



A “Special Conversation” About Science, Advocacy, and Mental Health Parity

Written by Jill Shuman

During the opening session of the American Psychiatric Association (APA) annual meeting, APA President Paul Summergrad, MD, Tufts University School of Medicine, Boston, Massachusetts, USA, moderated a dialogue between former US Representative Patrick Kennedy, Rhode Island, USA, and Helen Mayberg, MD, Emory University, Atlanta, Georgia, USA. Titled “A Special Conversation of Science, Advocacy, and Talking About Mental Health,” the discussion focused on issues related to mental health parity, the opportunities transforming psychiatry today, and the challenges of translating psychiatric research to real-world practice. Kennedy, who represented Rhode Island in the US House of Representatives for 16 years, was the lead sponsor of the Mental Health Parity and Addiction Act of 2008 and has been an outspoken advocate for the mental health needs of the United States. Dr Mayberg is a pioneer in brain research and a leader in the treatment and understanding of complex neuropsychiatric disorders.

Dr Summergrad opened the exchange by asking Kennedy his thoughts on the state of mental health issues in the United States today and if the national conversation about these issues is trending in the right direction. Citing his own struggles with mental illness, Kennedy first thanked the APA members for their collective work in caring for people who often feel neglected because they have an illness that “no one understands.” He went on to describe why these next few years will provide a meaningful opportunity to make fundamental changes in how we think about, talk about, and treat mental illnesses. Drivers of this change will include unheralded increases in suicide and opiate overdoses, as well as historic changes in the health care paradigm via the Affordable Care Act, which now mandates mental health parity. Kennedy acknowledged that reimbursement and health care insurance coverage issues embedded within the parity mandate, such as nonquantitative treatment limits, will require psychiatrists to help implement the letter and the spirit of the law.

When asked by Dr Summergrad about the challenges in communicating trends in brain science to the American public, Dr Mayberg expressed her enthusiasm for the sophisticated tools and methods available to deconstruct how the brain works and how it contributes to the evolution of mental illness and brain diseases. She expressed concern, however, about the fact that so much of this groundbreaking research has yet to be translated into clinical practice. She also recognizes that patients who need new treatments are impatient and not satisfied to hear that fundamental brain science is as important as applied brain science. Dr Mayberg acknowledged the dissonance in wanting to publicly promote advances in neuroscience,

despite the fact that many of these advances have yet to be studied in patients. On the other hand, if research moves too fast and proves unsuccessful, there may be no real second chance to get it right.

Kennedy also addressed the role of the Mental Health Community Initiative—also known as the Kennedy Forum—which has been established to characterize mental health as a human rights issue. First convened in 2013, the Forum uses collaborative policy to address the stigma and discrimination still faced by many Americans with mental health problems, addictions, and intellectual disabilities. He also emphasized the need for tools to help avoid the misunderstanding and misrepresentation of mental illness. Patients, scientists, and clinicians must work together to demonstrate that these conditions are treatable and that people can improve with all of the treatments that are available. According to Kennedy, full parity cannot be achieved until politicians, grant-makers, and leaders in the health care system believe that these conditions are manageable. He also predicted that psychiatrists will be required to play a role in navigating complex issues, such as comorbid conditions and more personalized treatments, so that patients are not harmed in the process.

When asked by Dr Summergrad about the promise of personalized medicine, Dr Mayberg described her research using brain scans to determine specific patterns of brain activity that can indicate whether or not a depressed patient will respond to medication or psychotherapy—with a goal of remission rather than partial response. This would be an enormous leap in keeping patients well, Dr Mayberg said, but unfortunately, the health care system has been resistant to the use of brain scans to aid in the treatment of patients with depression, although other types of scans are often used to determine the best treatment for cardiovascular and gastrointestinal conditions. There is no excuse to denigrate the idea of the use of a brain scan if the research supports its utility if it will treat depression 6 months earlier, Dr Mayberg said, emphasizing that this does not meet the standard of parity, and patients with mental illness deserve better.

The session closed with a discussion of how frequently used language cues, such as “nut,” “lunatic,” and even “crazy,” reinforce the stigma associated with mental illness. The Parity law, although not perfect, is a good start to ending discrimination against the mentally ill, Kennedy said. Patients need to become their own advocates but will require readily available, disease-specific information and an evidence-based information flow. Open online forums that are moderated by physicians and researchers will help people build communities to exchange information as the science is emerging.