SPEAKER NOTES

Sacrificing the Sick: The Politics of Mental Health Care

Summarized by Thomas T. Thomas

Next January 1, each county in California will become responsible for administering Medi-Cal services to its own residents. Starting October 1 of this year, anyone receiving Medi-Cal benefits in Alameda County must begin using county-designated providers. This form of managed care will disrupt services for some people, as it may restrict the role of psychiatrists, impose limits on the mental health program, and affect the medication formulary.

Henri Montandon, MD, PhD, with the Schuman-Liles Clinic in Oakland, is both a psychologist and psychiatrist. He addressed our September 24 meeting on the impact of these county-wide changes. As the title of his talk suggests, he was not encouraging.

"We are not seeing progress in mental health care, but regress," Dr. Montandon said. "At Schuman-Liles, we've watched an erosion in care that's been accelerating over the past decade."

Treatment of mental illness, he said, is currently haunted by "the malicious ghost of former times." Two concepts have dominated the practice for the past 500 years: exile and confinement.

Dr. Montandon gave a brief historical overview. The pattern we are fighting today began in the Middle Ages with the shunning and confinement of lepers and other "unclean" persons. In the 1600s, it was common to lock up all sorts of marginalized people: epileptics, the insane, and the poor were given the same treatment as criminals. A hundred years ago, with the beginnings of psychotherapy, western civilization embarked on the moral treatment of the mad. But still the state built mental hospitals (confinement) in mostly rural areas (exile).

Not until the 1950s—with the introduction of thorazine to quell the violence of mental illness, and that quickly lead to our modern psycho-pharmacopoeia—did the approach to care begin to change. By the 1970s, community mental health began to return patients from their exile and confinement. Today, however, the problem is that the mentally ill are confined in the Mental Health System, which offers what Dr. Montandon called "a loose and shifting confederation of services" amounting to "token and sporadic support.

"Politicians," he said, "are withholding ever larger amounts of funding, looking for the bottom line of outrage. They have discovered that the mentally ill don't vote."

The National Advisory Council on Mental Health has determined that 2.8 percent of the U.S. population, including 3.2 percent of all children, have a serious mental illness. That's 5.6 million people, of whom about half—or 2.2 million—get no treatment. This number includes:

- 10 percent of all the people in jail or prison.

- 13 percent of people who commit suicide.
- 35 percent of the homeless.

Alameda County, with a population of 1.4 million, has identified 86,000 people with mental illness. As of ten years ago—after a decade of Proposition 13-style cutbacks—more than half of these patients, or 46,000 people, were in desperate need of services. And the need has only grown during the 1990s.

"Under the principles of managed care," Dr. Montandon said, "mental illness is supposed to either spontaneously cure itself, or it's labeled incurable. If you are docile, you are confined to the ghetto of the Mental Health System. If you are violent, you are exiled to prison."

He pointed out that Alameda County is an expensive place to live. A single adult is considered to be living in severe poverty with an income of $19,000 per year. The average mentally ill person grosses about $7,000 a year. On paper, this person gets public assistance and tax allowances which boost individual net worth to about $25,000. "But that's only *on paper*," Dr. Montandon said.

Medi-Cal provides about $3,000 in medical benefits. But no primary care physician in Alameda County will take on new Medi-Cal patients. "Psychiatric therapy is simply not available to these people," he said. "As of November 1, the county is cutting back its allowance from 24 psychiatric visits a year to *just three*." (However, an appeals process is available to increase the number of visits on a case-by-case basis.)

HUD Section 8 will pay up to 70 percent of housing cost, but that only covers current rent—not first and last month, and not a security deposit. The offices which handle Section 8 certificates only accept calls a few days a week, and the lines are jammed. The current waiting list is *two to seven years long*. "In reality," he said, "there is no way to obtain a Section 8 certificate. And without it, disability income is greatly curtailed."

To sum up the situation, Dr. Montandon cited what he called the five maxims of current political logic:

1. Public policy is justified if people vote for it. "The concept of the greatest good for the greatest number is simply gone," he said.
2. The squeaky wheel gets the grease—unless it's only squeaky. "You need legal or fiscal leverage to get the politician's attention."
3. If people cannot hurt you, they are not people. "The mentally ill have been treated as beasts in the past," Dr. Montandon observed, "so politicians believe they do not mind bestial treatment now."
4. If you do not build it—meaning mental services and facilities—they will not come. "They'll move to another county," he added.
5. Do as much nothing as possible. "Which means prevent unnecessary treatment—or provide no treatment at all."

Dr. Montandon stated that we as a society know enough to do better. Modern neuroscience is 30 years old. Currently available medications can help 60 to 70 percent of schizophrenics and 80 to 90 percent of people suffering severe depression. Psychiatric social programs, like the Fairweather Lodge in Palo Alto and Fountain House in New York, really do work. And we know that mentally ill

and developmentally disabled people can be integrated into society and the workforce. "Public attitudes *can* change," he said.

"Then the question becomes: how can we accomplish social and political change? Economically, we should be moving toward single responsibility for mental health care. The Mental Health System should have a statement of goals, and it should be guided by treatment outcomes."

In the rising debate over managed care in the health insurance industry, Dr. Montandon said, the Board of Medical Quality Control has issued a statement on the ethical responsibility of physicians practicing in California: "A physician's primary concern must be with the patient. Any person in a managed care setting who makes medical decisions without a medical license is, in effect, practicing without a license." That could be the basis for litigation, Dr. Montandon noted.

"Philosophically," he said, "we have to free the concept of mental illness from the ghosts of the past—that the mentally ill are not fully human, that they are somehow haunted by demons, that mental illness is a romantic voyage of self-discovery, and that the mentally ill are dangerous and evil. We need to offer a welcoming embrace to our brothers, sisters, parents, friends… patients."

Dr. Montandon then opened the discussion to general comment from the audience which included, among others, Stephen Bischoff, Executive Director of the Mental Health Association of Alameda County.

At the end of the program ASA-AMI Board Member Margot Dashiell invited all those interested to form an Advocacy Committee which will explore approaches to the problem of declining services and funding. "To quote from Frederick Douglass," she said, " 'Power concedes nothing without a demand.' " If you would like to work with this new committee, please contact the ASA-AMI office.