



Whole Health Campaign Policy Brief:

Access: A crucial aspect of health reform for people with mental and substance use conditions

Access for people with mental and substance use conditions must be based upon affordable, effective, timely and culturally competent treatment.

Access to coverage

Aim for universality is one of the eight principles that President Obama set out to guide national health reform. More than one-third of people with serious mental illnesses and addictions have no health insurance coverage, twice the national rate of the uninsured. Without financially accessible care, people with mental and substance use condition may never recover from these potentially devastating conditions.

The Federal parity health insurance laws require that employment-based health insurance for companies of 50 or more employees, Medicaid and the State Children's Health Insurance Program must cover treatment for mental illnesses and addictions the same as other illnesses. A law passed by Congress in 2008 will require Medicare to cover mental health treatment at parity within six years. But these laws leave major gaps in financial accessibility. The new parity laws will do nothing for the 35% of the mentally ill who have no insurance coverage. Those who work for small companies or who buy individual health insurance will not be covered. The importance of financial accessibility of treatment for mental and substance use conditions for all Americans becomes stark in a comparison of the likelihood that people will receive treatment for serious illnesses. Major depression is recognized and treated about 45% of the time and alcohol dependence less than 10% of the time. Contrast that to diabetes, which is detected and actively treated in 65% of cases and hypertension in 70%.

A consequence of unequal coverage is that people with serious mental illnesses die 25 years younger than their peers from cardiovascular disorders, diabetes, cancer and infectious diseases. Alcohol and drug use directly leads to more than 85,000 deaths annually. Access to insurance coverage is a life and death issue.

Geographic and Cultural Access:

But, access to treatment for mental and substance use conditions involves more than the removal of financial barriers. It must also include access to care that a person with these diseases can get to. The Health Resources and Services Administration estimates that 77 million Americans live in mental health workforce shortage areas. More than half of all US counties, most of them rural and frontier counties, have no mental health professionals at all. The nation's mental health and substance abuse workforce is primarily White, and does not reflect the racial diversity of people who need care. The

Surgeon General reported that people of color with mental and substance use conditions were less likely to get care, less likely to have their problems identified and treated early in the disease processes, more likely to start treatment under legal duress, less likely to receive more the most current medications and treatments, and experienced worse outcomes than Caucasians with the same illnesses. In our diverse, multi-cultural, multi-racial nation, treatment for mental and substance use conditions has not kept up.

Access to Effective Treatment:

Access to effective treatment means that people with mental illnesses and addictions can receive care from primary care and specialty care physicians and health care professionals trained and skilled to identify and treat mental illnesses and addictions. But according to research by RAND into the quality of everyday medical treatment provided by primary care physicians, the discrepancy between professional standards of practice and actual care delivered was greatest for people with alcohol dependence. Treatment for alcohol problems was 25th of 25 conditions studied. Depression was 17th of 25. Although there has been a rapid expansion of depression care in primary care over the past decade, only two in five one depressed patient treated by primary care received even minimally adequate care.

People with mental and substance use conditions often have complex medical and psychiatric conditions. More than half of adults with the most serious mental illnesses such as schizophrenia, bipolar disorder or major depression, also have serious alcohol or drug problems and have one or more chronic medical condition and must not only have access to specialty care but available primary care. . Rates of nicotine addiction exceed 80% among people with serious mental illnesses and addiction.

Recommendations

Whatever form that national health reform takes, every segment of the nation should have access to mental and substance use treatment that is affordable.

As coverage and payment reforms are crafted, prevention, early intervention, treatment and recovery supports must be financially accessible equally for medical, mental health, and substance use conditions

There is great need to expand primary care and behavioral health workforce training programs to support greater cultural and ethnic diversity, and to create incentives to practice in rural and medically underserved geographic areas, and with populations that presently have unequal access.

Racial and ethnic groups, rural and inner-city populations, children and the elderly do not have equal access to mental and substance use care now. In health reform, we must work to assure that these disparities do not persist.

Access to effective care: Reform must design continuous quality improvement into the new care systems.

Reform of payments and incentives must support evidence based practices in primary care and specialty care.

Primary care and specialist medical providers must be trained and competent to screen, manage or refer for mental illnesses and addictions, and commonly co-occurring behavioral and medical complications.

Specific Reform Recommendations on Mental Health and Substance Use Care and Prevention

Three documents have been prepared to define in detail the specific recommendations of the mental health and substance use fields around national health reform. These three documents are:

Benefit Design and Delivery of Care
Reforming the Healthcare Delivery System
Wellness Promotion and Chronic Disease Prevention Initiatives

We will be glad to provide either an e-version or paper copy of each of these documents.

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