

Introducing The New WDCA Web Site

Jessie Wachs

If you've had trouble finding the WDCA web site lately, you might be looking in the wrong place. The site as "relocated" from www.wdca.net to www.wdca.org. Along with the move, several changes and additions have been made to make the WDCA web site an increasingly useful resource for coaches and students.

Tournament information is now more accessible and efficient. The 2002-2003 Wisconsin and national tournament schedules can be viewed online. Along with the Wisconsin schedule, you can now access invitations and information about each tournament, as well as results from the previous weekends. Eventually, tournament registration may be online. The Marquette University High School Webster Invitational is piloting this technology. Be sure to watch the site for updated information about the State Tournament of Champions.

The WDCA web site can connect you to many other valuable informational resources. The site features a list of the novice limited topics for this debate season. If you'd like to learn more

about those topics or other issues related to this year's resolution, you may want to check out the research links listed. You will also find on online version of the WDCA handbook.

The new site will also serve as a place for coaches, judges and students to share opinions and ideas about debate. Please take this opportunity to



read each other's and post your own thoughts in the topic discussion forums.

ALERT: NEW DCA Resolution

In response to recent questions and concerns regarding the issues of what a novice debater is and who should be eligible for novice awards and STOC bids in sanctioned novice tournament divisions, the WDCA Executive Committee has implemented the following standards for the duration of the

2002 debate season.

The WDCA Executive Committee at present defines the novice debate division as a division for students who are competing in their first year or their first resolution of policy debate, in high school. Also at present, the WDCA Executive Committee has adopted the above definition of novice debate and wishes to inform all tournament directors to adhere to it until the next association business meeting, at which time the association will be presented with a proposal, which will define each level of debate that the association recognizes at the State Tournament of Champions. An Ad Hoc committee will draft proposals to be presented to the general membership at the spring meeting.

Finally, the WDCA Executive Committee stipulates that if a team is found to be made up in any part by an individual or individuals who do not meet the WDCA definition of "novice" that entire team will not be eligible for awards or an STOC bid. If repeated offenses are noted from an individual school or coach, the Judging Standards and Ethics committee will be asked to look into the matter and will have the option to impose sanctions against said school or coach and their involvement in the WDCA State Tournament of Champions.

Federal Government Mental Health Care Policy: Examining the Historical Record

Thomas Noonan

This year's resolution – *Resolved that the United States federal government should substantially increase public health services for mental health care in the United States* – provides students

and coaches alike with yet another opportunity to study American history. As a history teacher by trade that makes me excited about starting another season.

Strategically, competitive debaters generally seek to enhance their background knowledge of the issues they are likely to encounter regarding the topic at hand. Well, at least we as coaches believe they should. Thus, this year's topic affords all of us a chance to more closely examine federal government policymaking trends toward mental health care.

Overall, this introductory article seeks to outline the major trends in U.S. mental health care policy, and offer a glimpse into the myriad of legislative programs that have comprised the federal government's efforts since the mid-1900s.

Throughout the past six decades, a substantial amount of development has taken place in the field of mental health care, and government policymaking toward providing mental health services has been significantly altered. In the 1940s, there were roughly 23,000 mental health care related

professionals. Between 1955-1983, that number swelled from 1.7 to 7 million. It was also during the 1940s that the federal government began to debate the shift from institutionalization to de-institutionalization. From 1950-1993, the number of state operated mental hospitals declined from 322 to 256 as the process of de-institutionalism was carried out. Additionally, psychoanalytical training throughout the 1950s and 1960s became increasingly important as romanticism with Sigmund Freud fueled curiosity with the field. By the 1990s, rising

mental health care costs from the 1970s and 1980s forced additional governmental program restructuring as consumers and advocates alike began to insist that greater coverage be extended to the average American.

Formation of mental health care policy in the United States essentially took shape from the 1940s to the mid-1970s. The federal government's first significant legislation related to mental health care was the National Mental Health Act (1946) which created the National Institute for Mental Health (NIMH). NIMH was established with the express purpose for conducting research, as well as designing prevention and treatment strategies that would improve state and local mental health care

services. In 1961, a commission established by President Eisenhower produced a report, *Action for Mental Health*, which in turn prompted President Kennedy to recommend the creation of community mental health centers (CMHC). Passed in 1963, the Mental Retardation Facilities and Community Health Care Centers Construction Act stipulated care through five essential services including: inpatient care, outpatient care, emergency services, partial hospitalization, and consultation and education. As legislation



related to health care continued to emerge from Congress, mental health care was continually kept separate from physical care. In 1966, federal Medicare and Medicaid programs were created, yet no specific component addressing mental health care was included. Furthermore, Health Maintenance Organization development, sanctioned by congressional legislation in 1973, now allowed doctors to organize to compete with insurance companies. However, the HMO

regulations specified no specifications for providing mental health care. Hence, early legislative efforts sought to provide limited access to mental health care via institutionalization, but did not address the need to provide general mental health care for the vast majority of Americans.

From the mid-1970s to the early 1990s, federal government policymaking toward mental health care changed dramatically. In 1976, President Carter created the President's Commission on Mental Health, which led to the Mental Health Systems Act (1980). With the onset of the Reagan presidency, congressional policymaking quickly shifted, and the Mental Health Systems Act was rescinded. Mounting opposition to the National Institute of Mental Health's promotion of community-based programs eventually resulted in support for extending block grants to the states. Then in 1986, the State Comprehensive Mental Health Services Plan Act required that states only needed to establish and implement community-based mental health care programs

for only chronically ill individuals.

Further legislative action in 1987 created new screening requirements for individuals entering nursing homes, and discharged individuals not meeting the requirements if they had been in the facility for less than

30 months. In essence, tremendous numbers of mentally ill individuals were turned out of nursing homes and other state and local facilities, as de-institutionalization became the policy strategy of the 1980s.

Recent health care reform efforts from the early 1990s to the present have had substantially mixed results. With the election of President Clinton in 1992, a concerted effort was launched to revamp the health care system. Although no systematic change was ever implemented, the discussions that took place emphasized problems including the lack of general coverage, costly outpatient care, quality of care distinctions between the public and private sector, lack of care for children, and the lack of parity for mental health coverage. The legislative change regarding mental health care that did occur in the 1990s happened in 1996 when Congress passed the Mental Health Parity Act. Although extended by re-passage in 2001, again with the intent to mandate equality in care between physical

and mental health, the MHPA was considered to be fundamentally

flawed. Limitations that experts have pointed out include non-application to the private sector, no specified types of mental care coverage, and if increases of costs to companies were in excess of

1%, compliance was not necessary. And now with President Bush in office, and comments that he made in the spring of 2002 urging greater parity, much remains left unanswered about the direction of future mental health care policy initiatives.

In conclusion, federal government policymaking regarding mental health care in the United States has been shaped by a time of institutionalization followed by a period of rapid de-institutionalization. At present, the issue of mental health care coverage is of tremendous political and economic importance. Given that most health care professionals, scholars, and advocates argue the need for reform, and the fact that more and more Americans believe that they are entitled to affordable coverage that includes mental health care, this is a timely topic for the debate community to explore. Therefore, may our desire for educational development and competitive success once again induce us to continue to engage in the study of history.

Sources Consulted:

Fellin, Phillip. *Mental Health and Mental Illness: Policies, Programs, and Services*. Itasca: F.

E. Peacock Publishers, Inc., 1996.

Mechanic, David. *Mental Health and Social Policy: The Emergence of Managed Care*. Boston:

Allyn and Bacon, 1999.

Thorncraft, Graham and Michelle Tansella. *The Mental Health Care Matrix: A Manual to Improve Services*.

Cambridge: Cambridge University Press, 1999.

Williams, Janet B. W. and Kathleen Ell, ed. *Advances in Mental Health Research: Implications*

for Practice. Washington, D.C.: NASW Press, 1998.

States and Federalism Key Argument Again

David Hager

The States Counterplan and Federalism Disadvantage debate will be a core part of this year's debate topic as a widely used generic negative strategy. Negatives will do their best to specifically link both to all the 1AC's run and affirmatives will be written either to avoid or be offensive against these positions. The best teams will be prepared on both sides of this essential debate.

The strategy finds it's basis in the resolution's mandate, as always, of federal government action and, as usual, its use in an arena not typically controlled by the Feds. Hence, these two off-case positions force an affirmative to analyze why the federal government should be actor used

to improve mental health and not the state governments. For well-prepared teams a surprisingly in-depth debate can occur about how the state and the federal governments have treated health policies in the past and how they could play more important roles in the future. While the States Counterplan is not dramatically different from any other domestic topic—good debates are still to be had over whether or not the states could afford, implement and maintain the 1AC's plan action. Still more arguments will look at a states ability to potentially innovate polices against a states desire to perform the minimum required. The federalism debate this year is made more interesting following Sept. 11. This nation-changing event arguably shifted power again into the hands of the federal government exemplified in airport security. On the other hand, Rehnquist still controls the highest court in the land and he still favors state rights. Federalism uniqueness debates then can come down to which branch of the federal government we look at and to the policies and cases on the horizon. To help students look at all of the above issues and gain a better appreciation for these arguments go back to original sources and analyze as a team the authors intent. Calabresi's article on federalism and the Lopez v. the United States Supreme Court decision is surprisingly laymen in its presentation and looks at the entirety of the states and federalism debate. It also helps students

appreciate the Supreme Courts role in our nation and the effects of politics on the Supreme Court. Encourage your students to read this article and devote some practice time to a discussion of Calbresi's arguments and Wisconsin could see some improved debates on these topics over the next year.

Special Announcements

New Coaches - take advantage of the WDCA mentoring program.

Contact:

New Coaches Committee Chair:

Steve Gargo

Appleton West HS

School: 920-832-4397

Home: 920-730-9136

Gargosteven@asd.k12.wi.us

New coaches and judges handbooks are now available.

Contact:

Roland Faas

West Allis Hale HS

School: 414-604-3200

Home: 414-769-6341

faasr@mail.wawm.k12.wi.us

Need help with novice topic research - check out the "Starter Research Links" under the Research section.