Obama-Biden BEHAVIORAL Health Care Community Discussion
Report from Tucson, AZ January 2, 2009

NOTE: there was prior agreement among participants, all behavioral health professionals (counselors, social workers, psychotherapists) to address all questions as if they referred to BEHAVIORAL HEALTH CARE ONLY – since studies have observed that since 1989 the spending on mental health, out of each healthcare dollar, has fallen by eighty-three percent

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III. GENERAL QUESTIONS

1. How many people attended this behavioral health care community discussion?
    a. Twelve

2. Please summarize (with contact information) personal stories from attendees about the need for behavioral health care reform in our country
    a. Family that has a working mom and dad; have health care insurance but with three children with special needs (ADHD, bipolar, and both?); there are huge gaps re: what is available, can't access public system and their personal health insurance offers minimal coverage for years and years of services; co-payments are now $50 a session for any counseling; 12 yr old may need long-term residential facility for a year to give him social skills and give his siblings a rest (lizc@ccs-soaz.org)
    b. Folks call for services, parents have difficulty with young children or teenagers; they can afford individual or couples sessions 'for a while' but rarely have coverage for the entire family; it is so needed; story of a father who is dying, leaving three children who displayed symptoms needing counseling; are referred to local social services but 'can't get in'; needed also in-home consultation as well re: the biological father dying at home (ljlatl@hotmail.com)
    c. Working with individuals with sexual trauma and needing to work at their pace without having to meet an insurance time-line; public agency could not charge fees (a blessing for clients); much research shows a high correlation between sexual trauma and physical health problems (gypsy65@comcast.net)
    d. Older adults: an individual with mental health issues who needs almost as much time with the therapist to discuss how she will get medications for diabetes or arthritis; these medical problems complicate her mental health problems; she lost a toe because she did not have the $15 for a follow-up visit (patriciay@ccs-soaz.org)
    e. Attempting to refer a client into the public mental health system: needing to phone seven times, receiving an answering machine from a multi-million dollar behavioral health care program (perk@psychod.com)
    f. Client entered psychiatric hospital, kept there for 28 days, discharged 2 days before her insurance ran out; she was telling them she was not

getting better, needed to stay; discharged, received three months of prescriptions, overdosed within three hours on 120 pills (elaineflannagan@gmail.com)

g. People getting excluded from healthcare coverage because of pre-existing mental health conditions (like a mood disorder)(arizonaphotog@msn.com)
h. Sent an EAP client: "I'm hanging on by my fingernails", a history of two serious suicide attempts. She was improperly screened and was sent to a routine EAP evaluation – the EAP insurance company immediately referred her to her health insurance company – that company AETNA said they had 'only one' psychiatrist in Tucson and he was all booked up (bhurlbut@theriver.com)
i. Two brothers in one family, both dual-diagnosed (bipolar & substance abuse); both were at risk inside the system but one had a sister who intervened with a doctor who said, 'if you want your brother to live you better get him out of (the mental health care system).' Had to take him to another state for care. The other brother was taking a psychotropic drug for bipolar disorder and hanged himself (shu1@mindspring.com)
j. A client needing inpatient substance abuse alcohol treatment (also bipolar, is taking medication). Received a 15 minute assessment re: alcohol with a Title 19 provider who said 'you are fine,' then the larger provider saying 'we can't help you with that. (lizc@ccs-soaz.org)

3. What does the group perceive as the biggest problem in the behavioral health care system?
    a. Hard to access services for the average consumer; the information and the phone systems are not user-friendly, and especially for those with mental illness
    b. when people do get through that maze, what is funded and available is quite often inadequate to the person's needs
    c. there is zero, zero prevention for mental health (and in health care in general); example: addiction to nicotine but you can't get a prescription to the latest medications that could end the addiction
    d. for-profit insurance companies and invested in dissuading consumers
    e. the economic levers are designed in a 'free-market' system; so making profit on illness is the emphasis, rather than making profit on wellness
    f. even not-for-profit systems have to stretch their money by hiring unqualified case managers who are dealing with a population that is in desperate need of stability – but the case managers leave their jobs within the first year (impossible case loads; little money for services)
    g. the emphasis on managed care: with a chronic population, it does not work (because there are fewer people who would balance out the costs by NOT taking behavioral health monies)
    h. people are referred for counseling who have significant problems that cannot be addressed by (anything but) long-term counseling: there are issues of poverty, the family, etc.
    i. assessments based only a medical model rather than a bio-psycho-social model are inadequate to address the actual needs

4. How do attendees choose a counselor, psychotherapist, or psychiatrist? What are your sources of information?
    a. Peers in the behavioral health system
    b. Experienced clients who can recommend (or not) a therapist
    c. From lists of therapists that are (rather inaccessible) and contracted by an organization to offer services
    d. From an agency contract that dictates which therapist is available and is contracted

5. How should public policy promote quality behavioral health care providers?
    a. First, adequate funding should be available for graduate-level education in the field
    b. Public policy could support all state licensed and certified behavioral health providers to provide psycho-therapeutic services (rather than only MSW's or PhD's)
    c. Be based on providing health and creating incentives for providing wellness
    d. By promoting national standards for assessment tools (re: alcoholism, depression, mental-status, etc.) which are not massive-data collection tools but are designed to guide
    e. Pay for CLINICAL supervision (not administrative supervision) time within the organization, and pay for workshops for training on how to practice effective and efficient psychotherapy
    f. Establishing and paying for standards of care for evaluations: what it is, who does these; not unfunded mandates, but much like an x-ray (the same in various settings)

6. Have you, your clients or your family members ever experienced difficulty paying behavioral health bills? What do you think policy makers can do to address this problem?
    a. Yes; keeping patients on older-classes of drugs (with more side-effects); system supports pharmaceutical companies
    b. Get rid of the donut hole system
    c. Make certain that all health insurance companies fund behavioral health care
    d. Eliminate the cherry-picking by insurance companies of 'the healthiest' members
    e. Take the for-profit element out of health care
    f. Eliminate the insurance company decision makers in behavioral health care
    g. Inform individuals proactively that they are eligible for the Arizona state funded AHCCCS program (the State version of Medicaid)

7. In addition to employer-based coverage, would you like the option to purchase a private plan through an insurance-exchange or through a public plan like Medicare?
    a. Everyone ought to get whatever Congress has
    b. Problem with employer-based insurance is that the companies negotiate quite different forms of coverage

   c. Need both employer based coverage an inexpensive Medicare system available
   d. Everyone in the country should have a plan like Medicare: we all pay into one pot and spread the risk; a single-payer system that covers the unemployed, the self-employed, and the employed

8. Do you know how much you or your employer pays for health insurance? What should an employer's role be in a reformed behavioral health care system?
   a. Most don't know (if your employer pays it)
   b. Employers should be pushing for national health insurance, especially the very-large employers
   c. Behavioral health should be treated at parity with physical health
   d. Support hourly-wage workers to leave work to get their behavioral health care needs met
   e. Employers can do a lot about the work culture and how this can be supportive of health care
   f. Attention to work-life issues

9. Below are examples of the types of preventive services Americans should receive. Have you gotten the prevention you should have? If not, how can public policy help?
   a. Depression screening events happen but we have little clear definition of 'preventative behavioral health'
   b. Young kids need to learn about the connection between (movement; art and gym; stress management; and general health) Early childhood behavioral health education is what is necessary (note recent education re: abusive behavior in dating relationships to give kids information regarding healthy relationships)

10. How can public policy promote healthier psychological lifestyles?
   a. (see above)
   b. by leadership modeling of healthy psychological life styles
   c. promoting the understanding and managing stress
   d. more services for families who have children who have mental health problems; easily accessible; places where volunteers can learn skills to assist in this effort
   e. stop engaging in pre-emptive wars
   f. trauma inoculation
   g. providing some sort of support for people who are on the front-lines of mental health care
   h. addressing mental health care institutions that are systemically broken and corrupted, driving workers and clients away
   i. elevate the institutions that are NOT broken, as demonstrations of productivity without counting widgets: quality care systems that really work
   j. looking at comprehensive definitions of productivity
   k. help the field of behavioral health to provide a decent living to those who work in it

l. an increased emphasis on money for research in mental health
m. translate what we are learning about the brain into action; linking this research into funded action in the field
n. don't ignore the 2003 President's Commission on Mental Health
o. have the DSM-IV writing process transparent, especially regarding the connection with drug company funding for various authors
p. allow and encourage groupings of small organizations to obtain more cost-effective behavioral health insurance, gathering together to purchase insurance
q. educate the public that behavioral health issues are not moral problems: they are medical problems; the head and the body are connected

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