

As we debated health care reform, I stressed that health is not just about fixing broken bones. It's about having a healthy, complete individual from head to toe, including physical and mental health. Mental illness affects millions of Americans in some form, conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Mental illnesses strain families and can lead to lost productivity, unemployment, substance abuse, homelessness, or suicide. No one is immune.

We know that mental illness is treatable, yet because one-third of the people affected do not receive needed treatments, mental illness remains a leading cause of disability and premature death. According to the World Health Organization, untreated mental illness costs \$147 billion each year in the United States.

Prompt and comprehensive treatment can reduce enormously these effects, but insurance companies – including government plans like Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP) – frequently impose limits on coverage for mental health that are not imposed on traditional medical and surgical care.

In October 2008, Congress took a significant step toward finally ending the insurance discrimination that has existed for decades against people with mental illness. This January, the "Paul Wellstone Mental Health and Addiction Equity Act" went into effect, requiring insurance companies to provide benefits for mental health and substance abuse treatment equal to those provided for physical medical treatment.

The Wellstone Mental Health Parity Act, requires that all Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) illnesses be covered, rather than letting insurance companies determine their own scope of coverage. This is the same coverage requirements that we as Members of Congress receive under our federal employee health plan, and our constituents deserve no less.

According to a survey by the American Psychological Association, lack of insurance coverage and cost are the leading factors for individuals not seeking mental health services. The Wellstone Mental Health Parity Act addresses both of these problems.

The law builds on the work that has already taking place in the states. New Jersey has been a leader in providing mental health parity for its residents, as the state has had mental health parity laws on its books for over a decade.

These parity laws not only benefit the patient, but society more broadly. A June 2002 article in the Journal of American Medical Association indicates that employers who actively encourage their employees to use mental health services actually experienced increases in hours worked and productivity.

Although there are strong economic arguments in favor of parity, this is not a debate about dollars and cents, but about lives saved and people restored. During the debate over the Wellstone Mental Health Parity Act, I received a letter from a constituent who is a corporate human resource director. She did not write me in that capacity, however. Instead, she wrote me “as the sister of a beloved brother who committed suicide one day after his in-patient mental health care benefit ‘ran-out’.” This illustrates the true cost of mental health and the failure to enact mental health parity.

The Wellstone Mental Health Parity Act was a strong first step in ensuring that those who need access to mental health care could get it. In March, Congress took the next step in increasing the availability of mental health services by passing comprehensive health reform.

First, health reform expands coverage to millions of Americans. By providing coverage to those previously uninsured, those Americans now can receive mental and physical health care without severe financial hardship. The law also eliminates pre-existing condition exclusions, so that those suffering from anxiety disorders or depression no longer may be denied coverage for those conditions.

Beyond directly expanding coverage, the law promotes mental health in existing health insurance plans. The law specifies that mental health and substance abuse treatment are an essential category of benefits for health insurance plans. It gives Americans free access to effective preventive care, as recommended by the U.S. Preventive Services Task Force. Those preventive care services include several mental and behavioral health services, such as adult and adolescent depression screening and alcohol misuse screening.

Providing these services will require greater numbers of mental health providers. This is why I am pleased reform creates grants for mental and behavioral health education programs to allow these programs to train more future providers.

As health reform is implemented, I will work to ensure that mental health is recognized as a key component of overall health. This will improve our economy, help our families, and improve the health and well-being for millions of Americans.