



Michigan Psychiatric Society

216 N. Chestnut Street
Lansing, MI 48933

Michigan Mental Health and Wellness Commission – April 23, 2013

The Honorable Brian Calley, Director James Haveman, Honorable Senators Bruce Caswell and Rebekah Warren, and Honorable Representatives Phil Cavanagh and Matt Lori:

Thank you for your participation on this Commission and for your commitment to quality mental health services and systems in Michigan.

My name is Eric Achtyes, MD; I am a psychiatrist and researcher with appointments at Pine Rest Christian Mental Health Services and Cherry Street Health Services in Grand Rapids. I am currently an Assistant Professor of Psychiatry and direct the Division of Psychiatry and Behavioral Medicine for the Michigan State University College of Human Medicine. My main research focus is to improve treatment for patients with schizophrenia. I also have an interest in integrated care and spent my residency years at the MGH/McLean/Harvard program in Boston during the time of Massachusetts' health care reform.

I am President-elect of the Michigan Psychiatric Society and represent MPS in my remarks this evening.

The Michigan Psychiatric Society was founded in 1908 and for over a century has been the voice of physicians concerned with the mental well being of Michigan's citizens. Our founders were physicians practicing in public and academic institutions and we have been a part of each succeeding chapter in the story of mental health in Michigan. We adhere to what has been called the 'medical model,' which incorporates a thorough biopsychosocial-spiritual assessment that has evolved as the science of the brain and human behavior has evolved. We also embrace the model of recovery and conviction that *mental health is fundamental to overall health.*

We at the Michigan Psychiatric Society understand the numerous challenges facing all of us as we work to provide equitable and effective mental health care. These challenges include:

- 1) The recent national discourse on violence and mental illness which is often misunderstood—placing blame on individuals with mental illness—who are much more often the victims of violent crimes, rather than the perpetrators;
- 2) Achieving parity during the re-integration of behavioral science and psychiatry with the rest of *medicine*;
- 3) The pending release of the DSM-5 and all the economic and sociopolitical implications, not to mention diagnostic and treatment challenges, this will bring for providers and patients alike;
- 4) The question of how we as a state can implement the Affordable Care Act, and can we do this in a way in which the needs of patients' are placed first?

- 5) How do we as practitioners meet the needs of our institutions and patients, while practicing in an environment with an ever increasing licensing and regulatory burden?
- 6) Can we nurture the fragile link between the doctor and the patient in an ever more rushed, technologically driven clinical interaction?

We at the Michigan Psychiatric Society are hopeful that by working together we can:

- 1) Genuinely meet the needs of our patients;
- 2) Realize appropriate payment for the services we provide;
- 3) Conduct ground-breaking research to unlock the secrets of the mind—both when functioning optimally—and when broken by illness and disease;
- 4) Teach and inspire the next generation of mental health practitioners not only to follow in our footsteps, but to look further, see deeper and understand psychiatric illness and its treatment better than we do today;
- 5) We as a Society are committed to encouraging and growing the role of psychiatrists in administering psychotherapy. A skilled psychotherapist provides critical, evidence-based interventions that we, as medical team leaders who have the final medical and legal responsibility for our patients, must direct for their benefit.

Although significant strides have been made to break down stigma and achieve parity between mental health and substance abuse treatment and the rest of medicine, we have more work to do.

- 1) We commend the Lt. Governor and the legislature on drawing attention to the woeful undertreatment of autism spectrum disorders, and yet we hope this same care will be extended to families caring for children with other mental disorders;
- 2) Medical debt remains the number one cause of personal bankruptcy in the United States today. This is a tragedy in which we all have a stake, and ought to work tirelessly to change. We as physicians and psychiatrists have been complicit in allowing the healthcare system to be guided by colleagues who may not share our conviction that the total care of the patient should come first, including the prevention of financial harm. For the practice of medicine is to survive in any sort of meaningful, relational, and fiduciary way, we cannot be complicit bystanders in this effort and we will join with our colleagues in the legislature, and broader community to bring about needed changes.

We feel privileged in so many ways to do the work we do. Patients come to us in moments of intense distress and need. We hear about their deepest fears, dreams, and desires—things they may have told no other human being, including their partner, children, parents, best friends or clergypersons. We have been trained and equipped with tools that can help, and have the responsibility to see that our patients receive the best assistance that can be offered. We view this sacred trust as a tremendous honor and it is our pleasure to serve our fellow Michiganders in this way.

To that end, we would encourage the Mental Health Commission to consider the following three action items:

- 1) First, with the further integration of mental health care and substance abuse treatment with the rest of medicine, it is absolutely imperative that the Department of Community Health Behavioral Health and Developmental Disabilities Administration appoint a psychiatric physician to serve as Medical Director to help guide this division in all medical policy decisions that impact the citizens of this state. Psychiatrists are uniquely qualified and trained to guide this process. Only psychiatric physicians have the depth and breadth of training in both medicine and behavioral health to understand how these practices can best be merged. Furthermore, we insist on measurable outcomes of the programs implemented, as only the collection of unbiased data can help us separate the projects that really help patients get well, from those that sound good on the surface, but are costly and result in only marginal benefit.
- 2) Second, with the emergence of new, larger, multi-county Prepaid Inpatient Health Plans, or PIHPs, it will be essential that psychiatric physicians be utilized as medical directors to guide the development of these entities and ensure our citizens are receiving the best, evidence-based care possible for the treatment of mental health and substance abuse problems.
- 3) Third, the Michigan Psychiatric Society joins numerous other advocacy groups in strongly encouraging our state government to accept the federal government's offer to utilize newly available Medicaid resources to craft a Michigan approach to Medicaid services in our state. Without this additional funding, thousands of our hard-working citizens will be left behind to continue to fend for themselves against mountains of medical debt that is literally bankrupting them and their families. We believe that this will help further the goal of achieving true mental health parity, something mental health advocates have been seeking for decades. To this end, we are supportive of the recent focus on improving mental health care funding at the national level, which is currently tied to gun reform legislation, even if we remain unconvinced of the causal link between mental illness and gun violence.

This is a time of immense upheaval and change in our health system. We are committed to assisting the Commission and our legislature in implementing wise approaches that unite us in the mission of providing the best possible mental health care to our citizens at the lowest possible cost. We would welcome involvement in the Commission's work and request the opportunity to engage in critical review of the proposed report prior to publication.

Thank you for your thoughtful consideration in this matter.

Sincerely,

Jeanette Scheid, MD, PhD
President

Oliver Cameron, MD and Scott Monteith, MD
Legislation & Public Policy Committee Co-Chairs

Eric Achtyes, MD, MS
President-elect

Kathleen Gross
Executive Director