Equal access to rehabilitative services

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Traditionally, most people with severe mental illnesses like schizophrenia are too disabled to work. That is changing slowly, but most people have access to publicly funded case management, vocational, and day programs (often called "clubhouses"). I urge you to make private insurance companies live up to their responsibilities under Connecticut's parity law and pay for psychosocial rehabilitation services as they do for physical rehabilitation.

This is a case in which the public system is more enlightened and cost effective than private insurance. Once, people with mental illnesses spent most of their lives in state hospitals. That began to change in the 1950s with the advent of medications for the major symptoms of their diseases. However, it did not take long for people to notice that a cheap room and an appointment card at a clinic were not enough to keep people stable in the community. Gradually, they added residential supports to compensate for the remaining cognitive limitations and to teach the living skills that people did not need to learn in the "total institution" of the hospital.

Eventually they realized that people needed a safe and productive place to go during the day, so they added day programs. They saw that some people *could* work, so they added vocational programs. Because people with severe mental illnesses had been a state responsibility since the early nineteenth century, it was *state* departments of mental health that made these discoveries and funded these programs.

Mental illness does not respect social class. People with good jobs and good insurance got sick too. Even rich people got sick. However, their insurance did not keep pace. When they recognized mental illnesses at all, they paid only for inpatient and outpatient treatment, just as the public system had in the early days. The common solution was for adults with mental illness to move out of the parental home and establish an independent household. With no earned income, they qualified for publicly funded programs.

But some parents rebelled. They were not willing to let their adult children drift in the imperfect and barely adequate world of public services. Case management methods improved over the years—they still are—but in many states there are not enough case managers to go around. In many places, if you had a work history before you got sick and qualify for Social Security Disability (SSD), you are over the income limit for case management.

Why aren't there case management and other programs for the privately insured? Because there are not enough of them in any one place to justify the expense of creating a separate system. How can the public system afford what the private system cannot? Because they employ the basic principle of insurance: they spread the cost over the whole taxpaying community.

So, what can we do? We can mandate that private insurance pay for community programs that have reduced disability and long term costs for decades. We can allow non-profit providers to bill private insurance companies for those services. And we can stop private insurers from forcing the family members of their policy holders to impoverish themselves and rely on publicly funded emergency services – ERs and ambulances—to fill the gaps in their "system" of care.