



**House
Legislative
Analysis
Section**

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DMH TO PROMOTE MENTAL HEALTH

House Bill 4089 as introduced
First Analysis (3-16-89)

Sponsor: Rep. Joseph F. Young, Sr.
Committee: Mental Health

THE APPARENT PROBLEM:

Although the concepts of preventive intervention and health promotion have been widely accepted in the public health system for years, these concepts have yet to be widely applied within the mental health system. Yet there is a growing body of knowledge about the role played by biological factors and stressful life experiences in causing mental disabilities that suggests the importance of prevention and health promotion in avoiding or at least lessening the severity of some of these disabilities. Thus, for example, the National Institute for Mental Health, through its Center for Prevention Research, is sponsoring research into the prevention of mental illness and has established five preventive research centers, one of which is located at the University of Michigan Institute for Social Research in Ann Arbor. In Michigan, some prevention programming has been funded by the legislature since 1976 as part of the implementation of the new Mental Health Code, while some prevention and health promotion activities which can have an impact on mental disability also have been undertaken through health, education, substance abuse and social service programs.

In the early 1980s, a work group of the Mental Health Association in Michigan recommended that the association focus on prevention as one of its primary issues. As a result of this recommendation, the Mental Health Association approached the House Appropriations Subcommittee on Mental Health about the need to study the current status and future direction for mental health promotion and mental disability prevention. In February, 1984, the subcommittee convened a work group on the prevention of mental disability, which in 1986 published a report titled "Mental Disability Prevention in Michigan." The report contained 69 recommendations, one of which was that the Mental Health Code be amended to include prevention of mental disability and promotion of good mental health as a responsibility of the Department of Mental Health and to make this a departmental priority equal to that already given to the treatment of mental illness and mental retardation. Legislation has been proposed that would implement this recommendation. THE

CONTENT OF THE BILL:

Currently, the Mental Health Code charges the Department of Mental Health with responsibility for endeavoring "to ensure that adequate and appropriate mental health services are available to all citizens throughout the state," in accordance with the state constitution (Article VIII, Section 8), "which declares that services for the care, treatment, or rehabilitation of those who are seriously mentally handicapped shall always be fostered and supported." In order to do this, the code says that the department "may function in the areas of mental illness, mental retardation, organic brain and other neurological impairment or disease, alcoholism, and substance abuse. Priority shall be given to the areas of mental illness and mental retardation. Within the area of mental illness

priority shall be given to the more severe forms of such disability."

The bill would amend the code, adding "the prevention of mental disability, and the promotion of good mental health" to the list of areas in which the Department of Mental Health may function, and to the list of areas to which the department must give priority. In addition, the bill would substitute the phrase "developmental disabilities" for the current "mental retardation" in this section of the code, and would add "education" to the list of services to be fostered and supported (Article VIII of the constitution is titled "Education," and Section 8, "Services for Handicapped Persons.")

MCL 330.1116

FISCAL IMPLICATIONS:

Fiscal information is not available on the bill, although a Department of Mental Health analysis of a similar bill introduced last session (House Bill 5339) said that there would be "a significant fiscal impact upon the department in order to comply with the legislation's mandate that priority be given to this service area." The analysis further stated that the department was "not in a position to redirect limited resources from present mental health service priorities" and that it remained "committed to its primary function of serving persons with the most serious mental handicaps first." (6-10-88)

ARGUMENTS:

For:

Although the Mental Health Code currently allows the Department of Mental Health (DMH) to provide clients with prevention services, and although the DMH does cooperate with other public and private agencies in the promotion of mental health, only one-half of one percent of the department's budget goes to prevention. The code specifically directs the department to give priority to the more severe forms of disability due to mental illness and mental retardation, and the department has stated that it views as its primary charge the provision of services to people with the most serious mental handicaps.

Yet, as is already well-known in public health circles, an emphasis on prevention services is essential to minimize the escalating costs of illness and disability. If severe disability requiring institutionalization can be avoided or reduced, in the long-term money spent on prevention will save many more state dollars that would otherwise be required for more costly treatment programs. And good evidence exists that prevention services are effective, even though not all mental illnesses are the result of environmental factors.

The bill would provide a strong statutory base for the department to include prevention services among its priorities, to continue to participate in developing prevention projects through community mental health

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projects, and to continue to be involved in interagency prevention initiatives.

Against:

Including prevention services as a priority for the Department of Mental Health will only weaken the department's ability to focus on the treatment needs of the most seriously mentally handicapped people. The seriously mental ill need more services, not fewer. Existing resources for mental health services are already inadequate to meet the needs of the most seriously mentally handicapped people, and by mandating additional services, the bill will jeopardize existing services and guarantee that the much-needed additional treatment services will not be funded. The bill could wind up costing the state more money, not less, if those mentally ill people who need treatment do not get it and eventually must be hospitalized or even incarcerated, both of which are extremely costly to the state.

Response: The bill is not a budget bill, and it doesn't guarantee state funds for any mental health programs. It is more a philosophical statement that clarifies in law what the department's priorities and responsibilities shall be. The system does fall far short in services to the seriously mentally ill, but what is needed are strategies to increase mental health funding and not a needlessly divisive debate over whether treatment or prevention services should be funded. Both need to be funded, and the bill does not ask nor require that money be taken from already underfunded treatment programs.

Against:

There are certain mental illnesses—such as schizophrenia and manic depression—which are biological in origin and cannot be prevented, only treated. The bill will contribute to further stigmatization of seriously mentally ill people by suggesting that these illnesses are preventable, when they are not, and will continue to foster the blaming of families for causing these illnesses. Finally, the bill is misplaced. It should be directed toward the Department of Social Services, which addresses social and environmental family issues.

Response: Even if it does turn out to be true, as most mental health experts now suspect, that schizophrenia and manic depression are biological in origin and not preventable by environmental intervention, the Department of Mental Health deals with a whole range of mental disabilities and mental illnesses in addition to these two specific illnesses. And it is known that some of these disabilities and illnesses can be prevented (fetal alcohol syndrome, for instance, is one good example). In addition, even when some illnesses or disabilities cannot be prevented, prevention techniques sometimes can alleviate symptoms and episodes of these illnesses and so are well worth pursuing for their treatment applications as well as their preventative effects.

POSITIONS:

The Department of Mental Health strongly supports the bill. (3-15-89)

The Association for Retarded Citizens of Michigan strongly supports the bill. (3-15-89)

The Mental Health Association of Michigan supports the bill. (3-15-89)

The Michigan Association of Community Mental Health Boards supports the bill. (3-15-89)

The Alliance for the Mentally Ill opposes the bill. (3-15-89)