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## **Mental health parity: Achieving parity in insurance benefits**

For decades, health insurance plans have restricted patient access to mental health treatment by placing more stringent limitations on mental health benefits than those placed on all other medical benefits. Thus far, both state and federal government have failed to resolve this disparity despite attempts to create effective mental health parity legislation. This paper examines whether mental health parity legislation is an effective and efficient method of increasing access to appropriate, quality mental health care and determines the characteristics necessary to create effective parity legislation. Through my research, I have concluded that mental health parity legislation has the potential to be both effective in achieving its intended goal and economically efficient. Despite current obstacles such as stigmatization, the perceived high cost of mental health parity, and concerns relating to access and quality of care, mental health parity can create positive change for those suffering from mental illness in the United States without producing unreasonable hardship on insurance plans. Effective mental health parity legislation, however, must include several key characteristics. To truly achieve the goals of mental health parity and avoid the problems associated with previous attempts, an effective law must mandate full parity, be enacted at the federal level of government, incorporate all diagnosis included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), and encourage the use of managed care techniques.

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