

Commentary

Advocacy Perspective

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Advocacy groups like the National Alliance for the Mentally Ill (NAMI) have spent the last 25 years supporting research for a new generation of medications to treat major mental illness, recognizing that the old medications had significant problems with side effects and, in some cases, efficacy. About 10 years ago, new medications—atypical antipsychotics and new antidepressants—began to appear. There was great celebration within NAMI because, for the first time, scientific advances joined with other evidence-based treatments and services to create a system where we could begin to achieve recovery from mental illness. These new medications are central to recovery from mental illness. Quality case management, treatment teams, and other types of services are also key to recovery, but these medications with fewer side effects and/or more efficacy have substantially improved the quality of life for those with serious mental illness. Because the treatments are more effective, the stigma of mental illness has been reduced significantly, and the reduction of stigma has released a huge pent-up demand for treatment and recovery.

While research supports evidence-based treatment, unfortunately, on any given day, about 1 person of every 2 who need mental health treatment does not receive it.¹ Our mental health system needs dramatic reform if it is to become capable of financing and delivering effective treatments. It has taken years to reach general agreement that these treatments are the best of the best, but we are incapable of getting those treatments to many people who need them most. NAMI has sympathy for the policymakers in the public and private sectors who decide how to pay for these new treatments. Our 50 state organizations work directly with these policymakers. We had success in 2002–

2003 in over 24 states working for legislative and administrative carve-outs on the drugs for mental illness.

States face increasingly bleak fiscal situations. Tax revenues are falling more sharply than they have at any time in the past 10 years, and Medicaid health care costs are skyrocketing. Spending on prescription drugs is the fastest growing proportion of Medicaid spending. Bleak fiscal times are forcing policymakers to move quickly to solve financial problems. The risk for creative but dangerous decision-making is high. The states have already spent their reserves and borrowed their way toward balanced budgets. To control pharmaceutical spending, many states have adopted or are considering restrictions on access to psychotropic medications in their Medicaid programs. Preferred drug lists, fail-first procedures, monthly prescription limits, and prior authorization all pose serious threats for Medicaid recipients with serious mental illness who are trying to access medications prescribed by their treating physician. NAMI's 1200 affiliates across America continue to look for every opportunity to work with states and federal policymakers to ensure that limited public dollars are used in the most effective way to protect access to the most effective treatments for people with severe mental illnesses. We encourage policymakers to consider a comprehensive and coordinated effort to address the needs of people with severe mental illness to prevent long-term damage to an already inadequate system of care. Over the coming months, it is essential that we gather the human and economic impact information related to these Medicaid policy decisions to definitively show legislators and others the outcomes of their decision-making. The Medicaid budget is a huge economic factor in all state budgets. The money needed for pharmacy accounts is balanced with competing needs throughout the Medicaid budget: long-term care, provider reimbursement, outreach programs, children's residential care, and inpatient care. Cuts in reimbursement have led to layoffs of essential community care workers and the reduction of access to acute care inpatient beds, as well as other significant treatment and rehabilitation services. These services, along with access to the new generation of medications, are essential to the development of an effective and accessible recovery-based system of care.

Prior authorization and other cost-containment measures in Medicaid simply create an environment in which

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getting the “right” medication is that much more difficult. Mental illness makes people poor. It hinders one’s ability to work, partly because of the disincentives in the system but partly because of the illness. Poverty and lack of resources hinder the capacity of Medicaid recipients to manage the barriers created by prior authorization. Patients sometimes just walk away and do not get their medications. If they cannot access their medications, they will not be able to recover, live in their communities, and get back to work.

Many people with mental illness have been helped by the new generation of medications. There is a growing understanding among policymakers around the country that these new medications are important. But the bleak economic times require that much education remains to be done.

REFERENCE

1. Kessler RC, Berglund PA, Bruce ML, et al. The prevalence and correlates of untreated serious mental illness. *Health Serv Res* 2001;36(6 pt 1): 987–1007