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Mental health care in the U.S. needs a check-up

By [Editorial Board](#), Published: April 16

THE COUNTRY'S inadequate mental health system gets the most attention after instances of [mass violence](#) of the sort that the [nation](#) has seen [repeatedly](#) over the past few months. Not all who commit these sorts of atrocities are mentally ill, but many have been. After each, the [national discussion](#) quickly, but temporarily, turns toward the [mental health services](#) that may have failed to prevent another attack.

Mental illness usually is not as dangerous or dramatic. [Nearly 23 million Americans](#) live with schizophrenia, bipolar disorder or major depressive disorder, according to the National Institute of Mental Health. Very few of these men and women are potential mass-murderers; they need help for their own well-being and for that of their families. A few, though, need services that will keep them from harming themselves or others. The nation's health system needs to do better at treating all types.

The Affordable Care Act has significantly increased insurance coverage for mental health care. But that may not be enough to expand access to sparse mental-health-care resources. Besides, the government is already spending billions on mental illness treatment; it has an interest in making sure taxpayers get results.

Rep. Tim Murphy (R-Pa.) has a bill that would do so. [The Helping Families in Mental Health Crisis Act](#) is more comprehensive than other recent efforts to reform the system and perhaps has the brightest prospects in a divided Congress. The bill would reorganize the billions the federal government pours into mental health services, prioritizing initiatives backed by solid evidence and tracking their success. It would change the way Medicaid pays — or, in this case, underpays — for certain mental health treatments. It would fund mental health clinics that meet certain medical standards. And it would push states to adopt policies that allow judges to order some severely mentally ill people to undergo treatment.

Not everyone is satisfied. Some patients' advocates have condemned Mr. Murphy's approach as coercive and harmful to those who need help. The government should not be expanding the system's capability to hospitalize or impose treatment on those going through severe episodes, they say. It should instead be investing in community care that heads off the need for more serious treatment.

We do not see those aims as mutually exclusive, and neither do the bill's backers. It makes obvious sense for the government to back community-based clinics that promise to prevent individuals' mental illnesses from spiraling out of control, when possible. But some people with very severe disorders do not know or do not admit that they are sick. For a small class who will not accept treatment between hospital visits or repeat arrests, states have good reason to require them to accept care, under judicial supervision.

Mr. Murphy's reform package may not prevent the next [Sandy Hook](#) or [Franklin Regional](#). But the changes

would help relieve a lot of suffering that does not make the front page.

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