My child has a brain disorder, too

March 1, 2012

Coleen Wilsdon
8452 E Cole Rd
Durand, MI 48429
989-413-3692

My name is Coleen Wilsdon. My son, who is a twin born in 2000, has Mood Disorder NOS and ADHD. In 2006, when my son's behaviors escalated while in kindergarten, we were referred for Mental Health Care through Hurley Psychiatric. Our Blue Cross Blue Shield policy at that time only covered Alcohol and Substance Abuse. In just six short weeks, we incurred several thousand dollars worth of bills due to the lack of coverage for Mental Health care. In addition to the thousands of dollars on outpatient office visits, the medications prescribed to our son were over $350.00 each per month. This forced us to purchase a different insurance package that provided better medication coverage, however, our out of pocket expense for medications continued to be over $100 per prescription per month.

It wasn't long before we realized we simply could not afford our son's Mental Health care due to our lack of coverage and sought care through the local Community Mental Health agency. There we were offered Mental Health services by paying on a sliding fee scale. But even with the sliding scale, we began incurring cost of over $1000 per month for things such as outpatient office visits, psychiatry appointments, medications, sensory equipment, co-pays and insurance premiums.

In 2009, we were notified that due to cuts in funding to the Community Mental Health system, we were no longer able to receive services through our Community Mental Health agency. Around this same time, my husband lost his job. Due to his lack of employment and the huge debt we had incurred seeking Mental Health care for our son, we were forced to file bankruptcy. By this point, we had incurred over $10,000.00 in medical bills for our son's care.

As a result of our bankruptcy and unemployment, we were eligible for Medicaid which allowed our son to access Mental Health care through our Community Mental Health agency again. Fortunately, my husband and I are both working again. Unfortunately, our son will lose his Medicaid eligibility soon and we will be forced to go back to private insurance coverage that offers little to no Mental Health benefits.

Why must my son be forced to go without the Mental Health care he needs due to insurance companies picking and choosing what diagnosis or disorder they will offer coverage for? Why must our family be forced to endure financial hardship simply to provide our son with the service and supports he needs and deserves? Why isn't my son's mental health need for care and coverage just as important as those children who experience Autism? **It is time to end the discrimination and to pass Mental Health Parity for ALL!**

Thank you for your time,

Coleen Wilsdon