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## Does America Care About Mental Health Care?

Zainab Mehkeri

After the economic collapse of 2008, many states experienced trouble with budgeting their finances and looked for ways to cut spending.<sup>1</sup> As a result, many states targeted specific services and programs and removed vital resources necessary for millions of Americans.<sup>2</sup> One such service was mental health care.<sup>3</sup>

Between 2009 and 2012, 1.8 billion dollars was cut from state budgets for mental health services, including “community and hospital based psychiatric care, housing, and access to medications.”<sup>4</sup> By cutting back on these services, states not only alienated and abandoned citizens with mental health issues, but also increased the homeless population, the jail population, and taxpayer costs.<sup>5</sup> This led many to question if American truly cared about mental health care.

### MENTAL HEALTH IN AMERICA

In the United States alone, 42.5 million adults suffer from mental health issues.<sup>6</sup> “One in 17 people in America lives with a serious mental illness such as schizophrenia, major depression, or bipolar disorder.”<sup>7</sup> And when it comes to children, one in 10 have a serious mental disorder.<sup>8</sup>

Despite these numbers, mental health care has not been taken seriously in the United States. As former congressman Patrick Kennedy stated, the nation “routinely fails to provide the most basic services for people with mental illness — something the country would never tolerate for patients with cancer or

<sup>1</sup> Jamey Dunn, *The state of mental health funding in Illinois is ill*. Mar. 2013. Available at: <http://illinoisissues.uis.edu/archives/2013/03/strained.html>.

<sup>2</sup> Id.

<sup>3</sup> Id.

<sup>4</sup> *State Mental Health Cuts: A National Crisis*. A report by the National Alliance on Mental Illness. 1,3. March 2011. Available at: <http://www2.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=126233>.

<sup>5</sup> Id. at 4-5.

<sup>6</sup> Lisa Gillespie, *Even With Coverage Expansion, Access to Mental Health Services Poses Challenges*. KAISER HEALTH NEWS. Dec.18, 2014. Available at: <http://kaiserhealthnews.org/news/even-with-coverage-expansion-access-to-mental-health-services-poses-challenges/>.

<sup>7</sup> *State*, *supra* note 4, at 1.

<sup>8</sup> Id.

other physical disorders.”<sup>9</sup> The fact remains that mental health has historically been discriminated against in health care.<sup>10</sup> Mark Heyrman, a clinical law professor at the University of Chicago and founder and facilitator of the Mental Health Summit, finds that even within the health care field, mental health lacks funding and is segregated because it does not fit well into the medical model.<sup>11</sup> This, he believes, can easily be seen in Medicaid and Medicare.<sup>12</sup> For example, an “obscure provision” of Medicaid laws enables funds to cover hospitals that treat physical conditions, but not those that treat mental conditions.<sup>13</sup> Additionally, while Medicare does not impose time limitations on physical health care, it limits the number of days a patient may receive psychiatric care.<sup>14</sup> Until recently, mental health care has suffered from more stringent medical necessity standards than other types of care.<sup>15</sup>

#### THE CUTS AND THE EFFECTS

Between 2009 and 2011, the state of California cut almost \$600 million dollars in general revenue funding for mental health care.<sup>16</sup> And it was not alone. Along with other states, New York cut \$132 million and Illinois cut around \$113 million.<sup>17</sup> When states unceremoniously slashed their budgets, mental health providers had to reduce services and cut programs.<sup>18</sup> For example, six of the 12 mental health clinics in the city of Chicago were shut down in 2012 as part of a city plan.<sup>19</sup> According to a 2012 National Survey on Drug Use and Health, 60 percent of adults with mental illnesses were left untreated, partially because they couldn’t find help.<sup>20</sup> And issues arose when

<sup>9</sup> Liz Szabo, *Cost of not caring: Stigma set in stone*. Chapter 1 - A separate and unequal system. USA TODAY. June 25, 2014. Available at: <http://www.usatoday.com/story/news/nation/2014/05/12/mental-health-system-crisis/7746535/>.

<sup>10</sup> Id.

<sup>11</sup> Interview with Mark Heyrman. Mar. 3, 2015.

<sup>12</sup> Id.

<sup>13</sup> Szabo, *supra* note 9.

<sup>14</sup> Id.

<sup>15</sup> Gillespie, *supra* note 6.

<sup>16</sup> *State*, *supra* note 4, at 1.

<sup>17</sup> Id.

<sup>18</sup> Ellyn Fortino, *Advocates Urge Rauner, Illinois Legislature To Prioritize Mental Health Funding*. PROGRESS ILLINOIS. Jan. 22, 2015. Available at: <http://www.progressillinois.com/quick-hits/content/2015/01/22/advocates-urge-rauner-state-legislature-prioritize-mental-health>.

<sup>19</sup> Id.

<sup>20</sup> Szabo, *supra* note 9 at Chapter 2.

people with certain types of illnesses were unable to travel to seek help or could not adjust to a new doctor.<sup>21</sup>

Unsurprisingly, these cuts sharply increased the number of psychiatric emergency room visits, with Illinois's visits increasing by 19 percent.<sup>22</sup> The cuts also increased the number of inmates in Cook County Jail.<sup>23</sup> Infamously referred to as the "largest mental health hospital in Illinois," the Cook County jail houses approximately 2,000 inmates who suffer from a serious mental health illness (roughly 1/3 of the 11,000 prison population).<sup>24</sup> Despite a common misconception, the vast majority of these inmates are not charged with violent crimes, but with crimes "related to their illness or addiction," such as disorderly conduct, trespassing, drug charges (due to self-medication), and prostitution.<sup>25</sup> Sadly, Illinois is not alone. "Prisons serve as the largest mental health institutions in 44 states."<sup>26</sup>

After the cutbacks in psychiatric care and the increase in other alternative government services, Illinois taxpayers ended up paying around \$131 million - \$20 million more than the original amount slashed from mental health services.<sup>27</sup> Cutting the budget for mental health services ended up costing states even more with the increase in incarceration, hospital stays, and homelessness.<sup>28</sup> In fact, a "community can pay for an entire year of intensive treatment, disability benefits, and other services for the cost of one incarceration or hospital stay for a person with mental illness."<sup>29</sup>

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<sup>21</sup> Interview with Moshe Brownstein. Mar. 3, 2015.

<sup>22</sup> Fortino, *supra* note 18.

<sup>23</sup> Dunn, *supra* note 1.

<sup>24</sup> Tom Dart. *How we shaft the mentally ill*. Chicago Tribune. July 29, 2014. Available at: <http://www.chicagotribune.com/news/opinion/commentary/ct-cook-county-tom-dart-jail-mentally-ill-0729-20140729-story.html>.

<sup>25</sup> Id.; Liz Szabo, *Solutions to woes of mentally ill exist but aren't used*. Chapter 4: Changing the System. Dec. 22, 2014. USA TODAY. Available at: <http://www.usatoday.com/story/news/nation/2014/05/12/mental-health-system-crisis/7746535/>.

<sup>26</sup> Dart, *supra* note 24.

<sup>27</sup> Fortino, *supra* note 18.

<sup>28</sup> *State*, *supra* note 4 at 4-5, 8-9.

<sup>29</sup> Liz Szabo. *Cost of not caring: Nowhere to go*. USA TODAY. May 12, 2014. Available at: <http://www.usatoday.com/story/news/nation/2014/05/12/mental-health-system-crisis/7746535/>.

## WHAT HAS BEEN DONE?

Since chronic mental illness and substance abuse can contribute to homelessness, “the smartest money is spent in supportive housing.”<sup>30</sup> Recently, the U.S. Department of Housing and Urban Development (“HUD”) has been focusing more of its funding towards permanent supportive housing.<sup>31</sup> This includes programs that offer housing along with support services needed to address contributing factors.<sup>32</sup> For example, Catholic Charities received around \$440 million for its Gateway Housing program, which finds apartments for chronically homeless people with mental health issues and/or substance abuse problems.<sup>33</sup> In February of 2013, former Illinois Governor Pat Quinn announced that the state would receive around \$12 million in federal housing subsidies “for more than 800 people with mental health problems or developmental disabilities.”<sup>34</sup>

Programs have also been implemented to reduce the number of inmates with mental health issues. After the Miami-Dade County Jail became the largest psychiatric institution in Florida, Judge Steven Leifman started the Judicial Criminal Mental Health Project.<sup>35</sup> The project trains officers to “approach calls for service” in a way that calms people down and refers them to necessary help.<sup>36</sup> Thus, although the “crisis intervention teams in Miami-Dade County and the city of Miami responded to more than 10,000 mental illness-related calls,” only nine arrests were made.<sup>37</sup> One third of these calls were referred to crisis stabilization units, and of the nine arrests made, psychiatrists screened inmates for mental illness and made necessary referrals to social workers.<sup>38</sup> The staffers at Miami-Dade County Jail also recognize the looming threat of homelessness and have responded by helping inmates find and receive stable housing.<sup>39</sup> Interestingly, the project’s approach to mental illness has been successful. The amount of individuals with serious mental illness who have

<sup>30</sup> Dunn, *supra* note 1, (quoting Chicago Democratic Rep. Sara Feigenholtz).

<sup>31</sup> Christin Nance Lazerus, *Care funding tackles homelessness, mental health*, Chicago Tribune, Jan. 30, 2015. Available at: <http://www.chicagotribune.com/suburbs/post-tribune/news/ct-ptb-hud-funds-st-0202-20150130-story.html>.

<sup>32</sup> *Id.*

<sup>33</sup> *Id.*

<sup>34</sup> Dunn, *supra* note 1.

<sup>35</sup> Szabo, *supra* note 25.

<sup>36</sup> *Id.*

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

<sup>39</sup> *Id.*

been arrested for misdemeanors has dropped significantly from 72 percent to only 20 percent.<sup>40</sup>

#### ILLINOIS' POLITICAL RESPONSE

Unfortunately, the future appears bleak for Illinois. The State, which is in a multi-billion deficit, is looking to tackle a very serious fiscal problem.<sup>41</sup> Due to Illinois' track record with cutting mental health services, advocates warn against further cuts to community-based services.<sup>42</sup> However, as of early 2015, rehabilitation programs in the state faced a \$110 million shortfall in programs that "cover mental health and developmentally disabled adults."<sup>43</sup> Many vital programs such as these are anxiously waiting to see how Governor Rauner and the Democrat-controlled legislature will keep the necessary funds flowing.<sup>44</sup>

#### THE AFFORDABLE CARE ACT AND THE EXPANSION OF MEDICAID: HOW HAS IT HELPED?

After much debate between legislatures and the public as a whole, the Affordable Care Act was passed and subsequently signed into effect by President Obama in 2010.<sup>45</sup> This Act has not only proved to be beneficial for those seeking medical care, but also for those seeking mental health care.<sup>46</sup> The act prevents insurance companies from rejecting an individual with a serious mental health illness.<sup>47</sup> This is a huge step in the right direction because, prior to, private insurance companies rejected individuals who had schizophrenia or bipolar disorder.<sup>48</sup> In addition, as part of the federal Affordable Care Act,

<sup>40</sup> Id.

<sup>41</sup> Fortino, *supra* note 18.

<sup>42</sup> Id.

<sup>43</sup> *Illinois rehabilitation programs fear \$110M budget shortfall*. CHICAGO TRIBUNE. Feb. 7, 2015. Available at: <http://www.chicagotribune.com/news/local/breaking/chi-illinois-rehabilitation-programs-fear-110m-budget-shortfall-20150207-story.html>.

<sup>44</sup> Id.

<sup>45</sup> Perry Bacon Jr, *With 16 Million in Obamacare, Is the Repeal Debate Over?* Mar. 27, 2015. Available at: <http://www.nbcnews.com/meet-the-press/16-million-obamacare-repeal-debate-over-n330791>; *Key Features of the Affordable Care Act*, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES. Available at: <http://www.hhs.gov/healthcare/facts/timeline/>; Jonathan Cohn, *Obamacare is turning 5 years old, and the debate has barely changed*. Mar. 22, 2015. Available at: [http://www.huffingtonpost.com/2015/03/22/obamacare-5-years\\_n\\_6918326.html](http://www.huffingtonpost.com/2015/03/22/obamacare-5-years_n_6918326.html).

<sup>46</sup> Brownstein, *supra* note 21.

<sup>47</sup> Heyrman, *supra* note 11.

<sup>48</sup> Id.

Medicaid in Illinois and other states has expanded.<sup>49</sup> Thus, many people who were ineligible for Medicaid coverage are now eligible.<sup>50</sup> And “hundreds of thousands of people in Illinois who have a mental illness” can now access care.<sup>51</sup> Furthermore, 90 percent of individuals who enter the criminal justice system, including those who enter Cook County Jail, are eligible for Medicaid or insurance through the exchange.<sup>52</sup> This is possible with “the enrollment of men and women before they leave jails in large counties across the state.”<sup>53</sup>

However beneficial Medicaid expansion has been for those with mental illness, problems still remain. Publicly funded mental health services are still underfunded, preventing Medicaid reimbursement from covering the full cost of care.<sup>54</sup> Accessibility to mental health care has also be challenging.<sup>55</sup> For example, when Chicago closed six of its 12 mental health clinics it did so to “enhance” mental health services by focusing on uninsured individuals.<sup>56</sup> Anyone with insurance, including those with Medicaid, would be turned away from the clinic and would have to seek a private physician.<sup>57</sup> As a result, and because of a shortage of mental health care professionals, individuals sometimes travel a considerable distance to receive necessary treatment.<sup>58</sup>

Another issue with the Affordable Care Act is the little to no transparency in federal and state exchanges.<sup>59</sup> Plans do not clearly explain what they provide or what services are covered.<sup>60</sup> Patients are only able to find out if their treatment is covered by their insurance *after* they have received treatment.<sup>61</sup> This poses obvious financial problems that can lead to serious clinical consequences when patients change their mental health providers and alter drug regimens.<sup>62</sup>

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<sup>49</sup> Id.

<sup>50</sup> Id.

<sup>51</sup> Fortino, *supra* note 18.

<sup>52</sup> Heyrman, *supra* note 11.

<sup>53</sup> Id.

<sup>54</sup> Fortino, *supra* note 18.

<sup>55</sup> Id.

<sup>56</sup> Id.

<sup>57</sup> Id.

<sup>58</sup> Gillespie, *supra* note 6.

<sup>59</sup> Id.

<sup>60</sup> Id.

<sup>61</sup> Id.

<sup>62</sup> Id.

## WHAT CAN WE DO?

In order to help break the stigma of mental health issues, society needs to view “mental illness as any other health issue.”<sup>63</sup> Only then can institutions, policy makers, and politicians consider mental health care as a necessity and not something that can be conveniently reduced. Luckily, after billions of dollars were cut, and communities began experiencing the overflow in hospitals and jails, the media took notice and brought some level of awareness to this topic. Nevertheless, awareness alone cannot bring change. States and local governments should look to successful models, such as the Judicial Criminal Mental Health Project in Miami, to help address the increase of inmates with mental illness. While many states have been able to provide Medicaid or insurance through the exchange for those in jails, states should also try to provide coverage to prison inmates. As Mr. Heyrman stated, “there is no reason that this can’t be done in the prisons; it just requires cooperation.”<sup>64</sup> Lastly, states should continue to fund supportive housing for those suffering from mental illness and drug abuse, rather than the temporary housing and shelters that have not reduced homelessness at all.

By increasing efficient mental health coverage, implementing systems in correctional facilities, and assisting in housing, states can prevent the cyclical effect that has been driving mental health patients from the jails and to the streets. The financial benefits to the tax payer and the state would be obvious, but even more so, it would mean that America does care about mental health.

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<sup>63</sup> Brownstein, *supra* note 21.

<sup>64</sup> Heyrman, *supra* note 11.