

Access to Mental Health Care

Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity. We believe our people's healthcare should not depend on where they work, how much their parents earn, or where they live. Our constant teaching that each human life must be protected and human dignity promoted leads us to insist that all people have a right to healthcare. (*USCCB, Framework for Comprehensive Healthcare Reform*)

Church teaching

- ★ Because all human beings are created according to God's image, they possess a basic human dignity which calls for the utmost reverence. On the individual level this means a special responsibility to care for one's own health and that of others. On the societal level this calls for responsibility by society to provide adequate health care which is a basic human right. (*USCCB, Health and Health Care*)
- ★ In the economically highly-developed countries, experts then recognize that at the origin of new forms of mental disease we may also find the negative impact of the crisis of moral values. This increases the feeling of loneliness, undermining and even breaking up traditional forms of social cohesion, starting with the family institution, and marginalizing the sick, particularly the mentally ill who are all too often considered as a burden on the family and community. (*Pope Benedict XVI, Message for the 14th World Day of the Sick*)
- ★ Our faith calls us to work for the full inclusion of all persons with disabilities in society and in the Church. This is rooted in the earthly ministry of Jesus, whose deep concern for the sick and for the men and women with disabilities He encountered is clear in the New Testament. (*Bishop Nicholas DiMarzio, 2007*)
- ★ Man has the right to live. He has the right to bodily integrity and to the means necessary for the proper development of life, particularly food, clothing, shelter, medical care, rest, and, finally, the necessary social services. In consequence, he has the right to be looked after in the event of ill health; disability stemming from his work; widowhood; old age; enforced unemployment; or whenever through no fault of his own he is deprived of the means of livelihood. (*Pope John XXIII, Establishing Universal Peace in Truth, Justice, Charity, and Liberty*)

Resources

- ★ **Catholic Campaign for Human Development** (USCCB) (www.PovertyUSA.org)
- ★ **Catholic Health Association of Texas** (www.CHATexas.org)
- ★ **Texas Department of State Health Services** (www.dshs.state.tx.us)
- ★ **Texas Health and Human Services Commission** (www.hhsc.state.tx.us)
- ★ **Catholic Charities USA** (www.CatholicCharitiesUSA.org)
- ★ **Catholic Health Association (US)** (www.CHAusa.org)

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Mental Health

People who suffer from disabilities or mental disorders have difficulty finding employment. Sixty percent of the people with disabilities are not employed. People with disabilities may rely upon family members or public assistance. When the disabled can find work, it is often part time – leaving these people at high risk of living below the poverty line.

Mental and physical disabilities appear in families across social and ethnic lines. Children who live in poverty, however, suffer the highest risk of physical and mental disability. The consequences of poverty such as poor nutrition, abuse and neglect make it harder for children to break the cycle from one generation to another (*Catholic Campaign for Human Development, 2006*).

Texas Department of Aging and Disability Services

In fiscal year 2007, mental retardation services were provided through the Texas Department of Aging and Disability Services (DADS) as follows:

- an average of 4,909 persons a month were served in state mental retardation facilities;
- an average of 6,608 persons a month were served in community intermediate care facilities for persons with mental retardation (ICFs/MR);
- an average of 11,796 persons a month were served in the Home and Community-based Services (HCS) Program;
- an average of 1,392 persons a month were served in the Texas Home Living (TxHmL) Program; and
- an average of 8,096 persons a month received community services funded by general revenue through local Mental Retardation Authorities (MRAs).

(Statistics from the Texas Department of Aging and Disability Services)

U.S. Bishops' Criteria for Health Care Reform Include

- **Respect for life.** Whether it preserves and enhances the sanctity and dignity of human life from conception to natural death.
- **Priority Concern for the Poor.** Whether it gives special priority to meeting the most pressing health care needs of the poor and underserved, ensuring that they receive quality health services.
- **Universal Access.** Whether it provides ready universal access to comprehensive health care for every person living in the United States.
- **Comprehensive Benefits.** Whether it provides comprehensive benefits sufficient to maintain and promote good health; to provide preventive care; to treat disease, injury and disability appropriately; and to care for persons who are chronically ill or dying.
- **Quality.** Whether it promotes the development of processes and standards that will help to achieve quality and equity in health services, in the training of providers, and in the informed participation of consumers in decision making on health care.
- **Equitable Financing.** Whether it assures society's obligation to finance universal access to comprehensive health care in an equitable fashion, based on ability to pay; and whether proposed cost-sharing arrangements are designed to avoid creating barriers to effective care for the poor and vulnerable.