

## **LWVIL SOCIAL POLICY POSITION: MENTAL HEALTH**

**Support for comprehensive and coordinated services for mentally ill adults and children in both state facilities and community-based programs.**

**Position in Brief:** The League supports a comprehensive and coordinated system of treatment and rehabilitation services for adults and children with mental illness. There should be adequate funding, planning, program standards, and personnel training requirements for both state facilities and community programs. The League supports a broad array of adequate and accessible community services. Although primary responsibility should rest with the state, funding from local, federal, and non-governmental sources should be encouraged. A system of local boards to levy taxes, administer all funds, and to plan and coordinate services should be required throughout the state. The State should require local governments to provide in their zoning ordinances for residential programs for persons with mental illness.

**MENTAL HEALTH** (1987 and 1989): The League supports a comprehensive and coordinated system of services for mentally ill adults and emotionally disturbed children and adolescents. The Department of Mental Health and Developmental Disabilities should ensure both adequate state hospitals and community services to treat and rehabilitate the seriously mentally ill. These services should be integrated with those of other state agencies.

The League supports a state mandate that adequate and accessible community services be available for seriously mentally ill persons of all ages. The array of services should include: screening and evaluation, community hospitalization, medication management and counseling, crisis intervention, case management, day treatment, life skills programs, residential programs, job training, social and recreational activities, educational services, family support and respite programs, and transportation.

The State should provide adequate funding for state facilities and should be the primary source of funding for community-based mental health services. Local government, together with federal and non-government sources, should also contribute to community services. Funding should be tied to identified needs and effectiveness of services.

State and local government should share the responsibility for planning for community services; implementation should be left to local government. A system of local boards to administer funds for services for the mentally ill should be required throughout the state. The boards should have the power to tax and to allocate state and federal funds for community services and for hospitalization of mentally ill persons. The boards should coordinate and monitor community services.

The State should set and enforce standards for all mental health programs and facilities it funds.

The State should also be responsible for evaluating community-based services. There should be minimum training requirements for professionals and other personnel working in state-funded programs. The State should require local governments to provide in their zoning ordinances for residential programs for mentally ill persons.

The League encourages increased use of involuntary commitment to outpatient services of seriously mentally ill persons, when appropriate, to assist in keeping them from repeated and prolonged hospitalizations.

Insurance companies should be required to offer coverage for mental illness on the same basis as physical illness.

Community education about mental illness should be emphasized, and innovative ways to improve the delivery of community-based mental health services should be encouraged. Financial incentives should be offered to communities that reduce unnecessary hospital bed usage by providing adequate community-based services while assuring that mentally ill persons who need hospitalization will not be denied.

**Background** The 1985 LWVIL Convention established a task force to examine the state mental health system, and in 1986, its findings were reported in *Public Policy on Mental Illness in Illinois*.

The 1987 LWVIL Convention established a position by concurrence, based on the task force conclusions, and adopted a two-year study of all aspects of community mental health services. Consensus was reached in 1989.

*A Profile of Community Services for the Mentally Ill of Illinois*, published in 1989, reported a failure to develop services. As a result, the 1989 LWVIL Convention adopted a two-year Action Campaign to promote community education and combat the stigma of mental illness. Grants were awarded to local Leagues to conduct specially designed projects.

In 1993, the League published *A Home of their Own*, a manual designed to assist local community advocates in their efforts to facilitate housing options.

In 1990, the National Alliance for the Mentally Ill and the Public Citizen Health Research Group presented the League with a special award for Public Service to People with Serious Mental Illness.

**LWVIL action** LWVIL testified on quality of care and access to services in response to the closure of the Metropolitan Child and Adolescent Hospital in Chicago in 1997 and, in 1998, commented on an administrative rule affecting individual care grants for mentally ill children. The LWVIL supported the creation of the Children's Mental Health Partnership in 2003 and works with the partnership to implement the *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*.

League worked in coalition for over five years to achieve insurance parity for mental illness. Since that time advocates have worked on strengthening this weak legislation. At the national level, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. The bill requires the Departments of

Labor (DOL), Health and Human Services (HHS) and Treasury to issue regulations before the act goes into effect on January 1, 2010.

LWVIL provided written testimony in April 2004 on the Fee for Service (FFS) plan to the House Special Committee on the Fee-for-Service Initiative.

LWVIL is a coalition partner with the Mental Health Summit. The goal of the Summit is to preserve and increase funding of mental health services. Its activities include work with the media, lobbying of legislators and the executive branch, building coalitions with traditional and non-traditional allies and identifying issues which may be used to focus legislative and public attention on the problems caused by the underfunding of mental health services in Illinois.

(See LWVUS Social Policy - Early Intervention for Children at Risk position and Fair Housing position)

(See LWVIL Children's Services position, and LWVIL Criminal Justice position,)