

TAKING ISSUE

Mental Health Services for All Americans

In his commentary on the 1978 APA Conference on the Chronic Mental Patient (see page 874), Lamb rightfully asserts that there was a failure to think through some of the key assumptions supporting early efforts to close state mental hospitals and move people with the most persistent and disabling mental illnesses into the community. In the early years of deinstitutionalization, community resources were grossly inadequate, and many communities failed to give priority to the treatment and rehabilitation needs of people with the most serious illnesses. As a result, the psychiatric community made a significant political and scientific investment in the care of this population.

In the year 2000, more than 30 years after the start of deinstitutionalization and the development of community mental health centers, access to quality medical and rehabilitation services for people with the most severe and disabling mental illnesses is still the exception, not the rule. However, services are also needed by millions of others, ranging from vulnerable children and adolescents to adults with clinical depression and posttraumatic stress disorder. Most important on the social policy front, these persons also suffer from stigma and discrimination in health insurance, educational opportunity, and employment. Our nation's suicide rates continue to rise, and most victims are not people with severe and persistent mental illnesses.

Because organized psychiatry is often the central professional voice that brings the science of behavioral health to decision makers and opinion leaders, the issues the profession chooses to focus on and advocate for carry great weight. Those efforts should promote the creation of a new public health vision for mental health and substance abuse treatment that is rational and generous to all Americans in need. One way to focus new leadership and political capital on populations that now receive little advocacy from organized psychiatry is to target key social institutions, including child protective services, juvenile and criminal justice systems, public education, primary care practice, and services for homeless persons.

Psychiatric leadership and the value of mental health services must become more visibly relevant to many more people. It is time for psychiatric leaders to focus public attention on the prevention, treatment, and rehabilitation needs of all Americans with mental and substance use disorders. Without this increased relevance, we will continue to fail in our efforts to create the moral, economic, and political imperative necessary to make behavioral health central to all public health endeavors in the United States. We will also continue to lose the fight to achieve accessible and high-quality psychiatric care for people with severe and persistent mental illnesses.—MICHAEL M. FAENZA, M.S.S.W., *president and chief executive officer, National Mental Health Association, Alexandria, Virginia*

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