



GUEST EDITORIAL

Parity for mental illness — the half-full glass

Parity for support of the treatment of psychiatric patients has reached the metaphoric level of the half-full glass. For some, the work yet to be accomplished is the focal point. For others, there is pride and pleasure at what has already been achieved. I count myself among the latter group. For me, at this stage of a long career, the Domenici–Wellstone ‘parity’ amendment¹ symbolizes psychiatry’s progress. Whatever the specific intentions and limitations of the legislation, the passage of Domenici–Wellstone depended on a confluence of forces that have shaped American psychiatry for over a quarter of a century.

I know that most readers of *Molecular Psychiatry* will agree that scientific advances have made a fundamental contribution to the drive for parity. American psychiatry in the 1950s and 1960s was deeply divided by ideological differences and lacked a solid empirical underpinning. Increased efficacy of psychiatric treatment evolved during the last three decades, and this efficacy has been most clearly illustrated by the emergence of a scientifically based psychopharmacology. Vital as the new empiricism was for the achievement of ‘parity,’ it would not have been successful without several accompanying developments. Psychiatry has now recognized clearly that it must find a way to have a genuine and consistent impact upon the general public and decision makers. To be successful in this activity involves coordinated and strategic coalition of groups and organizations. Most notably, the groups representing families of the mentally ill and others personally invested in successful treatment of mental illness, have been a vital force in the fierce struggle to achieve parity. The alliance between family groups, patient groups, and professionals was also a cornerstone of the fight for parity. Professionals and citizens’ groups built upon the scientific advances but also contributed in their own fashion to broader public support. Decision makers in Congress, especially those who were able to acknowledge mental illness in their own family, were vital in finding a practical method to sponsor a parity amendment. Work by psychiatry and other mental health professionals in a coalition pro-

vided the necessary link for success in blocking a series of efforts to scuttle the ‘parity’ amendment. Powerful economic forces were arrayed against Domenici–Wellstone and their arguments ranged from old-fashioned stigma against the mentally ill, and those who treat them, to the expression of intense concerns about the economic costs of ‘parity.’ To the surprise of some of these opponents, the legislation survived conference committee deliberations and was signed by the President.

Beyond the specific legislation, the half-full glass also reflects the acceptance of mental illness in our society. Progress has been steady and encouraging to advocates of parity. Nevertheless, enormous economic pressures have been imposed during the past decade which have regulated the practice of medicine in the United States, and Managed Care has imposed severe problems for the treatment of the mentally ill as well as other patients and practitioners. Currently, American psychiatry must struggle to cope with powerful efforts to constrict our services, our teaching, our recruitment into the field and our research efforts. This struggle will continue well into the next century.

Most commentaries emphasize how much more needs to be done in achieving ‘real’ parity. I am deeply aware of the enormity of the remaining tasks, but I am also very proud and pleased at what has been accomplished. The half-full glass symbolizes the advances in the last part of this century into an increasingly effective professional–citizens coalition. To celebrate these advances should also strengthen us for undertaking the tasks of the new millennium.

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References

- 1 Mental Health Parity Act of 1996, Section 712, ‘Parity in the Application of Certain Limits to Mental Health Benefits.’