

Change is Coming!

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Regaining Our Perspective

During the fall presidential campaign, it was very hard for many of us to reconcile concern with a rapidly failing economy and concern with Sarah Palin's clothes. How dare the national media consider these two stories with the same intensity and seriousness! Now that the election is a fading memory, we need to regain our perspective, take stock, and set our future course into the uncharted waters of a new Obama Administration and a new Congress.

The election of Barack Obama and Joe Biden signals that our national government will be concerned about middle, working class, and poor people over the next four years, and that it will have empathy for the very poor, the downtrodden, and those who are homeless. Biden is from a traditional working class family; Obama is the child of a single parent who hovered near poverty for years.

The strengthened democratic majorities in both the Senate and the House suggest that the relation between the Administration and Congress will be vastly different than during the troubled, waning years of the Bush Administration. Clearly, many more opportunities will exist to build and move a joint national agenda. We need to assure that mental and substance use health and care are part of that agenda.

Concern about our economy, a rapidly spreading recession, and the potential for a new 1929-style depression will be riveting to both the Administration and the Congress. However, we must remember that Franklin Roosevelt created his most innovative programs during the depths of the depression. These programs—Social Security, health insurance, community general hospitals, among others—endure today, more than 75 years later.

Promoting National Health Reform

We hope that the new Administration will take on National Health Reform—universal coverage, system reform, and reform of financing. However, if this is to happen, 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 Franklin Roosevelt approach 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 fields can contribute to the recovery of our economy. I believe that we already know the answer. Mental and substance use conditions sap economic performance at the personal and community levels. Good care improves economic performance. Hence, the issue for us becomes how to link national health reform

with good care to improve the overall performance of our economy. This will not be an easy task, but neither will it be mission impossible.

We also know that mental and substance use conditions are strongly correlated with the major chronic diseases, such as diabetes and heart disease. Provision of good mental health and substance use care can reduce the severity and long-term costs of these diseases. We must collaborate more closely with our primary care colleagues to provide incontrovertible evidence to support this assertion. In practical terms, we really need this evidence today. As you probably know, chronic illnesses consume 75 cents out of every dollar spent on health care. Reducing this fraction only slightly, say 5 percent, would reap an enormous economic return of about \$115 billion. This is more than the total direct expenditures for mental and substance use care today!

As part of this agenda, we must also begin to focus on health rather than disease, and we must ask how we can prevent disease before it occurs. True health reform must encompass health, not just health care.

Reforming Our Healthcare System

An equally important future national agenda is the reform of the healthcare system itself, to regain the confidence of the American people. For us, this implies that much more work will be required on the integration of mental and substance use care with primary care.

Some obvious steps can be taken to begin this task. We can work to reduce barriers, e.g., permit payment for a mental health and a primary care encounter on the same day; to expand care coordination, e.g., rewrite CMS definitions of case management; and to embed coordinated, integrated care into the grant programs of SAMHSA and HRSA, e.g., require that block grant plans address integrated service delivery. Integrated care will improve consumer outcomes, and it will lead to financial savings.

A Right to Good Health

As a people, we need to become emboldened and explicit about good health as a human right for everyone. This is not simply a pie-in-the-sky concept, but one also grounded in economic realities. The U.S. cannot be competitive in a global economy without a healthy population. For us, this right must include good mental health and a healthy approach to substances. Our thinking will need to expand beyond disease and recovery to embrace wellness, not only for persons but also for populations.

Final Thought

We must not be cowed by fear, but act with courage. I can see Franklin Roosevelt smiling.