From the Editors:

Advocacy has a broad range of applications in the field of health care, but we concentrate in this Fall issue on advocacy with a political focus.

Are health advocates political? Of course.

Being an advocate — standing up for oneself or others — is by its nature a political process: listening to disparate points of view, searching for common ground, working toward compromise and resolution while defending the needs of one's client or constituency. We have different personalities, styles and issues, we may be urban, rural or suburban, we may work on a local, state or national level, but we are all, in some form, in a political arena.

In this issue we look at a few of the ways in which health advocates are interacting with the formal political system, and at the necessity of working with government as it affects our personal options in both simple and profound ways. The relationship between politics and patients is direct — regulation, "rights" legislation, funding — but complex — access, enforcement distribution — to name some of the issues. Government entities are doing, at least in theory, the same thing we do: listening to what people want and trying to do something about it. Government officials, at all levels, are representatives of the people. So are we, and we are in direct and daily contact with the patients whose needs may or may not be met. Whether we work in a small local agency, a big city institution, or the United States Congress, we all have to be politically aware, savvy about the power structures within and without if we are to be successful.

As health advocates we have a constituency and a voice and the skill to engage and impact the political process. Many thanks to those who have contributed their experience and insight to this issue of The Bulletin.

— Karen Martinac and Irene Selver

Please Note

The Sarah Lawrence *Health Advocacy Bulletin* will now be published twice instead of three times a year. We are committed to creating a quality newsletter and to this end we are extending the time between publications to give us the space in which to explore issues in greater depth. Should you have a topic you would like to see covered and/or an article you would like to submit, please let us know. **Phone:** Irene Selver at (212) 222-2576 or Karen Martinac at (253) 761-3070. **E-mail:** healthad@mail.slc.edu. **Mail:** *Health Advocacy Bulletin*, c/o Graduate Studies, Sarah Lawrence College, 1 Mead Way, Bronxville, NY 10708.

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Mental Health Legislative Update

by Rebecca A. Sullivan

The New York State Council for Community Behavioral Health Care in Albany is the advocacy organization for community mental health centers in the State. Among the New York State legislative issues in the area of behavioral health that the Council has identified as being critical are the following:

Mental Health Parity

The purpose of parity legislation is to prohibit insurance discrimination against people living with mental illnesses. The bill prevents insurance companies from including limitations on the number of inpatient stays or treatment sessions for mental health care. It also prohibits insurance carriers from imposing co-payments, deductibles and co-insurance requirements for mental health treatment which are inconsistent with physical health treatments. This legislation (A. 8315-A), sponsored in the Assembly by Mental Health Committee Chair James Brennan, and passed by a vote of 141-2, represents a major victory for mental health. Advocates are preparing to pressure the Senate for passage in the next session.

Sale of State Psychiatric Properties

This summer, the Committees on Ways and Means and on Mental Health, Mental Retardation and Developmental Disabilities held hearings around the State on the proposed sale of the State's closed psychiatric hospital properties. Proceeds from the sales, after repayment of bonds, are earmarked for reinvestment in community-based mental health services through the Community Reinvestment Act of 1993. To date, the Administration has withheld almost 50 percent of the funding anticipated through Reinvestment, inhibiting the growth and development of community-based mental health programs. Advocates are putting the issue of reinvestment at the top of their legislative priorities for next session.

Rebecca A. Sullivan is currently enrolled in the Health Advocacy Program at Sarah Lawrence College. During the summer of 1996 she was an intern with the NYS Council for Community Behavioral Health Care.