

A Clarion Call to Commitment and Effective Action on National Health Reform

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The 2008 Summit on Impacting Healthcare Reform '08

In mid-March 2008, 200 leaders from the mental health and substance use care and prevention communities gathered for the annual ACMHA Summit to discuss "Impacting Healthcare Reform '08: Moving the Mental Health and Substance Use Care Agenda." Participants sought information and strategies so that they could take personal action to influence the direction in which presidential candidates would move National Health Reform, to influence state universal health insurance coverage initiatives, and to evolve our joint agenda toward integration of mental health, substance use, and primary care services. Now, 18 months later, we can and should take stock and ask what has been accomplished during the intervening period. (Originally, I published a summary of the 2008 Summit in the May 2008 issue of *Behavioral Healthcare*: [Energized by the ACMHA Summit](#).)

Key Steps Undertaken in 2008 and 2009

After the 2008 Summit, a number of very important steps were taken by the Whole Health Campaign (WHC) to put mental health and substance use care on the national agenda:

- A highly successful "Recovery Room" was hosted at the Democratic National Convention to focus attention on mental health and substance use issues.
- The three principles of the WHC (equitable coverage, integrated care, and effective prevention) were incorporated into the Democratic and Republican national party platforms.
- The WHC visited both the Obama and McCain campaigns to press mental health and substance use concerns.
- The WHC prepared a briefing document on integrated care for the Transition Team on Health Reform, and subsequently participated in an in-person briefing.
- The WHC briefed the Agency Transition Team on core mental health and substance use concerns going forward.
- The WHC participated in major advocacy on the Stimulus Bill because mental health and substance use care were excluded from consideration.
- The WHC provided testimony to the Federal Panel on Comparative Effectiveness Research.
- The WHC completed a series of eight policy papers on National Health Reform, now available at www.wholehealthcampaign.org.
- The WHC briefed House staff on inclusion of mental health and substance use in National Health Reform.
- And the work continues, both formally and informally....

Need for Continuing Action in the Waning Months of 2009

The following section has been adapted from several commentaries and several "Online Exclusives" I published in *Behavioral Healthcare* during 2009.

President Obama has undertaken National Health Reform as a core agenda of his administration. His speech to a Joint Session of the Congress on September 9 highlighted key features of his plan—universal coverage, a "public" option like Medicare, system reform to improve quality and to slow cost increases, and a new focus on disease prevention and health promotion. This latter focus will emphasize *health*—how to keep and enhance it. For us, this will mean a major new emphasis on prevention and early intervention. It also will be a wonderful opportunity for us to promote the concept of recovery as an essential consumer-directed tool for health enhancement. To me, it is very useful to think of this entire process as "making health a noun."

In the past, *health* generally has been an adjective relegated to second place. The emphasis in *health care* is on *care*, not on *health*. Here, *health* is definitely an afterthought, because we really mean *illness* care. My own research and that of others shows clearly that illness and health are two separate dimensions. Hence, working on one (i.e., illness) does not by itself promote the other (i.e., health). The brilliance of the concept of recovery is that it bridges these two dimensions.

If the legislation being prepared by the Congress does ultimately include an emphasis on health, especially *whole* health, then our approach to illness care will be dramatically different in the future. We will start with population health and develop ways to enhance it, perhaps by using population health coaches. To make this *whole* health, we will include mental health and addiction health, together with physical health. We will emphasize consumer and family knowledge about health because such knowledge will promote recovery and self-determination. We will approach chronic diseases as a major opportunity for prevention and mitigation, not just for maintenance care.

As is very evident from the heat we all witnessed on National Health Reform this past summer, we need to be very sensitive to some potential major road bumps along the way. If we are to undertake National Health Reform successfully, we will need to develop "new arguments" about health. For starters, we must ask how National Health Reform can help us rebuild the American economy. How would FDR have approached this issue? To my knowledge, no one has yet asked this question. We must.

Taking the same point of view, we must ask what the mental health and substance use care and prevention fields can contribute to the recovery of our economy. I believe we already know the answer. Mental and substance use disorders sap economic performance at the personal and community levels. Hence, the issue for us becomes how to link National Health Reform with health promotion and good care to improve our economy's overall performance. This will not be an easy task, but neither will it be "mission impossible." *The essence of health promotion is behavior change, the exclusive province of behavioral health care.*

We also know that mental and substance use conditions are strongly correlated with major chronic diseases, such as diabetes and heart disease. Good mental health and substance use care and prevention can delay the age of onset of these diseases, as well as reduce these diseases' severity and long-term costs. We must collaborate more closely with our primary care colleagues to turn this vision into a reality.

In practical terms, we really need this evidence today. Chronic illnesses consume 75 cents of every dollar spent on health care. Reducing this fraction only slightly, say by 5 percent, would reap an enormous economic return of about \$115 billion. This is more than the total direct public and private expenditures for mental and substance use care today.

Final Reflections

It is always very energizing to come to the ACMHA Summit to address the major emerging issues in our fields. It was particularly rewarding to engage the broader twin issues of insurance and system reform in 2008. Both are having a profound effect upon National Health Reform. Hence, I call again upon each of you for urgent action now to support National Health Reform and the specific inclusion of mental health and substance use care and prevention.

Finally, I want to recall one of the major life goals of the late Senator Ted Kennedy, a clear hero and champion of behavioral health care. The "Lion of the Senate" viewed good health care as a fundamental human right, no different than life, liberty, or the pursuit of happiness, which are detailed in the US Declaration of Independence. We must do no less. As Senator Kennedy said many times, "The cause endures, the hope still lives, and the dream shall never die." Let's fulfill his dream and pass National Health Reform in 2009! This will require a major effort by every one of us.