



To: Members of the Wisconsin State Assembly

From: The New Day Coalition

Date: February 12, 2010

Subject: ***The Wisconsin Parity Act Supports Wisconsin's Children***

The New Day Coalition asks for your support of the *Wisconsin Mental Health and Substance Abuse Parity Act (Senate Substitute Amendment 1 to SB-362)*, co-sponsored by Rep. Sandy Pasch (D-Whitefish Bay) and Sen. Dave Hansen (D-Green Bay), when presented to you on the Assembly floor. The *Wisconsin Parity Act* will increase treatment for mental illness and substance abuse disorders to parity levels for thousands of Wisconsin's children, improving their health and well-being, and giving them the support they need to achieve academically.

Many Wisconsin children have mental health problems, problems that are real and painful, and can be severe. Nationally, about 20 percent of children are estimated to have mental disorders with at least mild functional impairment.¹ Research shows that half of all lifetime cases of mental illness begin by age 14.² Mental disorders and mental health problems appear in families of all social classes and of all backgrounds—no one is immune.³

Unfortunately, only about 20 percent of children and adolescents with psychiatric disorder in the U.S. receive any kind of mental health services,⁴ despite the fact that mental health problems can be successfully recognized and treated. Now more than ever before, there is hope for young people with mental, emotional and behavioral disorders—most of the symptoms and distress associated with these disorders can be alleviated with timely and appropriate treatment and supports.⁵

As you know, strong mental health is a crucial component of scholastic achievement for schoolchildren. Untreated mental illness leads to higher-than-normal dropout rates: according to the U.S. Government Accountability Office, only 32 percent of students with a serious mental illness continue on to postsecondary education.⁶ In 2004-05, 45 percent of students with an emotional disorder dropped out of high school, according to a 2009 U.S. Department of Education report to Congress.⁷

Similarly, untreated mental illness accounts for high rates of school absenteeism and tardiness. Referral to a school-based mental health center or to counseling reduces absenteeism rates by 50 percent and tardiness rates by 25 percent, according to a 2000 study published in the *Journal of School Health*.⁸

The *Wisconsin Parity Act* will significantly improve mental health and addiction treatment for Wisconsin's children by providing benefits at parity levels for many of the children whose parents are among the 700,000 Wisconsin employees whose companies are exempt from the federal parity law (the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, P.L. 110-343*⁹). The *Wisconsin Parity Act* will provide immediate substance abuse disorder insurance benefits for 200,000 currently insured employees of Wisconsin's small businesses—as well as their spouses and dependent children.

We encourage you to review the attached fact sheet, “Mental Health, Substance Abuse, and Dropping Out: A Quick Stats Fact Sheet,” which provides a snapshot of the current issues surrounding dropout factors among students who are identified with emotional disturbance. The ability of our children to learn and achieve free of debilitating mental illness is fundamental to their future success. The *Wisconsin Parity Act* will enable insured working families who have children with mental disorders to receive the treatment they need to get well and achieve academically. For this reason we ask for your support.

Sincerely,

The New Day Coalition

¹ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. Found at: <http://www.surgeongeneral.gov/library/mentalhealth/summary.html>

² Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. “Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication.” *Arch Gen Psychiatry*. 2005 Jun; 62 (6):617–27. In National Institute of Mental Health, “Treatment of Children with Mental Illness Frequently asked questions about the treatment of mental illness in children.” Found at <http://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-disorders/nimh-treatment-children-mental-illness-faq.pdf>

³ U.S. Department of Health and Human Services.

⁴ Fritz, G.K., M.D. “The Shortage of Child Psychiatrists in the U.S.: Causes and Solutions.” Presentation to the New York STEPS Roundtable (September 10, 2007). Found at: http://www.scaany.org/collaborations/documents/steps_shortage_caps.ppt

⁵ Substance Abuse and Mental Health Services Administration, National Mental Health Information Center. “Children's Mental Health Facts: Children and Adolescents with Mental, Emotional, and Behavioral Disorders.” Found at: <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0006/default.asp>

⁶ National High School Center. “Mental Health, Substance Abuse, and Dropping Out: A Quick Stats Fact Sheet.” Found at: http://www.betterhighschools.com/pubs/documents/NHSC_MentalHealthFS.pdf

⁷ National High School Center.

⁸ National High School Center.

⁹ *The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008* (Division C, Title V, Subtitle B, Secs. 511-512 of The Emergency Economic Stabilization Act, H.R. 1424, P.L. 110-343) effective as of October 3, 2009.