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Background

- Twenty- six percent (26%) of Americans, or about 1 in 4 adults, suffer from a diagnosable mental disorder in a given year. When applied to the 2004 U.S. Census, this translates to 57.7 million people.
- Mental disorders account for over 15 percent of the deaths and disability experienced by patients across various disease conditions, thus being more of a burden to patients and society than all cancers.
- However, mental health insurance coverage and the delivery of mental health care remain inadequate and unequal when compared to physical health insurance coverage and the delivery of physical health care.
- These and other disparities that exist in mental health care have been more vividly documented, thus bringing more national and personal attention to the issue. These documents include:
 - 1999 Surgeon General's Report on Mental Health and its supplemental report on Race and Culture,
 - 2001 National Institutes of Mental Health Strategic Plan, and
 - 2003 President's New Freedom Commission on Mental Health Final Report (Achieving the Promise: Transforming Mental Health Care in America).
- The achievement of a complete transformation of the Mental Health system of care has become a more central goal.

Introduction

- Mental health parity laws were written and enacted to ensure equal coverage for both physical and mental health care.
- The Mental Health Parity Act (MHPA) of 1996 (P.L. 104-204) amended the Public Health Service Act (PHSA) and the Employee Retirement Income Security Act of 1974 (ERISA) "to provide for parity in applying dollar limits on certain mental health benefits when limits are placed on medical and surgical benefits" (NIMH, n.d., a, p. 1). However, the MHPA had several shortcomings. The act expired on August 30, 2001, and no further legislation has been passed since then to aid in equalizing physical and mental health insurance coverage.
- The Mental Health Parity Act was a federal law, yet it did not affect or influence state parity laws or their execution. As a result, only 23 states had existing mental health parity laws as of the year 2000. South Carolina is one of those states and was one of the first seven to enact Mental Health Parity Legislation.

Methods

- The Presidential Scholars Mental Health Group assessed the state of Mental Illness and the state of the Mental Health Parity Law in South Carolina via comparisons with the Federal Parity Bill and Parity Laws adopted by other states.
- Documents for comparison included the 2004 South Carolina Mental Health Disparities Report Card from the Henry J. Kaiser Foundation, the 2000 Mental Health Parity: State of the States report by the Center for Policy Alternatives, and a mental health report card designed by our group members.
- We also interviewed practicing health care professionals for a more realistic view of the actual effectiveness and implementation of the South Carolina Parity Law.

Results

- The 2004 South Carolina Mental Health Disparities Report Card from the Henry J. Kaiser Foundation shows that 34.5 percent of South Carolinians suffer from poor mental health as compared to 33.2 percent nationally. The majority of those suffering are members of minority groups, many who also lack any form of health insurance.
- According to the Mental Health Parity: State of the States report by the Center for Policy Alternatives in 2000, South Carolina's Mental Health Coverage: 1) provides comprehensive parity for mental health and substance abuse illnesses; 2) businesses with 50 employees or less are exempt; and 3) only state employee health plans are affected by the law.
- Legislation act S0049 passed in May 2005, establishing an amendment to the Laws of South Carolina by adding a section so as to require health insurance plans to provide coverage for treatment of mental illness. In addition, bill H3642 has been proposed which will add an amendment that requires health insurance plans to provide coverage for treatment of mental illness or alcohol or substance abuse. This bill is currently under review in the legislative sessions of the state house.
- A recent report made by the National Alliance for the Mentally Ill (NAMI), a Washington, D.C.-based advocacy group, published in the Post and Courier, gave the South Carolina mental health systems a ranking of "B-."

Discussion

- The "B-" ranking from NAMI notes the existence of an infrastructure of good mental health coverage. However, in the individual area of health care services, South Carolina received a "D" ranking due to the too few inpatient mental health beds that exist in the state, a result of years of budget reform. Coupled with the high prevalence of mental illness in South Carolina as compared to that nationally and the disproportionate suffering experienced by minorities and women, it is evident that there is still room for our state to make even greater strides in providing quality mental health care.

Successes

- Since the existence of disparities in Mental Health has received more national and personal attention, Mental Health is gaining recognition as being equal in importance to physical health. Thus, a positive transformation of and improvements in the system and delivery of Mental Health care are inevitable.

Challenges

- The difficulties faced in achieving mental health parity are compounded by the continued growth of the uninsured population and the following effectors which also contribute to mental health care disparities:
 - Race
 - Age
 - Gender
 - Cultural Beliefs/Misconceptions/Stigma
 - General Health Care Practitioner Competence
 - Mental Health Care Practitioner Availability
 - Poverty
 - Homelessness
 - Lagging/Lacking Scientific Research
 - Lagging/Lacking Legislation

Recommendations for Actions and Change

- Opportunities to positively influence Mental Health Care legislation, education, practice, and research abound, and we must seize them.

Recommendations for Future Study/ Presidential Scholars

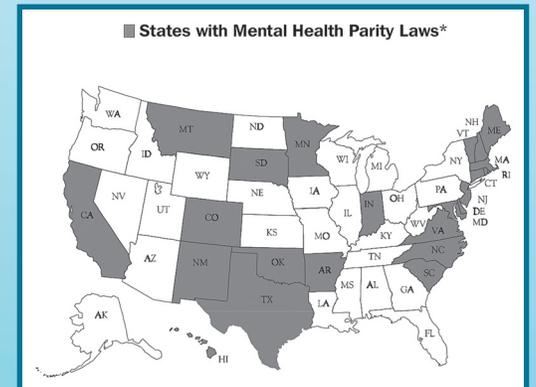
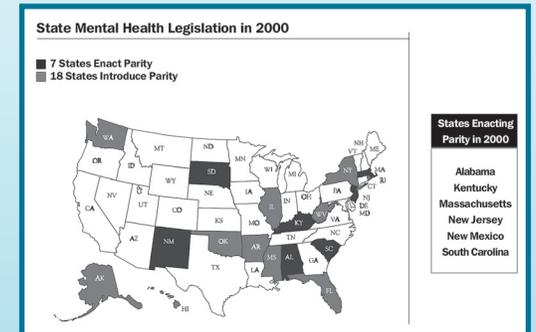
- Support current legislation
- More closely examine the legislation in other states to identify additional areas for improvement in this state
- Continue to support our local legislators
- Support the introduction of legislation for better regulation, oversight and enforcement of current and future mental health parity legislation

SOUTH CAROLINA MENTAL HEALTH DISPARITIES REPORT CARD, 2004

The Henry J. Kaiser Foundation. (n.d.). Statehealthfacts.org, South Carolina: Mental Health. Retrieved November 13, 2005

	SC	US
Percent of Adults with Poor Mental Health	34.5	33.9
Percent of Adults with Poor Mental Health by Sex		
Male	28.9	28.7
Female	39.7	38.8
Percent of Adults with Poor Mental Health by Race/Ethnicity		
White	32	33.6
Black	37.3	34.4
Hispanic	46.6	34.7
Other	44.3	41.4
State Mental Health Agency, Mental Health Per Capita Expenditures, 2001	SC \$74	US \$84

MENTAL HEALTH PARITY: State of the States By the Center for Policy Alternatives www.communityvoices.org



*Source: "Mandated Benefits for Mental Health and Substance Abuse Treatment," Tracy Delaney, Health Policy Tracking Service, Washington, D.C., 2000.

Conclusions

South Carolina has passed mental health care parity legislation that is better than what is available in many other states. However, there are still many people in this state that have health insurance that does not cover mental health or do not have any insurance. We hope that all the citizens of South Carolina will join us in raising the awareness for the need for better mental health care and supporting more extensive and comprehensive parity legislation for all the citizens of South Carolina. We would encourage our local and state governments to use this positive momentum to further enact legislation and provide services that will offer better mental health for all the citizens of South Carolina.