

## IN THIS ISSUE

- **PAGE 1** Hope for a Change: Mental Health Policy in 2009 by Howard H. Goldman, MD, PhD
- **PAGE 2** Letter from the Chairman
- **PAGE 3** Effect of Economic Strain on Families' on Mental Health by Dana Cunningham, PhD
- **PAGE 4** Psychosomatic Medicine, Physical Health, the Economy, and Insurance by Mark Ehrenreich, MD
- **PAGE 6** Substance Use Disorders in Difficult Economic Times by Christopher Welsh, MD
- **PAGE 7** Resiliency & Stressful Times by Wanda Binns, LCSW and Jan Buxton, LCSW
- **PAGE 8** Coping with Possible H1N1 Flu Outbreak: Are You Ready? by Connie Noll, MA RN-C, Manager Adult Psych



## Hope for a Change Mental Health Policy in 2009

By Howard H. Goldman, MD, PhD

What will an Obama presidency mean for mental health

policy? The most important item on the current agenda is a holdover from the previous administration: the implementation of parity legislation from 2008.

During 2008, two pieces of legislation were passed that were important for mental health financing policy. After some twenty years of attempts to improve the mental health benefit in Medicare, a broader law affecting the venerable federal healthcare program for aging and disabled citizens had a provision to gradually improve the coverage of so-called “nervous and mental disorders.” The end point is parity, ending Medicare’s 50% coinsurance rate for most forms of outpatient mental health treatment, particularly psychotherapy. After twelve years of heated debate, the federal mental health parity law of 1996 was expanded to offer comprehensive parity coverage of mental disorders, including substance use disorders. The law was part of the much larger “bailout bill” that created the first Toxic Assets Relief Program (TARP) – perhaps the first time that improved mental health coverage was perceived as a “sweetener” to an otherwise unpopular, but necessary, law. The President signed the law almost immediately in early October and comprehensive mental health parity became the standard.

What will mental health parity mean? The new law preserves the previous federal parity law of 1996, which required plans to have the same annual and lifetime limits on treatment for mental disorders as for all general medical care. It also made it clear that the law serves as a floor of coverage in the States where parity laws may offer even more enhancements to coverage. The new law does not pre-empt State parity laws except for self-insured plans that remain exempt from State insurance regulation. Those self-insured plans, however, are subject to the new federal law, which

does not mandate mental health coverage.

It requires that all firms with more than 50 employees that offer mental health benefits shall offer them at parity with general medical and surgical benefits. Parity means that plans will have the same limits and cost sharing arrangements for mental disorders as for all other services, but plans can comply by reducing coverage of general medical services or by ending mental health coverage entirely. Plans that offer out-of-network benefits are required to offer out-of-network mental health benefits and to offer them with the same cost sharing arrangements or limitations as out-of-network general medical and surgical benefits. Plans retain the right to manage care and to restrict access to services on the basis of medical necessity – even on the basis of condition.



Just how plans will respond will be determined by a set of regulations currently being developed by the federal government. Will companies opt to drop their mental health coverage or to decrease coverage of general medical and surgical services to comply with the new parity law? Will the regulations make it clear what it means to offer mental health coverage? Will it suffice for a plan to pay for primary care doctors to write prescriptions for

## CONTACT US

For more information about the University of Maryland Department of Psychiatry, call *Robert White, LCPC, Director of Behavioral Health*, at 410-328-8549

## CLINICAL PROGRAMS:

### The Walter P. Carter Center outpatient programs have moved

The new location is:  
701 W. Pratt Street  
Baltimore, MD 21201

### Adult Psychiatry

410-328-8330

### Alcohol & Drug Abuse Psychiatry

410-328-6690

### Child & Adolescent Psychiatry

410-328-3522

### Community Psychiatry

410-328-5161

### Consultation/Liaison Psychiatry

410-328-6090

### Education and Residency Training

410-328-6325

### Geriatric Psychiatry

410-328-6511

### Clinical Psychology

410-605-7383

## Letter from the Chairman



Certainly the economy has been the elephant in the room over the past several months. Economic stresses affect all aspects of our lives, and so we decided to devote much of this newsletter to the interface between the economy and mental health issues. Our goal is to provide information that may be useful to practitioners in anticipating and meeting the needs of those whom we serve. The impacts of economic stress can be pervasive, but at times are indirect, silently affecting the health of individuals and families.

A basic problem for many persons who are experiencing mental health issues is non-existent or inadequate health insurance coverage for the

treatment of these problems. Many insurance programs discriminate against the treatment of mental disorders by requiring higher co-payments and deductibles for treatment of mental health problems compared to treatment for other disorders, by setting life time limits on mental health treatment, or by offering no coverage at all. As described in our lead article, Congress recently passed legislation to promote so-called “parity” for coverage of mental disorders. A member of our faculty, Howard Goldman, who was instrumental in this national effort, describes this advance as well as what remains to be done. Such parity is critical to enhance access to needed services, especially in these times when out-of-pocket payments are even more adverse for the average family.

As discussed in the other articles in this newsletter, economic strains affect many aspects of our emotional well-being. **At home** families, parents and children, experience stresses due to financial hardship that can adversely affect family functioning. The goal for services is to be pre-emptive, to support families and children to draw upon their strengths and to intervene early to avert more serious problems. Financial strain at home also affects **workplace performance**. Again the goal of services is to support the natural resiliency of people and to intervene early as problems arise. These strains at home or the workplace can manifest themselves as **somatic health problems** and through **substance abuse**.

Hopefully our economic fortunes will soon take a turn for the better. While money alone will not bring happiness, attending to the unusual strains now being experienced by so many families and citizens can make a difference in our well-being and avert unnecessary adverse outcomes.

**ANTHONY F. LEHMAN, MD, MSPH**  
Professor and Chair,  
Department of Psychiatry,  
University of Maryland School of Medicine

### ...continued **Hope for a Change**

psychotropic medications? If that is considered mental health coverage, will plans be required then to offer a broader array of services at par? How far can a plan go in limiting services for a specific condition, such as a substance use disorder, an eating disorder, or autism? How will medical necessity be defined and how will determinations be implemented? There are many unanswered questions, but it is clear that the tide has turned toward improved health insurance coverage of mental illness in both Medicare and private insurance.

There are many explanations for why these laws passed in 2008, including changing Congressional dynamics, improved public attitudes about mental health treatment and a decline in legislators’ fears about the costs of improved mental health benefits. The cost argument has been mostly demolished by a series of studies demonstrating that in a managed care era costs can be controlled

without fear that providing adequate coverage for all of us will “break the bank.” There seems to be little remaining concern among policymakers about the potential effectiveness of mental health treatment. The University of Maryland Department of Psychiatry has been at the forefront of research on the effectiveness of care and the implementation and impact of changes in mental health financing policy. It has taken research and decades of advocacy to make these events happen. There is still plenty of work to do to make sure the new laws are implemented thoughtfully and as Congress intended.

The mental health field has the audacity to hope that an Obama presidency will mean a reform of the healthcare system and that mental health services and insurance coverage of mental disorders will be part of that reform. How parity is implemented now will likely determine the shape of mental health benefits in broader health reform.

# Effect of Economic Strain on Families' Mental Health

By Dana Cunningham, PhD



The unemployment rate is the highest it has been in decades. People are being laid off in record numbers, retirement funds have been decimated, and

qualified people have been unable to find jobs. The state of the economy has been recognized as one of the most dismal in American history.

As a result of the recession, many families are experiencing economic strain, which can impact the mental and physical health of adults and the children within their household. Income loss has been related to a host of problems in adults and children including increased stress, depression, hostility, anxiety, attention problems, substance use, and aggression (Wadsworth & Santiago, 2008; Wadsworth et al., 2008; Wadsworth, Raviv, Compas, & Connor-Smith, 2005).

In youth, it is not the economic strain, solely, that contributes to their emotional distress. It is the factors that are associated with economic strain in families, such as parental stress, increased family conflict, and less effective parenting strategies that have the greatest impact. When parents experience declines in their emotional functioning and have a negative perception of their ability to handle their problems, this often results in an increase in family conflict. If this occurs, parents tend to be less supportive and patient, and may utilize more punitive parenting strategies

(Mistry, Vandewater, Huston, & McLoyd, 2002). These types of parenting strategies tend to result in behavioral changes in children such as depression, anxiety, or disruptive behavior (Kohen, Leventhal, Dahinten, & McIntosh, 2008; Roche, Ensminger, & Cherlin, 2007; Abernathy, Webster, & Vermeulen, 2002). In addition, economically disadvantaged children have reported lower levels of self-esteem and social support and feel less mastery over their environment (Abernathy et al., 2002).

While most youth are not responsible for paying household bills, they may worry about a lack of food, inadequate housing, or the conflict over money that ensues between their caretakers. When a family experiences financial strain, constantly focusing on their economic worries may increase their vulnerability to other stressors and decrease their ability to effectively cope with their current situation.

While it is important for parents to be honest with their children about the family's need to closely monitor their finances or save money, parents should ensure that they do not overburden their children by sharing too much information with them regarding the family's economic status. Instead, parents can help their children understand the need to conserve resources by having them assist in age-appropriate ways like, cutting coupons out of the paper or ensuring that the lights in unoccupied rooms are turned off.

In times of increased stress, it is critical for families to remain supportive of each other and spend quality time together as a family. It can also be helpful to obtain social support from friends and family members. During these difficult times, families should remember to focus on and appreciate what they do have, instead of complaining about what they lack. Moreover, it is important to acknowledge the things that one has the ability and influence to change and accept the limits of those situations that are beyond one's control.

## Staying Connected

Below are some activities that families can engage in to help them stay connected and support each other through this economic crisis.

- Eat dinner together as a family
- Go for a walk
- Go to the library
- Visit a museum
- Go to the park
- Play a board game together
- Set aside a regular time to share something about your day
- Maintain family rituals

## REFERENCE LIST

- (1) Abernathy, T. J., Webster, G., & Vermeulen, M. (2002). Relationship between poverty and health among adolescents. *Adolescence*, 37(145), 55-68.
- (2) Kohen, D. E., Leventhal, T., Dahinten, V. S., & McIntosh, C. N. (2008). Neighborhood disadvantage: Pathways of effects for young children. *Child Development*, 79(1), 156-169.
- (3) Mistry, R. S., Vandewater, E. A., Huston, A. C., & McLoyd, V. C. (2002). Economic well-being and children's social adjustment: The role of family process in an ethnically diverse low-income sample. *Child Development*, 73(3), 935-951.
- (4) Roche, K. M., Ensminger, M. E., & Cherlin, A. J. (2007). Variations in parenting and adolescent outcomes among african american and latino families living in low-income, urban areas. *Journal of Family Issues*, 28(7), 882
- (5) Wadsworth, M. E., Raviv, T., Reinhard, C., Wolff, B., Santiago, C. D., & Einhorn, L. (2008). An indirect effects model of the association between poverty and child functioning: The role of children's poverty-related stress. *Journal of Loss & Trauma*, 13(2-3), 156-185.
- (7) Wadsworth, M. E., & Santiago, C. D. (2008). Risk and resiliency processes in ethnically diverse families in poverty. *Journal of Family Psychology*, 22(3), 399-410
- (8) Wadsworth, M., Raviv, T., Compas, B., & Connor-Smith, J. (2005). Parent and adolescent responses to poverty-related stress: Tests of mediated and moderated coping models. *Journal of Child & Family Studies*, 14(2), 283-298





## Psychosomatic Medicine, Physical Health, the Economy, and Insurance

By Mark Ehrenreich, MD

Although Psychosomatic Medicine is the most recent psychiatric subspecialty to be recognized by the American Board of Medical Specialties, it has a long and rich history. While the meaning of the term “psychosomatic” has varied through the years, the current specialty is best defined as the branch of psychiatry devoted to the care of the medically ill. As such, Psychosomatic Medicine practitioners are particularly interested in the interplay between psychiatric problems and medical illness. Early practitioners, such as Alexander, postulated that specific psychological conflicts led to specific medical illnesses. More recent authors have moved away from this “specificity hypothesis” to the general notion that an individual’s psychological status and social situation may influence one’s physical health and vice versa. This is commonly referred to as the biopsychosocial model. The scientific evidence for this interplay is substantial and ever increasing.

Patients with medical illnesses have higher rates of depression than the general population. Medical patients with co-morbid depression have increased disability, decreased quality of life, decreased productivity at

work, and increased morbidity and even mortality. Studies have found that patients with either major depression or increased depressive symptoms after an MI show a 3 – 4 fold increase in mortality compared to those without depression. <sup>(1,2)</sup> Similarly, post-stroke depressed patients are 3.4 times more likely to die over the next 10 years compared to the non-depressed. <sup>(3)</sup> Depressed patients with diabetes show poorer glycemic control, are at increased risk for diabetic complications and experience more diabetic symptoms even when controlling for disease severity. Depression has been found to be an independent risk factor in developing coronary artery disease, congestive heart disease, hypertension, stroke, chronic pain syndromes, and type II diabetes. <sup>(4-11)</sup>

How does this interplay between psychological distress and physical health play out in difficult economic times? The current economic recession has left an increased number of people unemployed or worried about their employment status and/or financial health. This social/economic “stress” can lead to increased psychological distress, which in turn has an impact on





one's physical health. Psychological distress can worsen the outcome of pre-existing medical conditions and potentially lead to the development of new conditions. In addition, some people respond to stress with increased physical complaints and concerns that are a manifestation of their psychic distress even without the development of an underlying physical condition (somatization). A study examining the effects of the 1980s recession found that unemployment had a significant impact on self-reported physical health, somatization, anxiety, and depression. <sup>(12)</sup>

While it is not completely clear how depression and other psychological issues influence the development of and worsening of medical illness, some mechanisms are known. Depression and anxiety states often lead to certain harmful behaviors such as a sedentary lifestyle, obesity, smoking, and increased alcohol and drug use. They also contribute to poorer medication and dietary adherence and impaired collaboration with health providers.

In our society with most people's medical insurance tied to their employer, the loss of a job often means the loss of insurance. This may lead to further difficulties in tending to one's physical health. As budgets tighten there is an increased incentive to skip medicines or stretch them out (i.e. take less), further affecting people's health.

President Obama and the Congress are currently in the process of trying to reform healthcare. One area that is in need of reform is our current system's sharp distinction

**“The medical field has recognized the importance of a more unified approach to a person's health, and it is about time that the healthcare financing system did as well.”**

between physical and mental health. Many people, whether they know it or not, have a “mental health carve-out,” a separate insurance company to handle their mental health needs. Most mental health carve-outs only cover mental health issues that are “non-organic” in etiology. This leads to the odd situation for a patient with cancer and depression that the medical insurer is the responsible party if the depression is due to the organic effects of the cancer or due to the chemotherapeutic agents used, but the mental health carve-out is responsible if the depression is a psychological reaction to the illness. The most common scenario is that the depression is due to all the above. Many conditions are best treated by close collaboration between a number of providers and this false dichotomy between mind and body is often an impediment to this work. The medical field has recognized the importance of a more unified approach to a person's health, and it is about time that the healthcare financing system did as well.

## REFERENCE LIST

- (1) Frasure-Smith N, Lesperance F, Talajic M. Depression following myocardial infarction. Impact on 6-month survival. *JAMA*. 270(15):1819-25, 1993.
- (2) Bush DE, Ziegelstein RC, Tayback M, Richter D, Stevens S, Zahalsky H, Fauerbach JA. Even minimal symptoms of depression increase mortality risk after acute myocardial infarction. *Am J Cardiol*. 88(4):337-41, 2001.
- (3) Morris PL, Robinson RG, Andrzejewski P, Samuels J, Price TR. Association of depression with 10-year poststroke mortality. *Am J Psychiatry*. 150(1):124-9, 1993.
- (4) Rugulies R. Depression as a predictor for coronary heart disease: A review and meta-analysis. *Am J Prev Med*. 23(1):51-61, 2002.
- (5) Wulsin LR, Singal BM. Do depressive symptoms increase the risk for the onset of coronary disease? A systematic quantitative review. *Psychosom Med*. 65(2):201-10, 2003.
- (6) Abramson J, Berger A, Krumholz HM, Vaccarino V. Depression and risk of heart failure among older persons with isolated systolic hypertension. *Archives of Internal Medicine*. 161(14):1725-30, 2001.
- (7) Davidson K, Jonas BS, Dixon KE, Markovitz JH. Do depression symptoms predict early hypertension incidence in young adults in the CARDIA study? *Coronary Artery Risk Development in Young Adults*. *Arch Intern Med*. 160(10):1495-500, 2000.
- (8) Jonas BS, Franks P, Ingram DD. Are symptoms of anxiety and depression risk factors for hypertension? Longitudinal evidence from the National Health and Nutrition Examination Survey I Epidemiologic Follow-up Study. *Arch Fam Med*. 6(1):43-9, 1997.
- (9) Simonsick EM, Wallace RB, Blazer DG, Berkman LF. Depressive symptomatology and hypertension-associated morbidity and mortality in older adults. *Psychosom Med*. 57(5):427-35, 1995.
- (10) Jonas BS, Mussolino ME. Symptoms of depression as a prospective risk factor for stroke. *Psychosom Med*. 62(4):463-71.
- (11) Carnethon MR, Kinder LS, Fair JM, Stafford RS, Fortmann SP. Symptoms of depression as a risk factor for incident diabetes: findings from the National Health and Nutrition Examination Epidemiologic Follow-up Study, 1971-1992. *Am J Epidemiol*. 158(5):416-23, 2003.
- (12) Kessler RC, House JS, Turner JB. Unemployment and Health in a Community Sample. *Journal of health and social behavior*. 28:51-59, 1987.

# Substance Use Disorders in Difficult Economic Times

By Christopher Welsh MD



The relationship of the struggling economy to substance use and substance use disorders is complicated. On the one hand, the poor economy may

create a situation in which individuals are looking for an “escape” by using drugs like prescription opioids, sedatives and alcohol. Evidence indicates that the current economic recession is driving some Americans to forgo expensive medications (needed for illnesses such as high blood pressure), reaching instead for prescription painkillers and other drugs. First-time illicit users of prescription opioids and sedatives has increased substantially over the past several years.

On the other hand, decreased income may lead to a decrease in some substance use. This has been shown particularly with nicotine. The economy may also “push” more individuals to recognize that they have a problem and seek help for other substance use disorders as they are literally unable to continue to financially support their addiction. The challenge then becomes finding quality treatment. Many of these individuals (if they had insurance to begin with) have lost their insurance because of the recession. Many state and local governments

have also been forced to decrease money for publicly-funded drug treatment. Mutual help groups such as Alcoholics Anonymous and Narcotics Anonymous can be even more helpful in such circumstances.

Another particularly “at risk” group in these economic times includes those individuals with substance use disorders who had been doing well in recovery until faced with job loss or home foreclosure. Their coping skills and support network, which had been generally very effective under “normal” circumstances, may not be as useful under the current economic circumstances. Desperation can result from an already lowered tolerance for problems and, now overwhelmed, the addicted individual may revert to a coping mechanism that they believe, on some level, has worked in the past.

Another related issue is that of the many individuals with a “gambling problem” (Pathological Gambling under Impulse Control Disorders NOS in the DSM IV-TR) who find themselves in extreme debt. Many of these individuals have already maxed-out their credit cards as well as their savings and have nothing to fall back on in case of a job loss or a job loss of a spouse. These individuals may turn to their problematic behavior in an almost sure-to-fail attempt to get out of the economic hole that they find themselves in. Even individuals with no history of pathological gambling may initially seek gambling as a way to make ends meet and, for some, this may lead to problematic gambling.

Clearly, the economy has an effect on substance use and related disorders. Clinicians should be aware of this, screen all patients for problematic substance use and increase efforts to assist patients in receiving help for the problem.





## Resiliency & Stressful Times

By Wanda Binns, LCSW  
and Jan Buxton, LCSW

In today's challenging economic times, many of us are worried about how we can handle any further financial crunch. But this extra stress and tension can be managed. Pause and take a good look at your situation. Pay attention to what's going on around you, but don't panic or get caught up in the "doom and gloom" that you hear from others. Evaluate your finances and find ways that you and your family can cut expenses. Make a financial plan and stick to it. Many creditors are willing to accept reduced fees as long as you can pay something.

As a result of the financial crisis, many people may be experiencing a variety of emotions such as fear, anxiety, frustration or worry. These traits can be experienced during any kind of stressful period. Defining your individual sense of well being during stress is crucial in maintaining emotional, physical and psychological wellness. One way of dealing with the increase in stress is to develop resilience.

Resilience is the process of adapting well in the face of adversity, trauma, threats and significant sources of stress. It means "bouncing back" from difficult experiences. Resilience is not a trait that people have or do not have. It involves thoughts, behaviors, and actions that can be learned by anyone.

### Characteristics of Resilient People

- They are willing to seek help when needed
- They build large support networks
- They positively frame experiences
- They believe they can affect change
- They believe they can recover from stress and trauma

### Resilience Guidelines

- Maintain a hopeful outlook- think about what you want to happen as opposed to worrying about what you fear
- Admit when you cannot handle a situation and rely on others to help and guide you
- Think about yourself- set limits, maintain your own work/life balance, incorporate stress management into your work day

Making your way through tough economic times can be very stressful and challenging, but it can also be a time for personal growth. During these times, we can take stock of our lives and make necessary changes. It is also the time to get in touch with our key values and what is most important in our lives. Most of us will find that money is not a top value, but it is the people and the relationships in our lives that are the most important. Often, after getting through times of hardships, we emerge as better individuals with a sense of accomplishment that we have done well despite the difficulties we have experienced.

## SEEK PROFESSIONAL HELP IF:

- Self-help strategies are not working
- You have intense feelings of anxiety or hopelessness
- Usual functioning daily activities ( job or school) become effected
- Increased use of drugs/alcohol is needed to cope

### MARYLAND H1N1 HOTLINE

877-MDFLU4U

877-633-5848

### PSYCH ADMISSION AND REFERRAL CENTER

410-328-6231

### PSYCH ADMISSION AND REFERRAL CENTER

410-328-6231

## REFERENCE LIST

The APA Help Center: "Managing your Stress in Tough Economic Times."

Kaiser Family Foundation. (2008). Economic Problems Facing Families: Survey Brief

# Coping with Possible H1N1 Flu Outbreak: Are you ready?

By Connie Noll, MA RN-C;  
Manager Adult Psych



Although the economy has been a leading cause of stress in the last couple of years, we may have to contend with another major stressor this fall. Many officials are warning that we

need to prepare for a more serious outbreak of the H1N1 virus. Are we ready for dealing with the emotional aspects of a possible pandemic?

Managing our own emotions and developing coping strategies as health care providers is similar to the same advice we need to give to our patients about coping. The following items may be useful in a discussion about dealing with the psychological aspects of pandemic flu:

### *Things to remember when dealing with unknowns:*

- Stay informed from reliable sources of information
- Follow the recommended hygiene practices for protection
- Acknowledging feelings creates a basis for coping strategies
- Focus on strengths, abilities and actions you can take
- Understand that we each have different needs and ways of coping

- Talk to children with honesty and with age appropriate language/content
- Keep perspective and a hopeful outlook
- Make healthy lifestyle choices
- Protect yourself with flu vaccine as it becomes available
- Remember, anxiety and fear are often normal reactions in unusual or potentially threatening situations

### *Signs that adults are stressed*

- Difficulty sleeping
- Changes in appetite (increased or decreased)
- Easily frustrated or irritable
- Short attention span and difficulty concentrating
- Constantly worried and/or feeling overwhelmed
- Headaches/stomach problems or other physical complaints
- Being easily startled
- Disorientation or confusion
- Mood swings
- Crying easily
- Increased use of drugs/alcohol

### *Ways to ease stress*

- Talk with someone you trust about your feelings and thoughts
- Take steps to promote your own self-care (exercise, relaxation, meditation and/or prayer)
- Avoid unhealthy dietary choices – excessive salt, sugar, caffeine, alcohol or drugs can significantly effect mood
- Spend time with family and friends that support you
- Establish a family emergency plan for preparedness.

