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Opinion: Mental health resources some overlook

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If Connecticut desperately seeks to provide greater access to mental health resources, why have so many pediatricians, school counselors and social workers closed the door on therapists and coaches whose services are not accepted by insurers?

Simply, we live in insurance driven, litigious times with standards seen as nonnegotiable. This is to the real detriment of folks who need and want help — and who deserve full access to a much broader range of professionals. This broader range can help them make more informed decisions when selecting the type of practice and wellness professionals that suit them or their child best.

Whether it is expressive arts therapy, therapeutic coaching or something else, there are many successful practices without insurance company endorsement. Practitioners who accept insurance typically see patients for six to eight sessions before reaching a conclusive diagnosis or solution for the patient. No cost to the client, no worries for the therapists. It keeps the appointment books overbooked for months, no questions asked. That format, however, doesn't necessarily meet the individual's needs or community demand. The local referral lists are biased and limiting, excluding anyone who does not meet the qualifications set by insurers.

Today, we are more aware of the crisis in mental health. Demand has risen as have diagnoses, especially for children. Suddenly, families and children accept they "have" pathological anxiety, a chronic condition which must be "managed," versus experiencing situationally produced anxiety that may change. Stress often

leads to the insurable diagnostic code for “anxiety.” Check off the billing code, collect a co-pay, write the prescription, see you next time. No sweat, no questions by either party.

The diagnosticians of clinical depression or anxiety usually offer psychopharmaceutical solutions. Sometimes exclusively. Especially for over-booked providers, knowing that patients “feel better” when they leave with something concrete (a prescription) gives hope. It must make the appointment on all sides more palatable. When I see someone who says, “My therapist gave me meds but doesn’t really know me and hasn’t helped,” I am sickened and angered by the limitations of the system.

When people see their stress or situation as unmanageable, but know that they, themselves, are whole, and fundamentally healthy, what’s the point? They need immediate support, practical guidelines and an action plan to feel better, and change their situation or coping mechanisms, not a brief encounter with an overburdened provider checking off the right box, prescription pad and computer info.

At a time when identities are forming, self-esteem is under pressure, and the realities of daily living are challenging, applying the diagnosis of pathological anxiety or depression is especially impactful for young adults, children and their families.

Those labels do carry profound, internalized stigmas. They can feel like a permanent, even if undeserved “pass.” If stress, life transitions, identity issues or failed communication in relationships are viewed only through an approved provider’s lens and prescriptions for certifiable mental illness, it can certainly lessen someone’s motivation and empowerment to change their behavior or environment as possible. For teens and tweens, and 20-somethings, it’s murky water.

Of course, in some cases the issues truly are pathological. Situationally based triggers, though, are just that — normal folks in abnormal situations which should not necessitate a life-long sentence simply because it’s easily handled by doctors, insurers, pharmacies, society, and unfortunately the person with the label.

The goal is for individuals to be happy, independent, and resilient. The current system does not support that very well by assuming there always an inherent personal deficit.

By limiting options to only those counselors, healers, therapists, and coaches who have been approved by those of similar ilk and training, all of whom have been given a stamp of approval by insurance panels, Connecticut institutions and medical individuals have made a preemptive, limiting decision for patients, students, and clientele.

So, who loses? Patients.

Let's get more help, to more people sooner, by expanding those referral rosters and perspectives and dissolving traditional licensing, doctor, educator, and insurance biases.

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