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Brief Article

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Regulatory Laws to Improve Access to Mental Health

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According to the National Alliance on Mental Illness (NAMI), 1 in 5 American adults are suffering from a form of mental illness - depression, ADHD, schizoaffective disorder, anxiety, and etc...[1]. The urgency of enhancing mental health care is greater than ever as the rates of homelessness and suicide, opioid addiction, and mass violence continue to rise in the United States [2]. Additionally, there is a high co-occurrence between mental health and substance use disorders [3,4]. Accordingly, an initiative to provide integrated mental health services in primary and specialty care health settings is extremely important to ensure patient access to care[4]. Though these issues have received great public attention, there needs to be an immediate improvement to eliminate the nation's mental health burden. Many individuals with mental illnesses are left untreated due to gaps within the mental health care delivery, despite the various efforts to increase access to mental health care. Although there are various policies implemented, there is great concern about the implementation and enforcement of regulations set forth to ensure that mental health care is readily available to all, regardless of socio-economic background [5,6].

The World Health Organization (WHO) defines mental health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" [7]. Mental health is important because it can impact the physical health of one's well-being. In fact, poor mental health is strongly linked to poor health outcomes of chronic conditions, including hypertension and diabetes[8]. Nevertheless, poor mental health may not always have physical symptoms, however, the invisible symptoms continue crippling many Americans. Fortunately, there are certain regulatory laws in place that have the potential, if properly enforced, to improve access to mental health for prevention, early diagnosis, and treatment.

The Mental Health Parity and Addition Equity Act (MHPAEA) passed in 2008 to prohibit higher restrictions for mental health coverage compared to medical or surgical coverages [6]. The MHPAEA, if implemented and enforced as intended, would serve as preventative measures that would drastically reduce the need for intensive, expensive costs, and more importantly, save millions of lives. However, the Department of Labor (DOL) found some agencies to be non-compliant with regulations. There were 26 states found to have companies that violated the federal requirements for the MHPAEA [6].

This is further seen in the Affordable Care Act (ACA) as there continues to be many uninsured, low-income individuals. In regard to expand access to mental health in underserved communities, congress introduced the 21st Century Cures Act (Cures Act), under the ACA [5]. This was proposed to increase funds and grants to mental health services, such as training a skilled mental health workforce and preventive programs. However, congress has delayed the authorization of the promised funds [5]. As on April 2021, there remains limited knowledge on the allocation of the funds under the Cure's Act.

To improve access to mental health, it is important to correct the inconsistencies aforementioned. This includes allocating funds to the promised provisions under the Cures Act and audit Medicaid and private insurances to ensure compliance of the MHPAEA. The successful implementation and enforcement of these regulations would mean that millions of Americans would have access to preventive cares regardless of socio-economic background. Furthermore, it is imperative to develop preventive programs in underserved areas that are readily available and frequently evaluated for the effectiveness of the program. These strategies and initiatives will make a significant impact in making mental health access a public priority and decrease the need for intensive, reactionary care for mental health.

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