



COMMUNIQUE

THE MENTAL HEALTH EPIDEMIC AMERICA IS AT A BREAKING POINT

By Marci Rosenblum, Local 1180 Communications Director

The small pill bottle with the white label sat on my nightstand, directions clearly spelled out. “Take one nightly as needed to help with sleep.” One. My mind focused only on the word “one.” What would happen if I took more than one? Would I sleep longer? How many would it take to sleep forever? Would the small pills in the bottle put an end to the way I felt?

Life was not going as expected. Then again, does anyone’s? I am a strong, independent woman. I raised four children by myself, despite there actually being a “husband” in the house. I am professionally successful. I live in a nice house. To the eyes of most outsiders, I had it all. But I didn’t.

I was constantly stressed out. I was overtired ... overworked ... overextended ... and just plain over it. It, of course, meaning the way things were going. I was sick and tired of being sick and tired, of hearing, “you’re like Superwoman. I don’t know how you do it all.”

The reality was that I couldn’t do it all, and there was the problem. I cooked, grocery shopped, paid the bills, prepared the taxes, filled out all my children’s paperwork, ran the errands, drove carpools to and from school as well as to and from extracurricular activities, I bathed and fed little ones, I read the stories, wiped the tears, handled the problems, cleaned the kitchen after endless amounts meals, entertained a non-stop flow of house guests, helped with the homework, worked a more-than-fulltime job, and helped run my husband’s business. What did my husband do? Worked a regular work day. Ate dinner. Watched television. I couldn’t live this way any longer. I was doing everything and he was doing virtually nothing.

I was an emotional wreck. Constantly crying. Blood pressure skyrocketing. Weight climbing. I couldn’t give my children what they needed, and deserved, because I couldn’t even give myself what I needed and deserved. I often thought it would be easier to just check out. Leave behind the pain and misery that had become my everyday life.

I knew I had to make a change. I knew I needed help. The woman who could “do it all” just couldn’t do it all.

The problem was I felt like I was drowning. How was I supposed to make a huge change when I couldn’t even make dinner?

I had no one to talk to. No place to turn. No one understood my situation. After all, husband worked, brought in a good income, didn’t drink, do drugs, or cheat (although I wish he had so he would have left me alone.) He wasn’t abusive, at least physically. Emotionally and mentally? Now that was another story and that’s why those little Ambien pills were just calling my name.

Having him around was like having a fifth child who needed their mommy. Yet, he was an adult who was more than capable of helping out — yet chose not to.

I was alone. All alone. It took me 12 months, an entire year, after I made up my mind to steer life in a different direction, until I worked up the courage to actually do something. One day it just hit me. I needed to take back my life, get rid of what was making me so miserable, and stop looking at the pill bottle and wondering how many it would take to end the vicious cycle of misery that looped through my head and my life every. single. minute. of. every. single. day.

With husband finally out of the house and out of my life, I could work on making the change that was so badly needed. For me, for my children, for our lives. After all, it was my four children, and ONLY my four children, that kept me from ignoring the directions on the pill bottle. There was no way I could leave them without a mother, the only parent they had to take care of them, who put their needs first, who sacrificed herself on their behalf. I brought them into this world. I refused to let them suffer any more than they already had.

And that’s when I knew I needed help. I searched out the best therapist I could find. Someone who would not only listen to me, but actually hear me; someone who could help me come to terms with the fact that I — a strong, independent, successful woman — was an abuse victim; and most importantly, someone who could help me find a way to deal with it all.

But after two very expensive therapy sessions, I panicked. I believed this therapist could help me, but how could I possibly afford it? Yes, I have insurance but it seemed as if no “reputable, good, highly recommended” therapists like the one I found took my insurance. While my insurance plan would cover a portion of expenses based on what the insurance company thought was “reasonable and customary” for therapy, I first had to meet a rather large out-of-network deductible.

I can do this on my own, I rationalized in my head. I've done everything in my life on my own. I am who I am today because I am a fighter. So I stopped after two sessions. I tried to go it alone. I failed. Miserably. I was suffering. My kids were suffering.

It took almost 18 months before I returned to therapy. Every day was a struggle. I was at rock bottom and I knew I needed help. The perpetual flow of tears was a clear indicator of the need for mental health services. The money would just have to come from somewhere.

I was one of the lucky ones. I found a way to make it work. I cut from here, cut from there, watched every penny. There was no choice. Emotional abuse and neglect were just as dangerous as physical abuse except no one, and I mean no one, could see what was going on. The signs were all internal. Oftentimes I wish there had been physical abuse. Then I could have called the police. Almost a year and a half after I began intensive therapy, I am still there, struggling with the financial aspect of it, but knowing that if I would do anything to save the life of one of my children, I had to start with saving my own life.

Not everyone, however, can make therapy work. Far too many insurance companies do not cover mental health services. Others cover only a small percentage. Not everyone has insurance, and others who do believe the stigma attached to therapy is far too negative.

America is in the midst of a mental health crisis. Adults, teens, females, whites, blacks, wealthy, poor. It just doesn't matter. Mental health issues don't discriminate. Myriad reports on mental health appear regularly, with all agreeing that approximately one in five adults in the U.S. faces some form of mental health issue. That's 43.8 million people, or 18.5 percent of the population, according to the National Alliance of Mental Illness (NAMI). Nearly half were shown to have a co-occurring substance abuse disorder, and about 9.6 million Americans have been found to experience suicidal ideation. On top of that, about one in 25 American adults — 9.8 million, or 4 percent — wrestles with a serious mental illness that interferes with or limits one or more major life activities in a given year.

If those statistics aren't staggering enough, currently, an estimated 47 percent of adults who believe they need treatment are not receiving treatment because they cannot afford it. Just because Americans have insurance doesn't mean they can actually cover their doctor, hospital, pharmaceutical, and other medical bills. The point of insurance is to protect patients' finances from the costs of everything from hospitalizations to prescription drugs, but out-of-pocket spending for people even with health insurance has increased by more than 50 percent since 2010, according to one human resources consultant. Our nation's mental health is descending to dangerous levels with no easy way out.

However, it's not only those who can't afford help who are ending their lives out of despair. In the past several months, the high-profile deaths of fashion designer Kate Spade and world famous chef and writer Anthony Bourdain brought the topic to the forefront once again.

Kate Spade was the founder and face behind not one, but two successful fashion lines. Even if customers didn't know the designer's face, they knew that behind her fashion lines was a woman who honored and understood the value in feeling beautiful while putting in a full day's work. She was smart, successful, wealthy, had a loving family, and was always

seen with a smile. Few would have guessed that behind so much cheer was a top business mogul so deeply depressed that on June 5, 2018, she would commit suicide.

Kate Spade's death, followed just 20 days later by Anthony Bourdain's, was a jolting reminder that mental illness does not discriminate by class. If someone as successful and wealthy as Kate Spade or Anthony Bourdain was not able to tame the terrors of clinical depression, it does not bode well for those who have a fraction of the resources and support. While mental illness is not an untouchable topic like it was for centuries, we are still sorely lacking in ways to provide care and treatment in scale with the amount of people who need it.

The term "mental illness," as defined by the Mayo Clinic, refers to a wide range of mental health conditions and disorders that affect mood, thinking, and behavior. When untreated, the symptoms of mental illness cause chronic stress, emotional distress, and disruption of routines and goals. Well-known examples include depression, anxiety, schizophrenia, obsessive-compulsive disorder (OCD), and eating disorders.

Thirteen percent of children and adolescents between the ages of five and 18 experience a severe mental disorder while growing up, according to NAMI, problems that too often carry over into adulthood. These numbers make the theoretical very practical, and that is, we all know someone who is struggling with mental illness, whether we actually know it or not.

Gina Strickland, Local 1180 First Vice President, said the Union often receives calls from members on the edge.

"We live in tough times. Women are working, taking care of kids, running a household, paying bills. At the end of the day, there just isn't any time left to relax and breathe. Everyday life can be very overwhelming, especially for those doing it all alone, which many of our members are," Strickland said. "Superwoman is a fictional character. Our lives are real."

She said Local 1180 offers Membership Assistance Services at no charge for members and their dependents through Healthcare Assistance with Member Support (HCAMS). If you or a family member needs assistance with stress, mental health or substance addiction, confidential help is available by calling 1.888.828.7826.

HCAMS offers services to deal with many personal issues, including drug, alcohol, and prescription medication dependence, stress-related conditions, sleeplessness, low energy, concentration difficulties, family, adolescent and relationship problems, and much more. (see next page for detailed information).

Strickland said she received a call recently from a member who was incredibly overwhelmed with work and family issues, and had no idea where to turn for help. Thankfully, she was able to point this member in the right direction after a lengthy discussion.

"My heart was breaking for her," Strickland said. "She had so much going on between her job and her personal life, and she felt alone. Sometimes just listening and helping our members tap into available resources goes a long way. We were obviously able to help with the work-related issues. In this particular case, I knew right away where to send her for her personal issue so she could get assistance."

Strickland said the Union is looking at additional ways of offering assistance as well. One of those is working with legislative leaders on resolving the daycare crisis in New York City, which is a leading cause of stress for working women. Another is paid parental leave negotiations in upcoming contract talks.

"Having better day care options and paid parental leave certainly will not resolve our mental health epidemic, but for our members, it will go a long way toward easing some of the stress they deal with all the time that can contribute toward mental health issues," Strickland said.

Reality is that there is not one contributing factor toward the escalating mental health crisis. Everyone has their own issues and faces their own unique circumstances. The underlying problem, though, is that far too many Americans do not, or cannot, seek out counseling services for a multitude of reasons. Cost, accessibility, and stigma are three of them. Like other health issues, mental and behavioral health issues should be examined, followed, and treated by a professional. Even the "Superwomen" or "Supermen" of the world can't go it alone all the time.

Yet, health systems have not adequately responded to the burden of mental disorders. As a consequence, there is a huge gap between the need for treatment and its provision. A compounding problem is the poor quality of care for many of those who do receive treatment.

While there are clinics and centers that offer mental health services for a small fee or for free, they tend to focus on individuals who are severely debilitated by an illness. Visiting a licensed professional in New York City costs an average of \$200-\$300 per visit, and many, especially the best of the bunch, do not take insurance at all. There is a huge struggle to find talk-based therapy that's covered by insurance plans. Of all practicing medical professionals, therapists are the least likely to take insurance. Additionally, patients who need a mental health-related medication such as an antidepressant or anti-anxiety drug are generally required by their primary care physician to see a psychiatrist or psychiatric nurse practitioner, nearly half of whom do not take insurance and charge more than a psychologist or social worker, according to a study published in *JAMA Psychiatry*.

Poor insurance coverage for therapy is largely a reflection of how society views mental health. Insurance companies tend to see things from a medical perspective. Find the ailment, write a prescription. Mental health treatment does not work that way, and since health insurance companies still consider mental health care to be a secondary health issue, a growing number of mental health providers simply choose to accept only

private pay. Many, however, will give patients receipts for their services, thereby enabling the patients to duke it out with their insurance company. A headache that more often than not leads to angst. Another problem is that even when insurance companies consider a mental health diagnosis a valid billable condition, the coverage may only be temporary.

On the flip side, insurers are starting to feel the frustration as well. "There is a well-documented national shortage of behavioral health providers generally, and in health plan networks specifically, resulting in patients having to pay out-of-pocket for treatment or forgo it altogether," according to America's Health Insurance Plans, an insurance company trade organization.

The World Health Organization promotes a four-step approach to a solution: more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social care services in community-based settings; the implementation of strategies for promotion and prevention; and strengthened information systems, evidence and research.

Until all of these objectives are met, America's mental health epidemic will continue. After all, mental health problems tend to be under-researched, under-treated, and over-stigmatized. They are not, however, solely a United States problem.

All of these mental health issues are not confined just to the United States. The Duke and Duchess of Cambridge, William and Kate, have made it their top priority to advocate for the mental health of children everywhere, not just in England.

"The mental health of our children must be seen as every bit as important as their physical health," the Duchess wrote in a personal essay. "For too long we have been embarrassed to admit when our children need emotional or psychiatric help, worried that the stigma associated with these problems would be detrimental to their futures. We hope to encourage [our children] to speak about their feelings, and to give them the tools and sensitivity to be supportive peers to their friends as they get older."

And if the future King and Queen of England are trying their hardest to erase the stigma surrounding mental health issues, so should we all.

Society tends to ignore the hard truth about suicide: saving a life cannot be solely the responsibility of the person at risk. There must be more emphasis on early intervention when someone seems "off" in order to curb suicides — a responsibility that lies with everyone.