Money on the Mind:

The Influence of Consumerism in American Mental Health Care

Grace Mock, College of Arts and Sciences, 2021
Dr. Andi Johnson, College of Arts and Sciences, History and Sociology of Science Department
College Alumni Society

Why do patients pay a higher portion of costs out of pocket for mental health care than other types of medical care?

Mental health care is unaffordable for many Americans, acting not as an outlier from the rest of the medical system but an exaggeration of widespread cost concerns**. This project examines how the history of mental health care in America, from the rise of the 19th Century asylum to the Affordable Care Act, isolated mental health from the rest of the medical system and contributed to unaffordability in mental health care.**

The type of care, location, and a patient's ability to have choice in their care has been informed by class and ability to pay for care since the rise the 19th Century. The history of American mental health care has created a legacy of bifurcated care, with those able to pay receiving a different level of mental health care than those unable to pay. This project tracks four key stages in American mental health care to determine how this bifurcation developed: the Rise of the 19th Century Asylum, World War II and Deinstitutionalization, the Extension of Consumer-Status to the Poor through Medicare and Medicaid, and the Impact of Mental Health Parity Legislation on Coverage.

Friends Hospital, founded in Philadelphia in 1813 as the first American private psychiatric hospital, serves as a case study for the project.[1]

Class and Mental Health in America

Wealthy Americans were granted superior choice and gentler care in private psychiatric hospitals, while poor Americans were often institutionalized in state-funded asylums against their will and with no voice in their care from the 19th until the mid-20th Century. World War II acted as a catalyst to changing mental health care in the United States by creating personnel shortages in asylums, supporting the deinstitutionalization movement, while leading military practitioners to innovate new types of outpatient, office visit mental health care.[2] The creation of public insurance through Medicare and Medicaid in 1965 granted many lower income Americans new consumer status by placing them as the decision-maker in their care that controlled health spending. The shift to community mental health services also encouraged those with mental illness to "shop" between resources for care.[3] Despite this expansion of health consumer status, insurers did not have to cover mental health benefits equivalently to medical benefits until the Mental Health and Addiction Equity Act of 1997. Insurers also did not have to cover mental health at all until the Affordable Care Act of 2008.[4]

Research Design

The project utilizes two case studies to examine how class and ability to pay informed mental health care, comparing the history of care received in private Friends Hospital (pictured on left) and public Byberry State Hospital (pictured on right). The two hospitals existed in close proximity in Northern Philadelphia. Archival research was conducted, utilizing a combination of primary and secondary sources from the 19th Century to post-2008. Journal excerpts, newspapers, admissions data, health journals, autobiographies, and recorded interviews comprised the primary sources. Academic work from historians, sociologists, anthropologists, public health scholars, and economists comprised the secondary sources.

Initial Conclusion

Consumerism has consistently been present in American mental health care, forming a bifurcated system where patients able to pay for care receive greater quality of care and input into their care than those unable to pay. Mental health remains isolated from the rest of the medical system due to ill-defined acceptance of what counts as medical care as well as stigma against mental illness that limits the political power of patient-consumers. The social construction of the mental health patient-consumer both empowered patients to make choices and assigned them with the responsibility to navigate a complex care environment often without adequate resources, allowing for the persistence of a bifurcated system

Byberry State Hospital, founded in Philadelphia in 1907 as a public psychiatric hospital, serves as a case study for the project.[5]

References

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