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Our view: Mental health parity bill is only a start

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A bill before the Legislature won't fix the woeful state of insurance coverage of mental health care in Wisconsin - but it's a step in the right direction.

AB 512, which would close some of the loopholes in the federal Mental Health Parity and Addiction Equity Act, has bipartisan support. That's a good sign, but the legislation's more important accomplishment will be its role in the long, slow project of normalizing and mainstreaming mental health care.

Why is this important?

Because the very fabric of our society depends on getting a handle on mental health care. If we don't succeed, if we continue to let mental illnesses go untreated because of paltry insurance benefits and under-funding of public efforts at mental health care and intervention, we'll continue to pay an escalating monetary cost - in law enforcement, in prisons, in emergency care at the county level of people in extremis.

The less tangible costs are just as real and carry with them a moral imperative - the lives lost, the families torn apart, the human potential squandered, the human suffering endured. Those costs are even more persuasive reasons to bring into the mainstream the treatment and prevention of mental illnesses, including addiction.

The bill now under consideration would require more Wisconsin employers that offer mental health care coverage to cover mental illness to the extent they cover physical illness. That's good for those who have coverage but does nothing for those who don't have and can't afford coverage.

Why is the state of mental health care coverage so dismal?

It's mostly a matter of ignorance and fear. The stigma that still too often prevents the mentally ill and their families from seeking help predates discoveries in the fields of brain function and genetics. Those discoveries make it clear that the root causes of many of our most pressing problems are biological illnesses. Alcohol- and drug-related crime, other mental illness-induced criminal behavior, suicide, school and workplace absenteeism, joblessness and underemployment, and homelessness all cost us dearly. Treat the underlying mental illnesses, such as schizophrenia, bipolar disorder, chronic clinical depression and many of those frustrating social problems become manageable.

Ask people involved in law enforcement and the courts what would happen to their workloads if our health care system were able to successfully intervene and treat mental illnesses.

It's unfortunate that despite years of good work by such organizations as the National Alliance on Mental Illness we're still battling the stigma that unfairly inhibits our diagnosis and treatment of mental illnesses. It's heart-breaking to watch as local advocates fight this important fight: Too often family members - mothers and fathers, sisters and brothers of the mentally ill - face long, lonely battles as they try to bring these issues the attention they deserve.

It's important that legislators, as good stewards of taxpayer dollars, take every opportunity to support early intervention and treatment of mental illness. While appropriate medication and therapies can be expensive, the absence of care eventually leads to even greater costs in law enforcement, jails and prisons, and mental health care crisis intervention.

And it's important that, as moral leaders, our legislators do everything in their power to bring the prevention and treatment of mental illness into the mainstream of health care:

To not do so dooms too many people and their families to unnecessary misery and leaves unrealized an unconscionably large portion of our human potential.