

Comments on the Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008

*Fred Frese*¹

For the last several years, I have had the honor of serving on the Boards of Directors of three national advocacy organizations, all of which are somewhat differently impacted by the recent passage of the Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008. These organizations are:

- 1) National Alliance on Mental Illness (NAMI—www.NAMI.org);
- 2) Treatment Advocacy Center (TAC—www.psychlaws.org); and,
- 3) NISH nee National Industries for the Seriously Handicapped (www.NISH.org).

Although I cannot officially speak for any of these organizations, it is my perception that the collective view of my fellow board members for each of these organizations would be somewhat as follows.

Members of NAMI, who have worked diligently for the passage of both state and national parity bills since the early 1990s, see passage of this latest version of a parity bill as major cause for celebration. Not only is this act viewed as making treatment for mental health conditions more available and more affordable, it is also seen as a strong signal that mental illnesses can increasingly be regarded in a manner similar to serious physical illnesses. Thereby, hopefully, this will lessen the stigma that has traditionally accompanied mental illnesses of all kinds.

TAC, which tends to be more focused on assuring delivery of treatment to those who are so disabled with men-

tal illness that they do not understand they might benefit from treatment, also should be pleased with the passage of this latest parity act, as it is a mechanism by which resources for needed treatment can be increased. However, TAC officials stress that resources for mental illness continue to be inadequate. This is particularly so if these resources are not accompanied by the legal mechanisms necessary to deliver treatment to those who have been abandoned to homelessness, jails, prisons, and other forms of destitution; all of this due to a condition which incapacitates the ability to make rational decisions, particularly those concerning one's own treatment.

For NISH, which is the largest provider of jobs for persons with severe disabilities in the United States, passage of the parity act primarily impacts the degree to which mentally ill people may be seen as qualified for jobs set aside for severely disabled persons. Because many serious mental illnesses tend to be episodic or periodic, there has been some question concerning the degree to which people with these types of conditions can be considered severely disabled. The increased availability of treatment should have the effect of making more mentally ill persons available for employment. At the same time, employers of people with disabilities now should have to provide more latitude by including persons with episodic or periodic conditions, which many serious mental illnesses tend to be, even when their conditions are under control with treatment.

In summary, the parity act can be seen by all my advocacy associates as a positive step. Nevertheless, in addition to the increased availability of treatment, some see the need for improved mechanisms in the delivery of such treatment, particularly to those who are most disabled. And consonant with a major focus of the recovery movement, others see that more flexibility is needed in the administrative rules and regulations. These will enable persons with mental illnesses to find dignified, contributing roles in society, despite being disabled with serious mental illnesses.

¹ *Northeastern Ohio Universities College of Medicine (NEOUCOM)*

*Address for correspondence: Fred Frese, PhD, Associate Professor, Northeastern Ohio Universities College of Medicine (NEOUCOM), 4209 St. Rt. 44, PO Box 95, Rootstown, OH 44272
Phone: 800-686-2511; E-mail: fresef@admboard.org*

Submitted: December 2, 2008; Accepted: December 7, 2008