

Coalition for Fairness in Mental Illness Coverage

The Human Face of Mental Health Parity

Alison: “I require mental health treatment on a regular basis, since I am a survivor of thirteen years of sexual abuse. The abuse began when I was three years old, lasted throughout most of my childhood, and took many forms....You might call [my abuser] many things. I called him ‘Daddy’. Even now, at the age of 38, I struggle to come to terms with what happened to me...I struggle to pay for the treatment I need, with my health insurance only covering a bare minimum of sessions each year.”

Kate: “Health insurance discrimination is putting everything that I have worked hard for my whole life in jeopardy. Five years ago I experienced an episode of severe depression....I needed to be hospitalized because I was extremely suicidal. After five weeks in the hospital I was discharged against the vehement protests of my psychologist because the hospital was concerned that I had exceeded my \$2500 per year inpatient insurance cap and that I was at the limit of what I could afford to pay out of pocket. That night I tried to kill myself and I am only here today because a friend was concerned when she could not reach me. To add insult to injury, I was left with \$70,000 in uncovered bills.”



Kevin’s mother: “This is Kevin’s story. I am forced to tell it for him....We were warned to watch out for increased symptoms [of bipolar disorder] in Kevin’s ‘early thirties’. Thus we were aware that Kevin was at risk but we never knew just how much. We never knew that as many as 30% of manic depressives carry out a successful suicide or that it is estimated that 50-60% make an attempt, that indeed it is a fatal disease. We did not know that each new crisis episode is deeper and longer than the one before. And we did not know ...[we would face efforts at cost-cutting] by limiting the amount (either by the amount of dollar coverage or by the limit of days of treatment allowed) of coverage for mental related illnesses. So when the day came we once again realized that Kevin (then 29) was slipping into another crisis we began to fight for his sanity, not even thinking that it would mean his very life....Kevin was rapidly getting worse and in November 1997 we found him with a loaded gun and found it necessary to have him committed to the stress unit. Up until he started his slide into depression, Kevin was working steadily. He had health care insurance that had served him well through a serious motorcycle accident and several knee surgeries. But now, when he needed it the most, he was “allowed” seven days of inpatient care and another three weeks of an out-patient program...He began to make progress in this program and we were all hopeful that he could soon return to work. On Friday of his fourth week he was told that he had reached his insurance limit and not to come back on Monday. He was assigned to a psychiatrist to monitor his medication monthly. Kevin tried to live with this but began to backslide immediately... Approximately two weeks later we got a call in the middle of the night. He was in crisis and, not knowing where to turn we drove him to the hospital emergency room. All ER personnel and the attending physician in the stress unit agreed that he should be hospitalized, but he was denied admittance...The next day we drove him back for the promised [day] treatment. He was allowed to remain one day....We at this time found a psychologist to work with him but...the bills began to mount. It just wasn’t enough and the stress of financial bankruptcy only added to Kevin’s mental burden and lack of self worth. He never recovered...At the end of July he again became unstable and continued the downward slide until August when he made the decision that would free him forever.”

