

**Access To Care Policy Brief:**  
*Increasing Utilization of Available Mental Health Services*  
**June 2014**  
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**Policy Summary:** The proposed policy requires insurers to reimburse for efforts that increase a referred individual's likelihood to access treatment. Specifically, this policy covers outreach and education efforts as outlined in this brief.

**Executive Summary:**

Mental Health Care is emerging as one of the top health care concerns facing our nation today. However, according to researchers Guck and Guck of Creighton University School of Medicine, up to 75% of individuals referred to mental health services do not access care.<sup>1</sup> While Massachusetts has made significant strides forward in expansion and eligibility of mental health services through the Children's Behavioral Health Initiative and Health Care Reform, the majority of individuals identified as in need of services and referred to a mental health center continue to not access services.

By providing reimbursement for outreach and education in order to facilitate follow through of a referral to mental health services, this policy will help increase access rates by eliminating the barriers experienced by both clients and providers. Critically, increased access to mental health services has been shown to decrease medical costs<sup>2</sup>, increase days at work<sup>3</sup>, and decrease the cost to society of caring for those with untreated mental health needs.<sup>4</sup> This policy proposes that health insurance companies include outreach and follow-up as billable hours eligible for reimbursement. Mental health care clinicians as well as designated outreach and administrative staff hours would be covered by this policy, billable at the standard rate for each respective position.

## Clarifying the Problem

### *Barriers to Accessing Mental Health Care*

Currently, the typical process for accessing mental health care is for an individual to call a mental health clinic or individual provider and request services. However, research has shown that in outpatient mental health settings 30% to 75% of individuals do not keep their initial appointments and 20%-60% of those who attend their first appointment fail to keep their follow up appointment.<sup>5</sup> Importantly, our data from local mental health providers and schools corroborates with this data: while individuals may agree to care they typically do not follow through. Critically, data from Pilot Programs demonstrates that when outreach is performed immediately following a referral, access to services increases.<sup>6</sup> Additionally, studies have shown that education increases initiation rates.<sup>7</sup>

**1) Attitudinal Barriers:** According to a study published in 2007, titled "Perceived Barriers to Mental Health Service Utilization in the United States, Ontario and the Netherlands," and to "Barriers to Mental Health Treatment: Results from the national Comorbidity Survey Replication" published in 2011 in the *Journal of Psychological Medicine*, attitudinal barriers, not structural barriers such as transportation, were one of the primary reasons Americans self-reported that they do not seek mental health care. These attitudinal barriers included:

- Believing that the mental illness will resolve on its own;
- Not understanding that psychiatric care is beneficial;
- Stigma regarding the mentally ill and fear that these negative stereotypes could damage their careers or relationships;
- Embarrassment and fear of what others may think if they use services.

**2) Mental Health Symptoms as Barriers:** Along with attitudinal barriers, a multi-disciplinary team with the Forensic Psychiatric Services Commission of the Victoria Regional Clinic, and the University of Victoria, Canada also found that the symptoms of mental illness itself create barriers to access. For example:

- An individual suffering from paranoia often has great difficulty trusting others, often experiencing difficulty making phone calls and meeting new people.

- An individual suffering from depression typically lacks motivation, feels they are not worth anyone's effort, and believes therapy is hopeless.
- Additionally, these mental health symptoms also create barriers to carrying out the logistical requirements of signing up for health insurance, arranging transportation and scheduling an appointment.

**3) Health Insurance Barriers:** Currently, insurance and state funding only cover hours for appointments kept as billable<sup>8</sup>, leaving a large void in funding for hours spent outside of a clinical session. In fact insurers and mental health providers are:

- Not held accountable or incentivized to track the number of individuals referred to mental health services.
- Not incentivized to engage those who are referred to access services.
- Not reimbursed for no-shows.
- Reimbursed only for on site clinical services.

### **Societal Cost of Untreated Mental Illness:**

- Nearly 50% of long-term absences from work are due to mental health issues including depression and anxiety disorders.<sup>9</sup>
- Individuals living with mental illness have an increased risk for medical illnesses including heart disease, diabetes and high cholesterol.<sup>10</sup>
- Suicide is the 6<sup>th</sup> leading cause of death in the USA and over 90% of those who die by suicide either had depression or other mental health disorder.<sup>11</sup>
- Individuals with untreated psychiatric illness spend 2x as much time in jail as mentally health individuals.<sup>12</sup>
- Psychotherapy decreases the use of medical care, reducing total medical visits and cost of medical care.<sup>13</sup>
- School social workers and teachers spend a disproportionate amount of time with students and families with untreated mental health issues.

## Policy Details

Insurers must provide reimbursement for educational, logistical and motivational supports to individuals who have been referred for mental health services. Activities to be covered by insurance include:

- Outreach through phone and home visits to support referred individuals through the intake process. This outreach would address the barriers created by both the mental health symptoms themselves as well as the attitudinal barriers described earlier.
- Education for potential clients on the impacts of untreated mental health symptoms and on the proven efficacy of clinical services. Education will also address the attitudinal barriers to access of mental health services.
- Phone calls and home visits that build relationships and trust and proactively encourage attendance and participation in treatment.
- Assistance with arrangement of transportation and other logistical and structural barriers to access such as childcare and fear of large groups which discourage participation.

### Local Provider Testimonials:

- Local Therapists serving Framingham and Marlboro report a no show rate of 40% with a decrease in no-show rate once a therapeutic relationship is established.
- “I really struggle with getting families to start. I find once the first session has been accomplished clinicians and families hang in there” at a higher rate. My families with greatest need and who require the most time from me are those who do not follow through on my referrals” *School Social Worker, Framingham Public Schools*
- Advocates Inc. 2013 no-show intake rate was 50%. No –Show and cancellation rate once an individual has started therapy is 30%.
- “It is families who are homeless, have experienced extreme stress and adversity who I find have the most difficulty initiating services.” Framingham Public Schools Social Worker
- Local Call to Talk helpline worker “We hear over and over how individuals often struggle with the process of getting started or restarted with therapy. They are just so stuck”

**Case Profile:**

Martha is always late for school. The school has discussed attendance concerns with Mom several times and, concerned about depression and other mental health needs, the school social worker has made multiple referrals for both the student and Mom to the local mental health clinic. However, Mom has never gotten further than calling to schedule an appointment.

Fortunately, the local mental health center was just accepted as a pilot program for funding for outreach to individuals who have not initiated access to mental health services. Upon the visit that morning the school called the agency again to make the referral and the agency was able to follow up that morning with a phone call and home visit to the family.

The first 3 meetings between the therapist and the mother occurred at her apartment and focused primarily on education and creating a logistical plan for getting to a therapy session. By the 3rd week the mother trusted the therapist and made it to her first session at the mental health clinic. This is one of many similar cases where an individual in need of mental health care would not have accessed available services without this type of additional outreach and follow-up.

**Conclusion:** Access to care requires both the provision of available services and the removal of barriers to utilization of those services. This policy will help address some of the documented barriers for both providers and individuals in need of mental health services. By reimbursing outreach and follow-up to those referred individuals, insurance companies will increase access rates as well as successful treatment rates, while decreasing the long-term societal costs associated with untreated mental illness.

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## Endnotes:

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