

Bias against medical treatments persists

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Discrimination and stigma persist in the mental health and addictions field on so many levels. Let's first look at regulation. Mental health and addictions services require extraordinary amounts of documentation— more so than any other branch of health care.

Treatment plans, service plans, progress notes, goals and treatment plan reviews are all tightly regulated and monitored for timeliness and quality— not quality of the service or outcome necessarily, but outcome of the quality of the documentation. Practitioners who treat diabetes, heart disease or cancer are not subjected to that level of oversight and regulation.

It's because stigma and discrimination persist toward those who provide and receive mental health and addictions treatment. It's as if these treatments are nebulous or less effective and subjective. In reality it's exactly the opposite. Mental health treatment is evidenced-based treatment. While treatments for depression work more than 80 percent of the time, treatment for heart disease is much less effective on a percentage basis.

What about funding? If you have cancer or heart disease you won't be dependent on a grant to receive state-of-the-art care. But if you need a specialized and life-saving mental health service (that insurance typically doesn't cover) such as a First-Episode Psychosis program— you will need a grant to be available. This is clear discrimination and unacceptable to the millions of Americans who desperately need these services.

This must stop. Behavioral health care is health care. The many barriers to access and treatment, including over-regulation, control, utilization management and having to constantly justify that our services are "medically necessary" and "evidence-based" is at a minimum offensive to the incredibly-well-trained and educated cohort of mental health professionals across our nation, and at it's worst, dangerous. It restricts care and results in lost lives. Enough is enough.

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