

Defining Key Concepts: Access, Coverage, and Standards

ACCESS:

Access is a complex concept associated with several features: adequacy of supply, affordability of services, geographic accessibility to facilities and clinicians, and social acceptability of services. Mental health care in the U.S. falls short of providing full access in a number of ways:

1. Individuals often have to wait too long for care;
2. "Service deserts" across the country make it difficult for people to get to treatment locations;
3. Coverage is often inadequate where services are denied or people are asked to pay out of pocket for care;
4. There is a dearth in the availability of culturally and linguistically competent mental health and addiction services and clinicians accessible to racial and ethnic minorities; and,
5. We are missing key opportunities to reach more individuals through the workplace, judicial system, education system, and health systems.

If we are serious about our national commitment to support mental health, we must consider novel approaches to increase access to supportive community-based resources and clinical services rather than simply depending on a referral to a mental health specialist.

Redistributing mental health clinicians throughout the health care system and emphasizing community peer support networks can provide more timely access. Investments that strengthen underlying community environments can further promote optimal mental health and well-being.

Considering mental health services remain unaffordable for many people, and that community-level investments remain nominal, these issues will require a new and bold strategy to improve upon long-standing, entrenched conditions. Achieving optimal well-being is enhanced through supportive social, physical, and economic community environments and the availability of affordable, culturally and linguistically appropriate clinicians and services to navigate challenges.

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COVERAGE:

Being underinsured or uninsured is another foundational barrier to receiving mental health and addiction treatment. **Forty-two percent of the population** reported that lack of insurance coverage prevented them from seeking mental health care in 2018, with **one-in-five survey respondents** saying they had to choose between physical and mental health care for financial reasons.



Despite federal laws that require most health insurers to cover physical and mental health conditions at the same level, lack of enforcement has allowed these companies to skimp on benefits. A 2017 Milliman analysis using 2015 data found that mental health was provided out-of-network four to six times as often as medical care.¹

Full coverage goes beyond ensuring that public and private insurance companies reimburse all necessary mental and physical health care at fair rates, it means ensuring all Americans have access to affordable and comprehensive health insurance.

Many groups are at disproportionate risk of being uninsured, lacking access to care, and experiencing worse health outcomes. For example, people of color and low-income individuals are more likely to be uninsured, face barriers to accessing care, and have higher rates of certain conditions compared to whites and those at higher incomes. Despite major gains stemming from the Affordable Care Act (ACA), one-in-10 nonelderly Americans is uninsured.²

STANDARDS:

Improving mental health care relies on implementing high standards of care. This includes standardizing quality across locations and populations. Low-income people and rural residents should receive the same high quality of care as wealthier people or those living in cities. This also means developing and distributing care guidelines that provide the most up-to-date, evidence-based treatment information to mental health clinicians. One tenth of psychiatric patients discharged from hospitals are readmitted within 30 days, suggesting unmet needs and poor transitions between hospitals and community care clinicians.³

One central component of ramping up mental health care quality is integrating mental and physical health care into a single, whole-person oriented system.

A plethora of studies and research on integrated care shows that coordinated, co-located, and fully integrated care reduces morbidity and mortality from both psychiatric and physical conditions, cuts down on overall health care costs, and improves patient satisfaction and happiness.

1 Jenny Gold, "Health Insurers Are Still Skimping On Mental Health Coverage," NPR.org, accessed June 14, 2019, <https://www.npr.org/sections/health-shots/2017/11/29/567264925/health-insurers-are-still-skimping-on-mental-health-coverage>.

2 2018, "Key Facts about the Uninsured Population," The Henry J. Kaiser Family Foundation (blog), December 7, 2018, <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.

3 Rabah Kamal, "What Are the Current Costs and Outcomes Related to Mental Health and Substance Use Disorders?," Peterson-Kaiser Health System Tracker (blog), accessed June 14, 2019, <https://www.healthsystemtracker.org/chart-collection/current-costs-outcomes-related-mental-health-substance-abuse-disorders/>.