore, advocate for increasing the use of both short and long-term psychiatric hospitalization.

Opposing advocates argue that to protect people with serious mental illness from homelessness, we need more housing, and that to keep them out of jails and prisons we need extensive criminal justice reform. These advocates maintain that there would be little need for coercive interventions if there were expanded outreach and engagement efforts. In addition, they often point to the horrendous history of abuse that occurred in state hospitals and argue that if more "recovery oriented" and "person-centered" community-based services were available, fewer people would need inpatient services.

No doubt, both perspectives are well-meaning and have some merit. Unfortunately, in the battles to get major legislative changes, advocates with these different ideological convictions neutralize each other. At best, we end up with incremental improvements. Often, we get window dressing—such as new administrative structures—or compromises that are largely self-defeating—such as getting expanded Medicaid coverage of psychiatric hospitals, but only for relatively short stays. Major change is rare.

Despite the ideological divide, there is a remarkable degree of agreement among mental health advocates about needed improvements.

What do we agree about?

- Fewer than half of the people with mental or substance use disorders get treatment that might be beneficial. We need to increase both service capacity and improve access to service.

- Most people who get medical treatment for psychiatric disorders get it from primary care physicians, who provide "minimally adequate care" less than 15% of the time. Those who get treatment from mental health professionals get treatment that is minimally adequate-- let alone, of high quality—less than half the time. We need major improvements in quality of care.

- "Fragmentation" within the mental health system and among mental health, substance abuse, and physical health providers is unfortunately common. We need, and frequently call for, improved integration of care.

- Hundreds of thousands of people with serious mental illness languish in jails or prisons. We need extensive criminal justice reform.

- Hundreds of thousands of people with serious mental illness are homeless. They need housing and support to remain securely housed.

- People with serious mental illness have lower life expectancy, poorer health, and less access to medical services. Mental health policy needs to address physical, as well as mental, health.

- Suicide is on the rise. Comprehensive measures are needed to reduce its incidence.

- The so-called "opioid epidemic" also requires a comprehensive response.

- Many people with long-term psychiatric disabilities do not get the supports that they need to have satisfying lives in the community. Greater investment in community support services is essential.

- Much housing and care for people with psychiatric disabilities is provided by family caregivers, who do not get the support they need. They need more support services—such as respite--and more benefits—such as tax relief.

- Despite the large growth of minority populations, mental health services are often not "culturally competent". We need to build culturally competent service systems that include effective outreach, public education, and empowerment of minority providers.

- Little has been done to prepare for the "elder boom". In a few years, older adults will outnumber children. It is time to build a "generationally" competent behavioral health system for older adults.

- There is a vast shortage of mental health professionals, particularly those with expertise with children, with minorities, and with older adults. We

need a far more effective effort to build an adequate professional, and paraprofessional, workforce.

- In addition, improved financing is absolutely critical. This includes both increased funding for behavioral health services and substantially redesigned funding mechanisms.

This is a daunting list. None of it will be easy to achieve. The political divide in America, the debates about how to structure and finance our health care system, and the sheer lack of interest in mental health issues all make it difficult to bring about meaningful change.

The great ideological division among mental health providers makes it difficult to achieve anything other than pitifully small steps.

It is time for advocates to put these differences aside and unite to work for goals we all agree on.

(Michael B. Friedman, LMSW, was the Founder and Director of the Center for Policy and Advocacy of The Mental Health Association of NYC and taught at Columbia University School of Social Work prior to retiring.)