People have experienced mental health concerns throughout the course of history, as can be seen from the different terms that have been used over the years to describe these concerns, such as “different,” “special,” “touched,” “mad,” and “having a fit,” among others. Of course, for most of history there wasn’t a societal system to provide services to these individuals. Instead, frequently families took care of their members, or the person resorted to begging for daily necessities. As an example, although individuals involved in the westward expansion undoubtedly experienced the mental health conditions we know today, the necessity of providing for the basic human needs of shelter, food, and clothing took priority over the option of not working because of the dire consequences for such actions. This pattern can be observed over each subsequent societal evolution.

In the interim, there have been extensive advances in the understanding and professional treatment of mental health conditions. Moreover, the advancement of technology coupled with the general decrease in the necessity for hard physical labor has, without a doubt, made most aspects of daily living easier, and the overall quality of life has dramatically improved. Yet, despite these improvements, there is still an overall prevalence of mental health conditions ranging from 1 to 20% of the population, depending on the particular concern. Of note, this prevalence rate has been reported to be relatively stable over time. However, this reported stable prevalence rate is in conflict with the current prevalence rate observed in behavioral health (BH) claims. Thus, this book explores some of the factors that contribute to this discrepancy.

The sustained suffering of those with mental health disorders has led to a quest to improve the quality of mental health treatment, which in turn has resulted in the development of a variety of standardized psychological tests, empirically based treatments, and even ways to examine changes within the structures of the brain, with the advent of positron emission tomography and other neuroimaging modalities. Despite these recent developments in professional care, there remains a problematic rate of treatment failure due to how mental health services are provided within the mental health field as well as across other professions, such as primary care medicine. One of the primary issues is the lack of synthesis of current objective assessment and empirically based treatments in the current mental healthcare system. This has resulted in several misperceptions. One of the most prevalent is that
mental health conditions are permanent and typically lead to disability. This is coupled with the lack of understanding that the terms diagnosis, disability, and impairment are not synonymous. When these common misperceptions also occur in other professions, the misconceptions expand exponentially.

Today, mental health conditions and psychosocial issues, such as job dissatisfaction, poor coping strategies, and motivational problems, have been combined in the coined term behavioral health. While the stigma of a current mental health diagnosis has modestly decreased, typically there is no stigma associated with psychosocial issues. It is common for psychosocial issues to be “medicalized” into faux mental health concerns or viewed as the direct result of mental health conditions themselves. Behavioral health issues are now frequently presumed to occur with a negative life event or situation, but without the benefit of a thorough clinical evaluation of the developmental, cultural, and perceptual issues that may make a person more likely to experience emotional distress and potentially develop a mental health condition. However, the fact that many people experience similar situations but do not develop a mental health condition is commonly overlooked. The issue of placing blame and/or cause has resulted in an explosion over the past two decades in behavioral health disability claims. There has been a concurrent explosion in the number of prescriptions for psychotropic medications that coincides with this same period. It is the amalgamation of these permutations in the professional evaluation, assessment, and treatment of mental health that led to this book.

While the term integration has been employed to convey the synthesis of physical and mental health treatment, in reality most systems provide a great deal of guidance pertaining to physical concerns but far less so for behavioral health issues. Consequently, integration as employed currently does not necessarily mean that true integration of the biopsychosocial issues is identified or addressed. Instead, there is a widely held, jaundiced viewpoint across professions and society that most individuals are either exaggerating or faking their mental health conditions. This viewpoint is likely just one factor which results in arbitrary decisions in professional care and disability claim resolution. Moreover, only recently have employers begun to accept that behavioral health concerns occur within the workplace. Yet, few have actual behavioral health policies in place to manage Family Medical Leave Act (FMLA) American With Disabilities Act (ADA) now called: American with Disabilities Act Amendments Act (ADAAA, 2008) workplace absences related to behavioral health issues. Further, the lack of workplace policies may result in inconsistent management decisions, contributing to a potentially perceived adverse work environment. Employers and employees alike are likely to seek legal advice. Thus, the door is opened for possible lengthy legal proceedings. Consequently, the current behavioral health spectrum is fraught with difficulties in how to best proceed.

Until now, there hasn’t been a “road map” of how behavioral health issues should be evaluated across those professions routinely involved in the evaluation and treatment process. Instead, professionals are left to their own devices to evaluate and manage within their particular treatment process, and do not necessarily collaborate with other professionals. Now, for the first time, a book provides direction on the
evaluation of behavioral health across multiple professional perspectives, including the insurance and legal fields, to better address the current problematic aspects and to provide true collaboration and enhanced treatment outcomes. Most importantly, this book provides the means to standardize terminology, to correct misperceptions, and to promote the empirically based treatments into routine clinical practice. With the recent development of these empirically based treatments, the expected outcome is a return to one’s previous level of functioning and a higher quality of life in individuals receiving appropriate professional care than is routinely experienced by those on disability.

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