Policy Analysis Paper: Mental Illness in the United States and SSDI

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Abstract

This policy analysis explores the social security program labeled Social Security Disability Insurance (SSDI) in relation to mental health disorders in the United States. It considers the eligibility requirements, the delivery and funding, the strengths and weaknesses, its relation to elements of distributive justice, and potential alternative policy recommendations. The program was first introduced in 1956 after the establishment of Social Security by President Dwight Eisenhower. It has since expanded to cover a wider range of individuals, including those with mental disorders diagnoses. While SSDI is a move in the positive direction for those who suffer from mental health disorders, there are still several issues that should be addressed. These include eligibility requirements, wait times, and proof of disability among many other factors.

Keywords: mental health, mental disorder, SSDI, Social Security

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Introduction to Mental Health Issues

In recent decades, mental health issues have become a hot topic in the United States. For a long time, anything beyond physical impairments were not addressed, treated, or diagnosed in the fashion they should have been; they were often brushed to the side. With new research, better social advocacy, and increased access to mental health aid, discussion about the topic has shifted into a better light. Despite this, an alarmingly large number of Americans are affected by mental health issues. Although each disorder differs from one another, the overarching definition of mental illness is “defined as a mental, behavioral, or emotional disorder that can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment” (NIMH, 2021). It is estimated nearly one in every five adults living in the United States suffers from a diagnosed mental disorder. On top of that, many of those people experience more than one as numerous disorders tend to co-occur with others (NAMI, 2021). In addition, it’s estimated around 9.5% of Americans above the age of 18 suffer from a depressive illness and 18% of people ages 18-54 have a diagnosed anxiety disorder (Johns Hopkins Medicine, 2021).

Demographically, those who are a part of the LGBTQ+ community, people who are non-Hispanic mixed/multiracial, and women have higher rates of mental illness prevalence than other groups (NAMI, 2021). Although the previously presented statistics spoke about adults, anyone can be affected by mental illness. No age, race, gender, sexuality, or any other factor causes one to be exempt from the potential of said illnesses. In the “youth” age group - those who are six to 17 years old - it’s approximated that every one in six people experience a mental health disorder. More specifically, individuals who are 18 years old have the highest rates of mental illness with a percentage of 29.4 (NIMH, 2021). Unfortunately, suicide is also listed as the second leading cause of death in the United States for those aged 10 to 34 years old (NAMI, 2021). When looking at most demographics, the maximum number of people suffering from mental illness that actually receive treatment falls under 50%. Quite frequently, the numbers are much lower for varying races, sexualities, and social classes (NAMI, 2021). For example, a homosexual, African American male who lives below the poverty line would be significantly less likely to receive proper treatment than a heterosexual, wealthy, White male. This is likely due to the United States' long history with the mistreatment of minority groups.

Research has shown those living in a lower social class (specifically those in poverty) have a higher chance of suffering from depression and anxiety. Often, these people reside in rural areas as there's a strong correlation between poverty and rural land (APA, 2003).
This precedent is incredibly unfortunate as mental illness tends to have a negative ripple effect on one's life when not treated. Increased rates of mental illness have a clear connection to substance abuse disorders, unemployment, a lack of education, behavioral concerns, and suicide (NAMI, 2021). When looking at children, the damages of mental health issues can have lifelong effects if not properly managed. For many, the appropriate funding or resources simply do not exist where they reside. Rural areas often have limited access to services in comparison to more populous ones. This creates a lack of resources beyond what is deemed by society as a requirement to survive and often eliminates the possibility of mental health aid. The United States is still in dire need of expansion for mental health issues in both funding and resources.

Current Policy Provisions Overview

Currently, there are several programs, bills, and resources available to those suffering from mental health issues. There's no denying those who are diagnosed, or undiagnosed, deserve proper funding and treatment to aid with their health. One program that aims to provide financial assistance to those who are unable to work due to their diagnosis is the Supplemental Security Disability Insurance (SSDI). This program was first enacted in 1956 to aid those experiencing a disability who have also shown previous work experience in their lifetime. In terms of SSDI, the term disability is defined as “inability to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that is expected to last at least 12 months or end in death” (NCPSSM, n.d.). These disabilities can range from any sort of mental or physical variety as long as they are documented in medical records with a clear diagnosis. Nearly one in five of those who receive SSDI benefits utilize them for mental health issues; amounting to nearly 2 million people (NAMI, 2021). Looking at these numbers, it’s quite evident that the need for programs like SSDI are essential in the United States for those suffering from mental health issues.

Eligibility Requirements

The eligibility requirements for SSDI are moderately more specific than other social security programs. Those who apply must have some sort of physical or mental disability that prevents them from working, which in this scenario would be a mental one. They must also have prior work credits from a former employer or their own employment. These work credits are determined based on the number of years that one has been employed and their current age (Bauer, 2021). For example, a 50-year-old applying must have worked five out of the past 10 years to be eligible. Additionally, those who are younger have fewer work requirements due to having less potential time in the workforce (NCPSSM, n.d.). It’s important to note those with temporary disabilities cannot receive SSDI benefits, and it’s required that medical documentation be submitted with one’s original application (Bauer, 2021). While those applying may feel as though they meet all the eligibility requirements, there is no guarantee they will be accepted to receive benefits. In the end, it is up to the government's discretion to determine who receives aid from the program. If someone believes they were wrongfully denied, they can contact advocates for Social Security benefits who will represent them legally. One organization that aids with this is the National Organization of Social Security Claimants Representatives (Bauer, 2021).

Delivery and Funding of SSDI

Those who qualify start receiving their benefits five to six months following their application submission and the average payment is $1,128 monthly with the maximum payment being $3,148 (Bauer, 2021). When a person has a spouse or dependents, the amount they receive will be higher than those who do not. There is a five-month waiting period following one's original application, however, approval can sometimes take longer than this allotted time. Additionally, people are not able to apply for SSDI until they are fully diagnosed and able to provide medical documentation. For example, if someone has a life-altering surgery scheduled months ahead, they are not able to apply for benefits until the surgery is completed and the patient is fully considered unable to work. In addition to the cash benefits, those who receive SSDI also automatically qualify for Medicare after 24 months (Bauer, 2021).

Because SSDI is a social security program, it's primarily funded by taxpayer dollars, specifically payroll tax. Historically, all Social Security programs are funded by the people living in the United States after Franklin D. Roosevelt established the program in the 1935 as a solution to old age pension. Over the years, the program has expanded to increase the amount and range of benefits given to those living in the United States. This includes subprograms such as SSI, Medicare, Medicaid, and unemployment insurance. It's assumed that people who pay into Social Security will eventually receive said benefits back later on in life. SSDI is financed by the SSDI Trust Fund which was created to fund Social Security programs along with the Old-Age and

Survivors Insurance Trust Fund (NCPSSM, n.d.). As explained above, the benefits for this program are provided as cash payments to those who qualify; they are tangible ones. Those who receive money can get it via a monthly direct deposit or check.

Strengths and Weaknesses

SSDI provides a stable income to many people who are unable to work in the United States. Each month, those who qualify receive cash benefits that on average range from $1,000 to $3,000. This money is essential for those who are unable to provide for themselves and their family due to some sort of disability. Unfortunately, not everyone has the opportunity to join the workforce regardless of how motivated they are to support themselves and those around them. Some disabilities, whether they be mental or physical, are simply unavoidable and can truly prohibit someone from bringing in an income via work. It has been statistically proven that increased funding to those living in poverty can help alleviate mental health issues like depression and anxiety as it assists in taking some of the burden off of one’s shoulders (APA, 2003). Because of this, it is essential that programs like SSDI exist for those in need.

Currently, SSDI provides benefits to about 8.2 million people and the range of ages are quite broad (CBPP, 2021). These benefits are given to those who are disabled; however, they also benefit said person’s spouse and dependents. For many families, this is the main income they receive in order to feed, bathe, clothe, house, and educate themselves. Another positive aspect of the program is that receiving SSDI benefits does not make anyone ineligible to receive private benefits simultaneously. Those who are accepted can still receive payments from their private disability insurance as well (SSDA USA, 2017). Presently, there are many programs that limit the amount of funding people can receive from other sources which has a negative effect on those in the disabled community. With SSDI, this worry does not exist as the program's intentions are not to limit the amount of aid or number of places that one receives aid from.

Unfortunately, SSDI is not a perfect program; there are still many tweaks that could be made to get assistance sent out in a fairer, quicker, and better fashion. To begin, the waiting period to apply for SSDI benefits is a minimum of five months, and quite often, it ends up being longer than this (Bauer, 2021). Although you may currently be diagnosed with a mental disorder that causes an inability to work, it might be a very long time until you begin to see benefits from the program. Not only is the wait time long, the process of obtaining medical documentation to prove one's mental illness is time consuming and expensive. Another limitation that could be considered a weakness of the program is the idea that those applying must have a permanent disability; temporary ones do not qualify under any circumstances (CBPP, 2021). All mental disorders are different; some cause daily issues where others cause issues for limited periods of time. For example, a person suffering from depression or bipolar disorder can have episodes that last for months, and although these can potentially put a person out of work, they might not qualify them for SSDI benefits. Lastly, SSDI completely prohibits the beneficiaries from working in any fashion. As explained previously, the benefits are provided to those who are unable to work, however, it limits a person's chance to re-enter the workforce while still receiving payments as a backup.

Elements of Distributive Justice

Currently, the equality of the policy provisions needs some improvement. Not everyone who is in need of aid actually receives acceptance into the program resulting in an imperfect system. In terms of equity, however, the policy provisions are much better. Individuals receive different amounts which are calculated in different fashions (depending on the number of dependents you have, etc.). Although this system likely is not perfect in terms of distributing funds, it allows room for people to receive more funding when needed. Lastly, the adequacy of the current policy provisions is also far from perfect. There are much higher rates in terms of those who apply for the SSDI compared to those who actually receive benefits. In the early 2000s, it was estimated that nearly 53% of SSDI applications were denied (SSA, 2011). More adequate funding is needed by the government in order to ensure everyone gets the benefits they deserve.

Alternative Policy Recommendations

Although SSDI effectively provides much needed benefits to many people in the United States, there still is drastic room for improvement. To begin, not everyone is aware of the different types of benefits available from the government. Many do not understand that having a mental illness qualifies one for several of the same benefits that physical disabilities supply. For a long period of time, only physical disabilities were treated as reasons why one cannot enter the workforce; however, with changing times it is essential that the government makes people aware of their options. Increased education about mental disabilities as well as increased access to applications and information on programs like SSDI are some small changes that can easily be implemented at the state and federal level. Fliers, brochures, and other forms to spread information should be readily available in public places like community centers, mental health clinics, schools, hospitals, and more. Doing so increases the adequacy by making the program more well-known and available, the equality and equity by evening out the playing field on who has access to the information in a fairer manner.

In recent years, the government proposed the idea that those receiving SSDI benefits should be required to regularly demonstrate their physical or mental disability preventing them from working has not improved. The Social Security Administration presented this as a way to save money on the benefits provided, estimating that it could cost them $2.6 billion less than during a nine-year period from 2020 to 2029 (Botella, 2020). This proposition is quite alarming as these medical audits could easily cause deserving people to be removed from the program. Having to continuously prove that one is still disabled and unable to work is a burden and causes emotional trauma for those involved. Imagine having to relieve strong feelings you experienced at your diagnosis every year just to prove to the government that you are still qualified for aid.

In order to enter the program, one must prove they have a lifelong disability that prohibits them from working, so why would there be a need for these check-ins? Mental illnesses, in particular, is something that is experienced for life. It can be treated with medication, therapy, and other interventions; however, this is not a complete fix for the vast majority of people. Because of this, it would be very beneficial to limit rules and regulations that could potentially prevent someone from receiving their much-needed benefits once they have already qualified. The application process, the waiting period, and the need for proof of diagnosis are already burdensome enough; there simply is no reason to make things more difficult. In general, making these changes increases the equality and equity of the policy by making it more accessible and removing some potential barriers one may face when attempting to stay in the program. It does not, however, necessarily shift the adequacy of the program in a drastic way.

In summary, the creation and expansion of SSDI in the United States is a move in the right direction. As explained in the policy analysis, however, there is still room for drastic transformations within the program. Evaluating wait times, proof of disability, and eligibility requirements would be a crucial starting point to enact change.

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