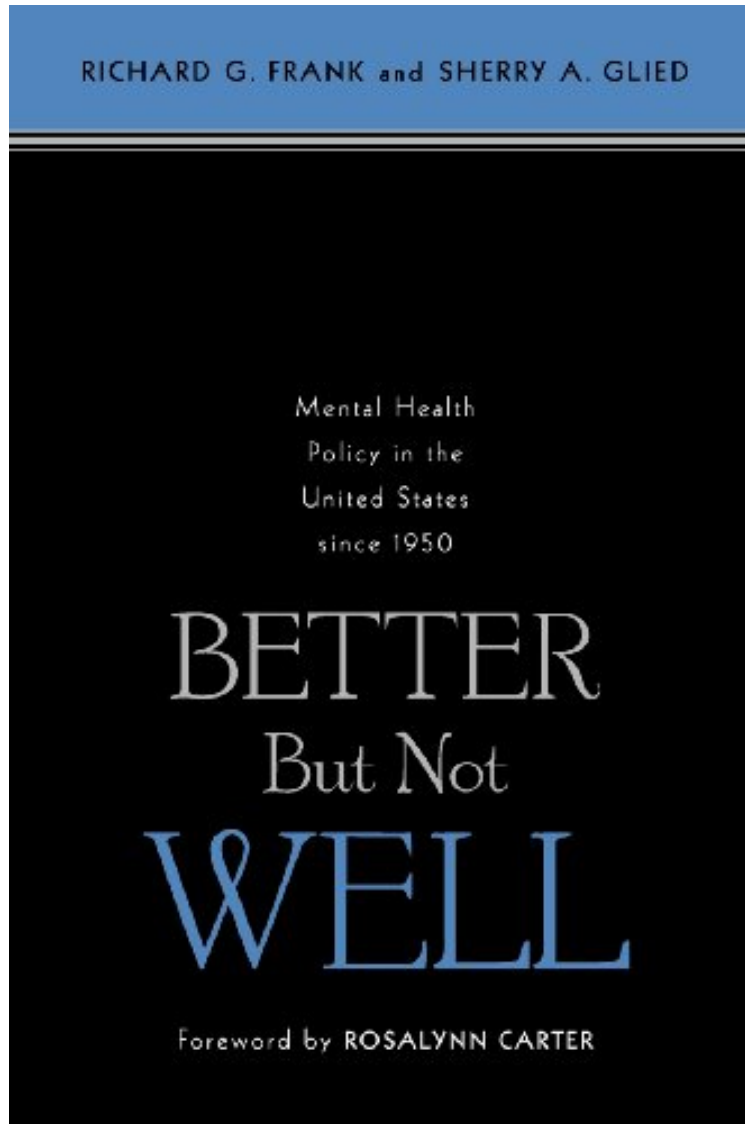


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Better But Not Well: Mental Health Policy in the United States since 1950

Richard G. Frank, Sherry A. Glied
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Richard G. Frank, Sherry A. Glied : Better But Not Well: Mental Health Policy in the United States since 1950 before purchasing it in order to gauge whether or not it would be worth my time, and all praised Better But Not Well: Mental Health Policy in the United States since 1950:

The past half-century has been marked by major changes in the treatment of mental illness: important advances in understanding mental illnesses, increases in spending on mental health care and support of people with mental illnesses, and the availability of new medications that are easier for the patient to tolerate. Although these changes have made things better for those who have mental illness, they are not quite enough. In *Better But Not Well*, Richard G. Frank and Sherry A. Glied examine the well-being of people with mental illness in the United States over the past fifty years, addressing issues such as economics, treatment, standards of living, rights, and stigma. Marshaling a range of new empirical evidence, they first argue that people with mental illness—severe and persistent disorders as well as less serious mental health conditions—are faring better today than in the past. Improvements have come about for unheralded and unexpected reasons. Rather than being a result of more effective mental health treatments, progress has come from the growth of private health insurance and of mainstream social programs such as Medicaid, Supplemental Security Income, housing vouchers, and food stamps and the development of new treatments that are easier for patients to tolerate and for physicians to manage. The authors remind us that, despite the progress that has been made, this disadvantaged group remains worse off than most others in society. The "mainstreaming" of persons with mental illness has left a policy void, where governmental institutions responsible for meeting the needs of mental health patients lack resources and programmatic authority. To fill this void, Frank and Glied suggest that institutional resources be applied systematically and routinely to examine and address how federal and state programs affect the well-being of people with mental illness.