

Mental Health, Communities, and Families

- Aim: Assess Mental Care in the U.S.
1950-2000
Efficiency - Access - Fairness
- Describe the current mental health
services system

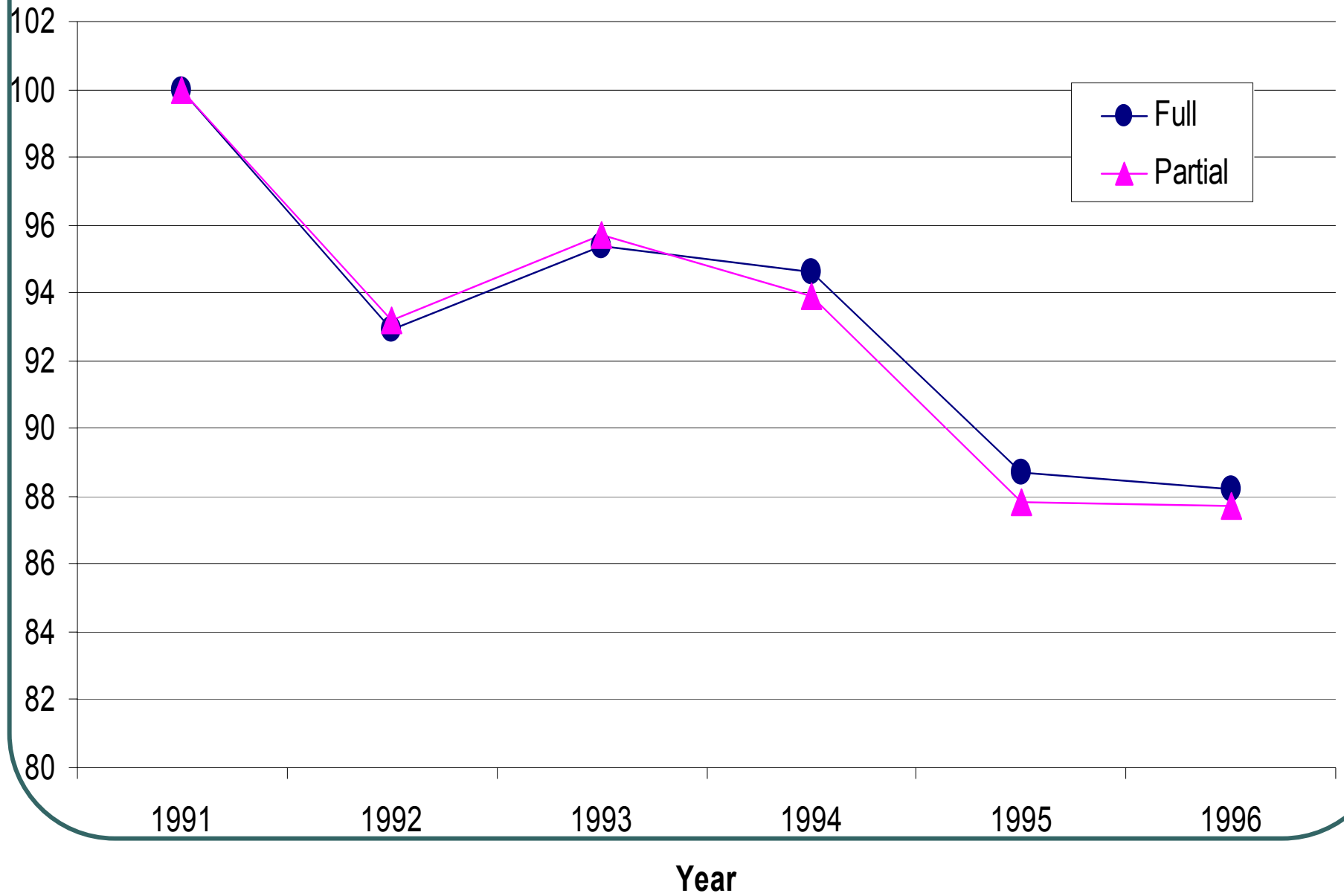
Efficiency of Treatment for Depression

- What has happened to the cost of getting people with depression better?
 - Mac Arthur-funded project developed complex methodology to address this question.

Measuring Outcome

- Approach: Use Literature and Expert Judgment to Estimate Outcomes
- 2 Stage Delphi Process
 - Describe Actual Patterns of Care
 - Rate Expected Outcomes

Index for Price of Acheiving Full Remission and Partial Remission



Efficiency in Practice

- Treatments work across a broad range of similar problems.
- Treatments work across a broad range of patients.
- Treatments are increasingly easy to administer.

Access to Mental Health Care

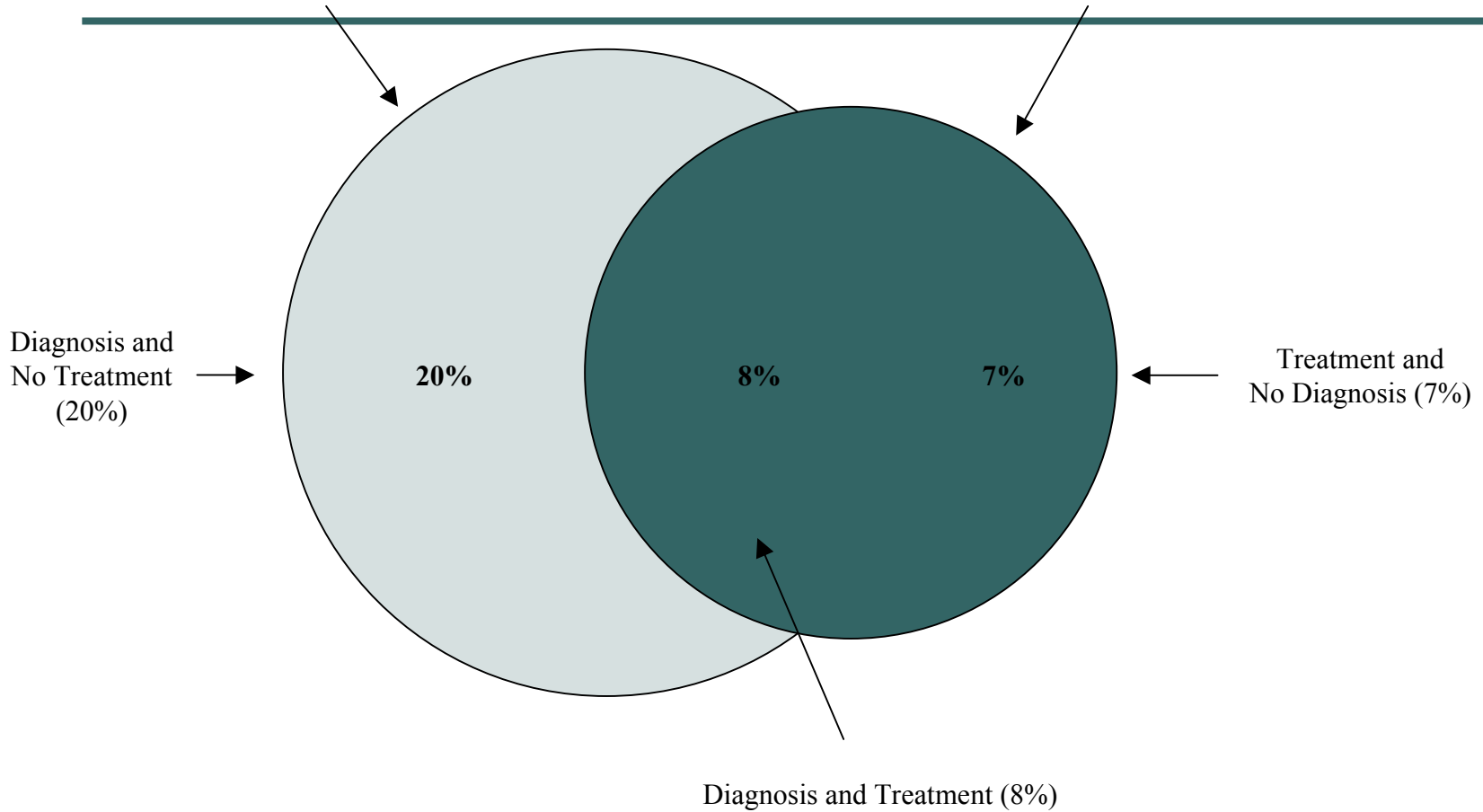
- Key Indicators

- Percentage of population receiving treatment over time
- Types of treatment received (quality)
- Insurance coverage
- Fairness – equity in care

ADULTS

**Percent of Population (28%)
With Mental/Addictive Disorders
(in one year)**

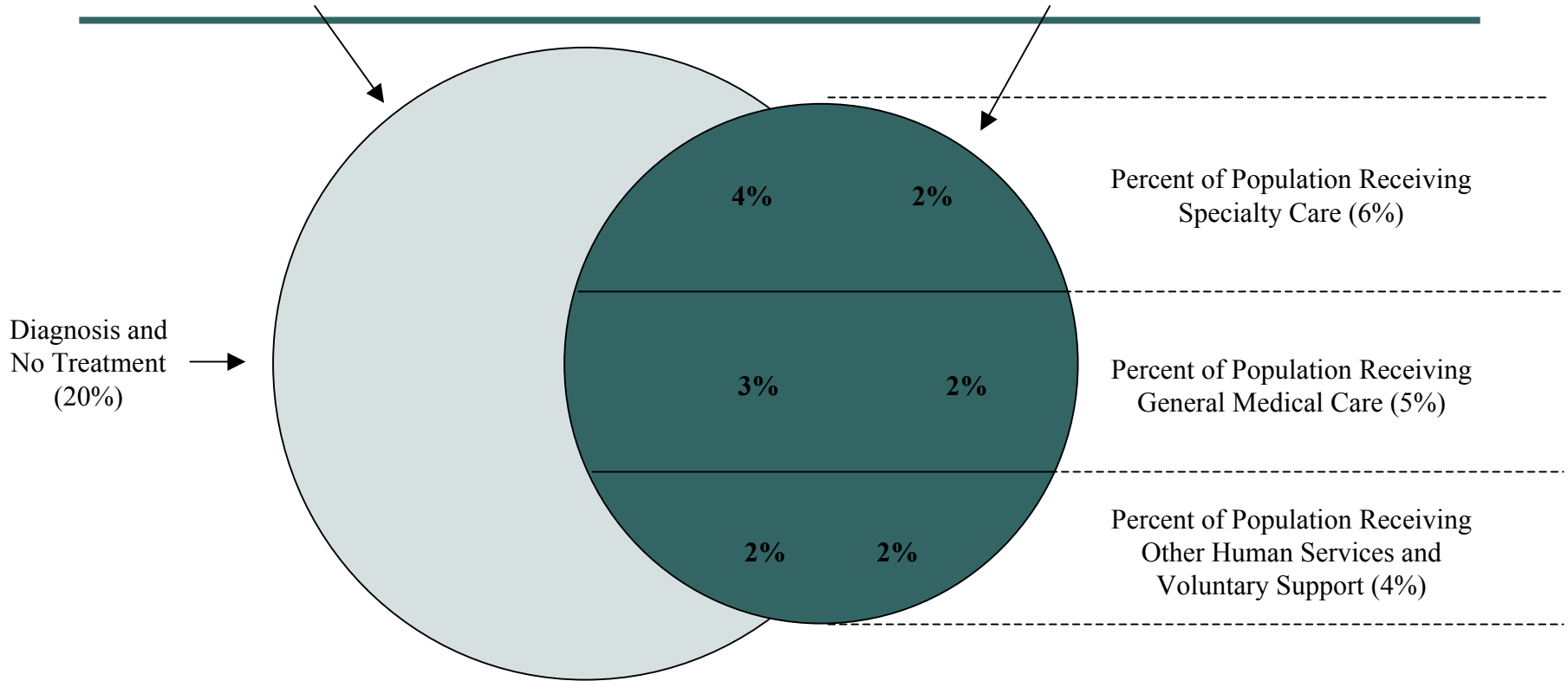
**Percent of Population (15%)
Receiving Mental Health Services
(in one year)**



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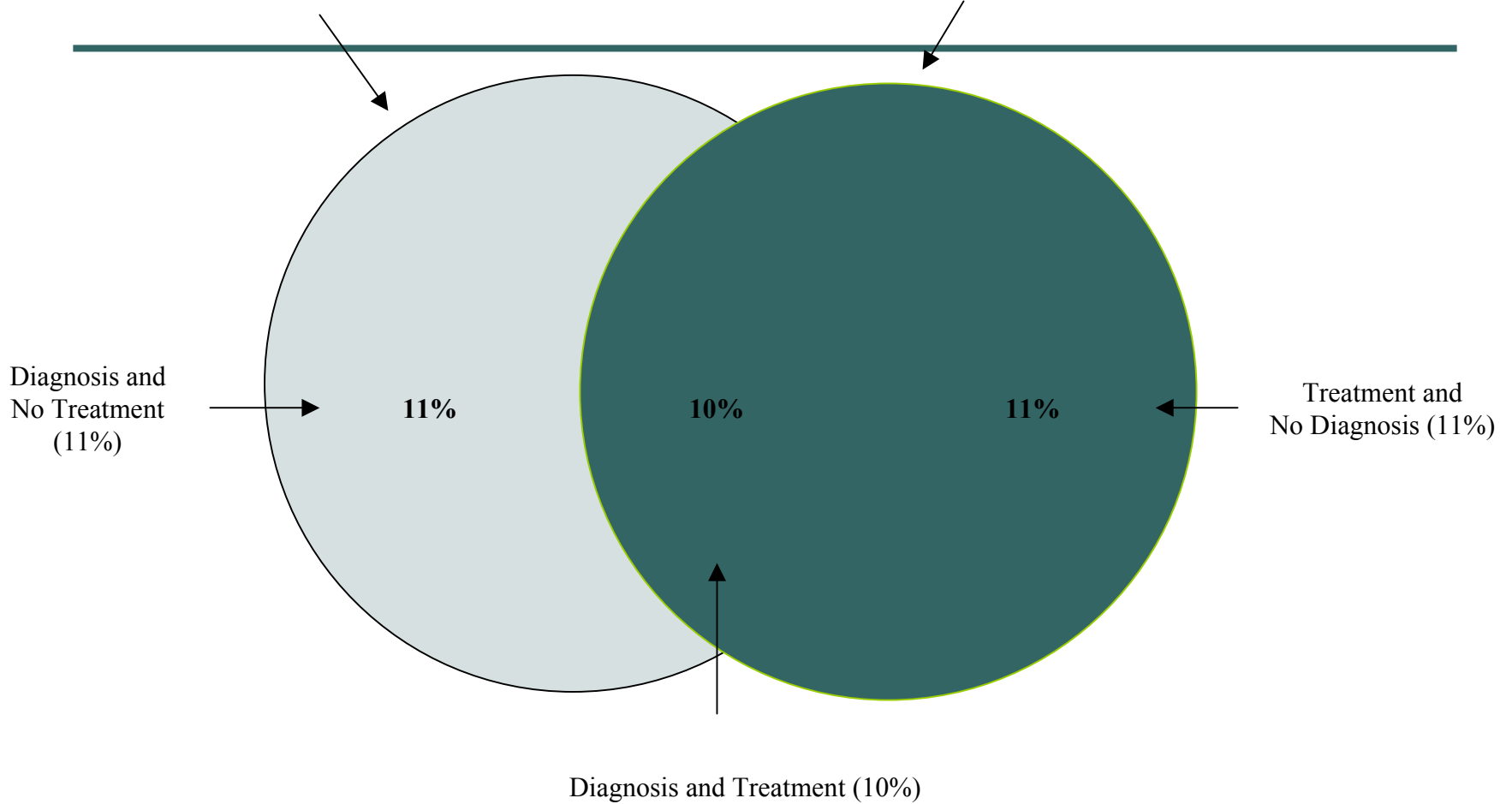
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CHILDREN AND YOUTH

**Percent of Population (21%)
With Mental/Addictive Disorders
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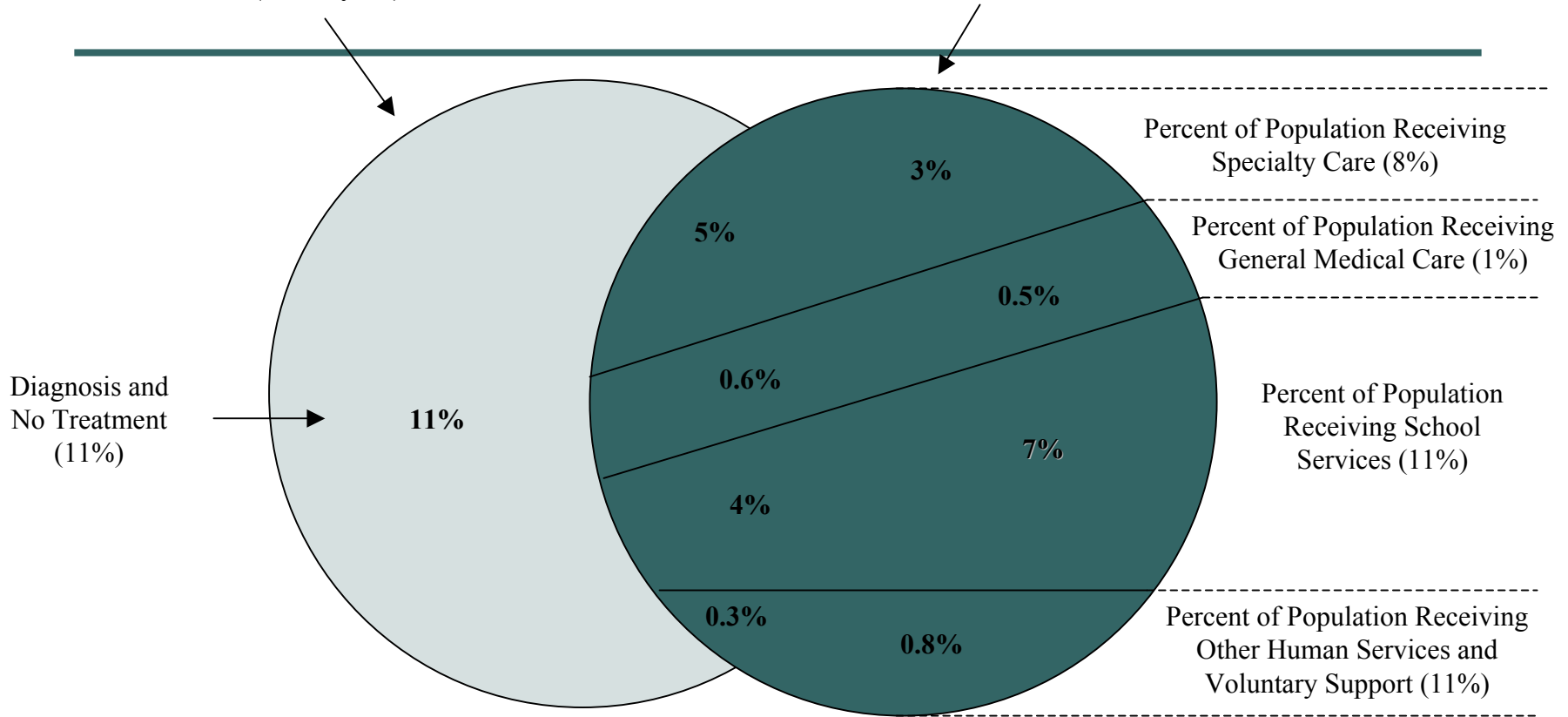
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CHILDREN AND YOUTH

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**Percent of Population (21%)
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Summary of Disorders/Care

- Many with disorders do not get care.
- Many without disorders get care.
- Some represents difficulties getting care to those in need.
- Some represents poor measurement.

Adults 19-64 with Diagnosed Psychiatric Disorder

	1977	1987	1996
All	5.17	4.78	7.73
Private	5.00	4.62	7.54
Public	10.52	10.58	17.68

Adults with Access Diagnosis by Rx

	1977	1987	1996
All Adults	5.2	4.8	7.7
No Rx	1.9	2.2	1.8
Rx	3.3	2.6	5.9

Spending and utilization.

	1977	1987	1996
Spending	\$759	\$1539	\$1185
MD Visits	1.9	5.0	3.6
Non MD	0.6	1.8	1.7
Rx	3.3	1.8	7.5
Inpatient \$	\$446	\$715	\$417

Observations on Patterns of Care 1977-1996

- Mental health spending doubled 1977-1987 and fell 23% 1987-1996
- All types of service utilization increased 1977-1987; All services except for prescription drugs fell 1987-1996
- Three fold increase in non-MD provider visits 1977-1987; remained constant since
- Big reductions in inpatient utilization and spending 1987-1996

Financial Protection

- How is insurance protecting people with mental health care needs from financial risk?
- Indicators
 - Level of Coverage
 - Out of Pocket Burden

Level of Coverage

Increasing number of uninsured in general population

- 10 million ↑ between 1987 and 2000
- Percent of those with a diagnosis who were uninsured:
 - 1977-87 – 10%
 - 1996 – 13.2%

Financial Protection

- Out of Pocket MH Costs 1987⇒24%
- Out of Pocket MH Costs 1996⇒21%
- All services experienced reduced cost sharing
- Cost sharing drugs fell from 68% in 1977 to 34% in 1996
- Cost sharing inpatient care fell from 12% in 1977 to 3% in 1996

Explanation

- Total cost sharing fell less than components because of large shift away from well to less completely insured services
 - Lower length of hospital stays
 - increased medications
- Managed care reduces cost sharing

Drivers of Changes

- Changing perception of illness and treatment
 - Technology – **user friends**
 - **Exnovation**
- Expansion in Health Insurance for Mental Health Care
 - State mandates-parity legislation
 - Growth of drug coverage outside MH
- Managed Behavioral Health Care
 - Lower Out-of-Pocket Costs
 - Utilization and cost control

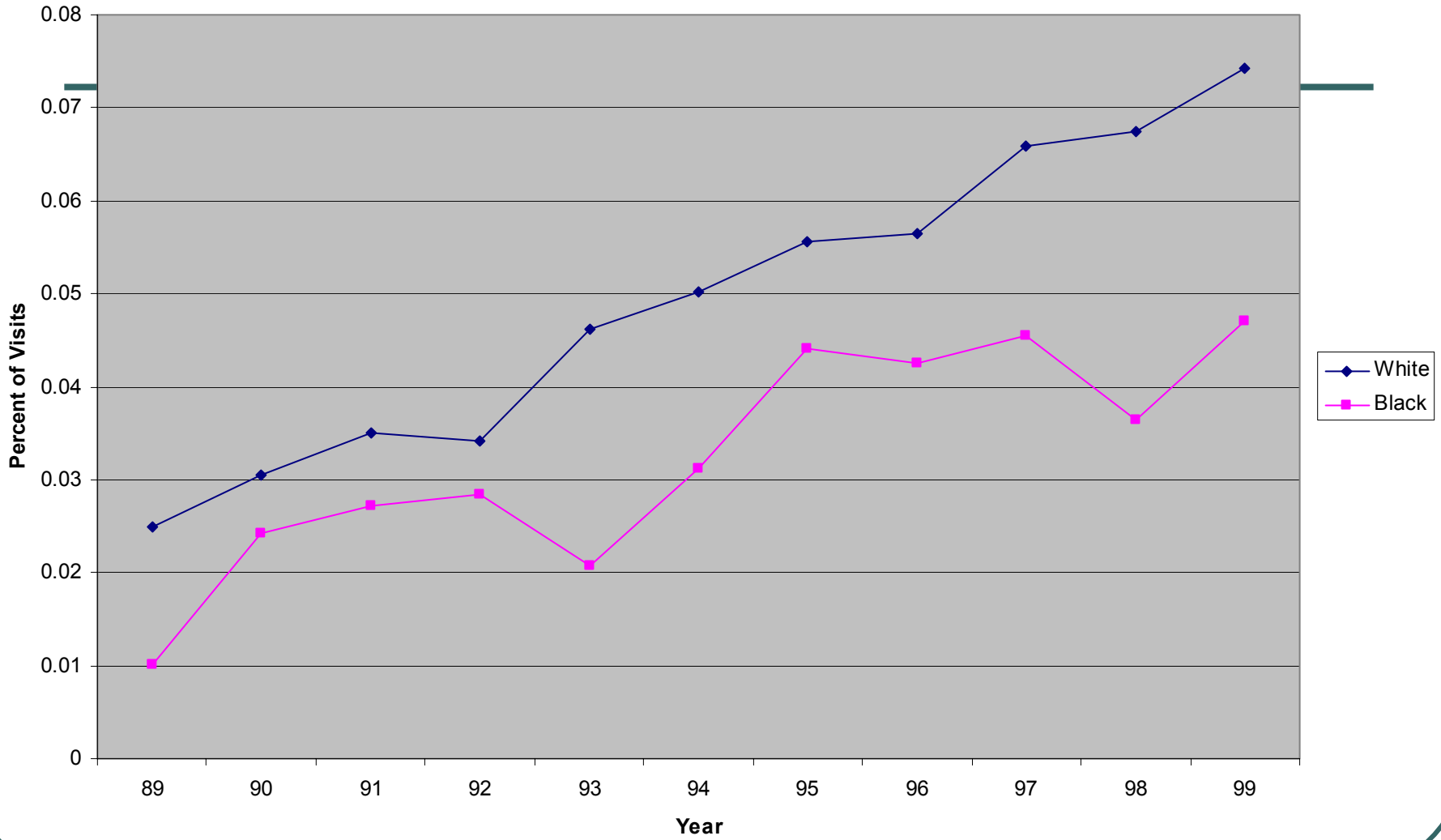
Conclusions - access

- More people getting care
- Less out-of-pocket expense
- Shift of services to medications
- Shift away from hospital care
- No care for many uninsured

Fairness of Care

- **Uninsured**
 - 25% African Americans
 - 24% American Indians/Alaskan Natives
 - 21% Asian Americans
 - 37% Latinos
 - 15% White
- **Public sector limited to SMI**

Antidepressant Medications Prescribed



Conclusions

- Externality – community/family benefits but managed care pays.
- Stigma lowers support.
- Mental health services are provided largely in non-mental health – primary care, jails, schools, etc.
- Medicaid influences not mental health.

Changes needed in mental health care:

- Integration into broader packages of care – appropriate overseers.
- More support for care.
- More early and preventive interventions for children.
- Care given in accessible settings.
- Evidence-based care in practice.