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Editorial: The mental-health care gap

Congressional legislation marks important effort to improve the system

Pennsylvania Congressman Tim Murphy delivered a message this week that resonated in Southwest Florida: Antiquated policies and the lack of an effective mental-health-care system in the United States are detrimental to our nation -- and its local governments, communities, families and, especially, millions of Americans with mental illnesses.

At a "town hall" gathering on the New College of Florida campus and in community-based meetings, including one at the Herald-Tribune, Murphy labeled mental health -- and the federal government's approach to it -- a "national crisis."

The Republican representative, who was hosted by our own congressman, Vern Buchanan, made the case for his solution -- a sweeping reform bill, H.R. 3717, also known as "The Helping Families in Mental Health Crisis Act."

Murphy's arguments for fundamental changes are compelling. The federal government's approach is splintered, its policies are often contradictory and accountability is lacking. What's more, symptoms of mental illness -- such as suicide and homelessness -- have risen nationwide.

There is a lot to like, we think, in Murphy's bill. But we are not expert in the public policies surrounding mental health and the provision of services and treatment. Mary Ruiz, chief executive of Manatee Glens (a behavioral health hospital and outpatient clinic), is.

In a letter to Murphy and Buchanan, a co-sponsor of the bill, Ruiz cites eight key provisions that she supports. Those parts of the proposed legislation involve changes in federal laws and rules that would, for example, make it easier for providers and patients to be reimbursed by Medicare and Medicaid for mental-health medications.

Furthermore, Ruiz said, Murphy's bill would maintain federal support for assisted outpatient treatment laws -- including Florida's. Those laws enable judges, in certain circumstances, to order people with mental illnesses -- who might otherwise be jailed for their actions -- to obtain treatment. AOT laws, as they are known, are not universally embraced by experts in the field.

But Ruiz said Manatee's implementation of the Florida law was successful, until a federal grant for clinicians expired. (Note to county commissioners and state legislators:

Consider funding these positions, in order to improve lives and reduce the costs associated with jailing mentally ill, often homeless, people.)

Ruiz also cited some concerns about H.R. 3717, most of which involve funding and diagnostic restrictions and the need to maintain certain protections for the rights of families.

Some mental-health practitioners and national advocacy groups oppose the bill -- in part because they don't have confidence in the status quo and have seen federal policies and programs poorly implemented in states and localities. And there are legitimate questions about whether Congress has the appetite -- and aptitude for -- adopting such broad reforms at once, rather than in increments.

But there appears to be little doubt that the current approach by the federal government -- which provides between 25 percent and 30 percent of the funding for agencies such as Manatee Glens -- is ineffective at best. And there is a clear need in the states -- particularly Florida, which ranks 50th in the nation for funding mental-health services -- to improve their own policies and substantially raise funding.

Making recommendations about how to craft legislation that is politically palatable and acceptable to mental-health experts and advocates is beyond our reach. However, after meeting with Murphy, we came to this conclusion: If there is anyone in Congress with more knowledge about mental illness and greater passion about improving the health of millions of Americans, we'd like to hear from him or her.

As our communities have learned as they have tried to cope with the effects of homelessness, the gaps in mental-health services are large. Reforms on the federal level -- combined with increased attention statewide and locally -- are necessary to shrink those gaps.

"The federal government's approach to mental health has been a chaotic patchwork of antiquated programs and ineffective policies across numerous agencies," Murphy said.

"Sadly, patients end up in the criminal justice system or on the streets because services are not available."

Murphy's bill might not be perfect or totally acceptable to all practitioners, providers and experts, but has -- or should have -- enough support to provide the basis for a debate in Congress, and across the nation, that results in consensus and constructive change.

The status quo is unacceptable. America can, and should, do better.