

American Psychiatric Association

Principles for Health Care Reform for Psychiatry POSITION STATEMENT

Approved by the Assembly, November 2008
Approved by the Board of Trustees, December 2008

"Policy documents are approved by the APA Assembly and Board of Trustees... These are ...position statements that define APA official policy on specific subjects..." -- *APA Operations Manual*.

Prepared by the Board AD HOC Work Group on a Mental Health Care System.

In 2008, federal legislation was passed and signed by the President to provide mental health parity (including substance use parity) in private insurance. In addition, a change in the Medicare 50% copay with an incremental phase-in to 20% has also been enacted. The principles underlying mental health parity and the change in the Medicare 50% copay are part in parcel of what needs to happen in any broad-scale health reform aiming at universal access, quality improvement, and cost control. With nearly 47 million Americans uninsured and 20 million more seriously under-insured for general health care and many millions more for mental health and substance use coverage, there is much to be done in expanding access to effective treatment for large numbers of individuals who can be helped with DSM-IV disorders.

1. Every American with psychiatric symptoms has the right to a comprehensive evaluation and an accurate diagnosis which leads to an appropriate, individualized plan of treatment.
2. Psychiatric treatment should be based on continuous healing relationships and engagement with the whole person rather than the narrow symptom-focused perspective.
3. Timely access to psychiatric care and continuity of care are the cornerstones for quality, even as a continuum of medical and non-medical services becomes available that would encourage maximum independence and quality of life for psychiatric patients.
4. There must be full parity of psychiatric treatment with the rest of medicine and utilization management must be the same for people with mental illness and well as for other medical illnesses. Payment and utilization should be on the basis of treatment and services and not on diagnosis.
5. Psychiatric care should be patient and family centered, community based, culturally sensitive, readily available for patients of all ages, with particular attention to the specialized needs of children, adolescents, and the elderly. Disparities in the access to care for ethnic and racial minorities must be addressed.
6. Access to psychiatric care should be provided in numerous settings, including private offices, community mental health centers, specialty clinics, and hospitals as well as in the workplace, schools, and correctional facilities. Psychiatric care should be fully integrated with the rest of medicine in primary care settings and in hospitals.
7. Patients deserve to be treated with dignity and respect. When they are clinically able, they are entitled to choose their physician and other providers and make other decisions regarding their care. When they are incapable of doing so, they should receive the treatment they need and when able, they should choose future care.
8. As medical information enters the electronic age, leading to increased efficiency and ease of access to health data on all individuals, the confidentiality of this data must have the highest priority.
9. Patients should receive care in the least restrictive setting possible that encourages maximum

independence and access to a continuum of clinical services.

10. Psychiatric care should be fully integrated with the treatment of substance use disorders.

11. Psychiatric care should have an emphasis on early recognition and treatment as well as prevention. Research into the etiology and prevention of mental illness and into the ongoing development of safe and effective treatment interventions must be supported.

12. Efforts must be intensified to combat and overcome the stigma historically associated with mental illness and its treatments through enhanced public understanding and awareness of mental disorders and the effectiveness of psychiatric treatment.

13. More resources should be devoted to the training for an adequate supply of psychiatrists, especially child psychiatrists, to meet the current and future needs of the population.