

Finance And Value In Mental Health Care

PROLOGUE: Public acknowledgment of fragmentation as the fundamental problem in the financing and organization of U.S. mental health care was the signature accomplishment of the President's New Freedom Commission on Mental Health, which issued its final report in July 2003 after a year of intensive study and deliberation. Despite the commission's admirable initiative, though, mental health has not sustained a prominent place on either the administration's or Congress's policy agenda. The problems documented by the commission remain just as obscure to the public—other than those who deal with mental illness firsthand, be they patients, providers, families, or those whose needs are not being met.

The general medical sector is equally sprawling, complex, and problematic. But there is some consensus about its fundamental challenges: The United States is capable of delivering spectacular successes in medical care, but it does so at an unsustainable cost and with unjustifiable shortcomings in quality and access. Although many of the issues are similar for mental health care, the policy community is often confounded by perceptions about mental health that are just as fragmented as the disconnected systems that provide funding and services. Are these systems spending too much or too little? Are we wasting resources on the so-called worried well? Will better private coverage break the bank? Have states lost control of spending on the most severely ill? Who's in charge? The absence of easy answers frightens policymakers away.

In fact, with a little patience, these questions can be answered. As Richard Frank and Sherry Glied point out in the first of the four papers that follow, mental health spending is not growing as fast as spending on general medical care; however, the composition of this spending has put acute pressure on some funding sources, a point elaborated in the paper by Benjamin Druss. Controlled spending growth coupled with rapid expansion of the number of people receiving mental health services—even if some overtreatment is acknowledged—represents a major success story. But the continuing vulnerability of the most severely ill and extreme stress on many state Medicaid budgets remain worrisome.

In the spirit of believing that clarity can be snatched from the jaws of confusion, it is instructive to recall the fog of competing claims that surrounded the subject of parity legislation a few years ago, when opponents claimed that this policy would be ruinously expensive. The fog has lifted, and Colleen Barry and colleagues have rounded up the evidence, although the shortcomings of private coverage remain an issue. Finally, Haiden Huskamp takes up the problem of assessing value in spending on psychopharmaceuticals. She finds that although many crucial questions remain unanswered, they are not unanswerable.