



Danna E. Mauch, PhD

President and CEO

Ambassador (ret.) Barry B. White

Chairperson of MAMH Board of Directors

October 19, 2021

The Honorable Brendan P. Crighton
Chair, Joint Committee on Financial Services
Massachusetts State House, Room 520
Boston, MA 02133

The Honorable James M. Murphy
Chair, Joint Committee on Financial Services
Massachusetts State House, Room 254
Boston, MA 02133

Submitted online via *MyLegislature*

Dear Chair Crighton, Chair Murphy, and Honorable Members of the Committee:

Re: In Support of S.703/H.1038: An Act requiring mental health parity for disability policies

On behalf of the Massachusetts Association for Mental Health (MAMH), thank you for the opportunity to submit testimony on S.703/ H.1038: An Act requiring mental health parity for disability policies. This legislation would help ensure critical protections for people with behavioral health conditions who must leave their employment due to a mental health disability.

Formed over a century ago, MAMH is dedicated to promoting mental health and well-being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

In 2000, the Commonwealth recognized the need for parity in health insurance coverage for mental health care with the passage of the Massachusetts Parity Law. Eight years later, the law was broadened to mandate medically necessary treatment for thirteen biologically based mental health conditions including schizophrenia, major depression, eating disorders and post-traumatic stress. MAMH strongly believes that Massachusetts should extend its leadership in mental health parity to private short- and long-term disability (wage replacement) insurance policies.

Currently, people with disabilities resulting from mental health conditions do not have the same wage replacement benefits as people with disabilities resulting from physical health conditions. People with psychiatric disabilities should not be singled out for such blatant and unfair discrimination. Differential treatment of people with mental health conditions not only discriminates, but also perpetuates stigma.

Furthermore, having full disability benefits is critical for people with mental health conditions. Such a financial cushion makes it more likely that people will access appropriate treatment. It also grants people needed time for recovery so that they may successfully return to work and full participation in the community.

Moreover, recovery is more and more achievable for people facing mental health challenges. As one researcher explains, there is

a growing body of longitudinal research that has called into question much of the conventional wisdom about the course and outcomes of mental illness. Once thought to be disabling conditions from which very few people would ever recover, mental health disorders have come to be seen as health conditions that many people can at least learn to manage over time, if not recover from fully.¹

Even those people diagnosed with serious mental illness have great potential to achieve recovery.²

On the other hand, failure to provide such benefits has its own risks. Individuals who are not supported may well face worsening mental health conditions that will ultimately be more costly

¹Larry Davidson, The Recovery Movement: Implications For Mental Health Care And Enabling People To Participate Fully In Life, Health Affairs (June 2016), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0153>.

² <https://naric.com/?q=en/rif/recovery-possible-people-serious-mental-illnesses>

(citing study of M.S. Salzer et al., National estimates of recovery-remission from serious mental illness. Psychiatric Services (2018) finding that of survey respondents with serious mental illness, about one-third were in recovery).

to address. It is widely understood that economic stability is one of five domains identified as “social determinants of health.”³ Not only is there a “strong and pervasive relationship between socioeconomic factors and physical health outcomes,”⁴ but there is also evidence of a direct correlation between social determinants and “risk for mental illnesses and substance use disorders, as well as health outcomes of persons with these disorders.”⁵ Income inequality in particular leads to poorer mental health, increased risk for and incidence of mental illness and substance use disorder, and worsening course/outcomes among people affected by mental illness or substance use disorder. Income inequality is also associated with poor overall mental well-being; researchers have found an association between income inequality and more mentally unhealthy days.⁶ Thus, whether by harming physical health (with implications for mental health), contributing to diagnosed mental illness or substance use disorders, or just harming mental well-being more generally, economic pressures are debilitating.

We know those who oppose this legislation argue that psychiatric disorders are not “real” conditions and that mental health practitioners are not skilled enough to determine psychiatric disability. If either of these false assertions were true, the disability insurers would not be covering – even partially – benefits for mental health conditions and would not be employing – as they do – mental health clinicians of their choosing to dispute claims.

Thank you again for your leadership, consideration of this testimony, and attention to the needs of your constituents with behavioral health conditions and their families.

Sincerely,



Danna Mauch, PhD
President and CEO

³ USDHHS, Social Determinants of Health, <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>. Moreover, economic position can affect one’s access to the services and condition in each of the other four domains: education access and quality health care access and quality, neighborhood and built environment, and social and community context. Ibid.

⁴ Paula Braveman & Laura Gottlieb, The Social Determinants of Health: It’s Time to Consider the Causes of the Causes, Pub. Health Rep. (Jan.- Feb. 2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>.

⁵ Michael T. Compton & Ruth S. Shim, The Social Determinants of Mental Health, Focus (Fall 2015), <https://focus.psychiatryonline.org/doi/pdf/10.1176/appi.focus.20150017#:~:text=Income%20inequality%20is%20also%20a,illnesses%20or%20substance%20use%20disorders>.

⁶ Ibid.