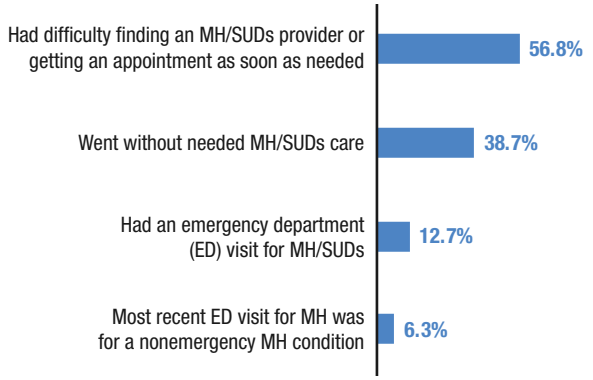
ACCESS TO CARE FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS IS A CHALLENGE FOR MANY IN MASSACHUSETTS

DECEMBER 2018

Despite Massachusetts' large behavioral health workforce,[1] many state residents report difficulties obtaining mental health services, and both residents and providers report long wait times for outpatient mental health services.[2,3] Based on new data from the 2018 Massachusetts Health Reform Survey (MHRS), more than half (56.8 percent) of adults 19 to 64 who sought care for mental health (MH) and/or substance use disorders (SUDs)[4] over the past 12 months reported difficulties obtaining needed care, including difficulty finding an MH/SUDs provider[5] who would see them at all or difficulty getting an appointment with an MH/SUDs provider as soon as needed (Figure 1). Those difficulties likely contributed to more than one-third (38.7 percent) of those adults going without needed MH/SUDs care in the past year and one in eight (12.7 percent) visiting the emergency department (ED) for MH/SUDs–related issues. Roughly half of those reporting an ED visit for an MH issue reported that their most recent visit was for a nonemergency MH condition; that is, an MH condition that could have been treated by a regular doctor or MH provider, had one been available.

FIGURE 1. ACCESS TO CARE FOR MENTAL HEALTH AND/OR SUBSTANCE USE DISORDERS (MH/SUDs) OVER THE PAST 12 MONTHS AMONG MASSACHUSETTS ADULTS 19 TO 64 WHO SOUGHT IT, 2018



Source: 2018 Massachusetts Health Reform Survey.
Note: A nonemergency MH condition is one that the respondent thought could have been treated by a regular doctor or MH provider, had one been available.

In this brief, we examine the health care experiences of adults 19 to 64 who sought care for MH conditions and/or SUDs in Massachusetts. We find pervasive gaps in their access to health care overall, with the largest gaps reported for MH/SUDs care.

STUDY DATA AND METHODS

We use data for 2018 from the MHRS, a periodic random-digit dial (RDD) telephone survey of adults 19 to 64 in Massachusetts that has been conducted since 2006. The 2018 MHRS included oversamples of low- and moderate-income adults and was conducted in English and Spanish, with calls to cell and landline phones. The response rate was 14 percent, which reflects the significant drop in response rates for RDD surveys in recent years.[6,7] The response rate for the MHRS is comparable to rates obtained in other recent state surveys relying on RDD methods.[8]

The MHRS collects information on health insurance coverage, health care access and use, health care affordability, and demographic and socioeconomic characteristics from a sample of noninstitutionalized civilian adults ages 19 to 64.[9] The survey sample is weighted to reflect the probability of selection into the survey and includes a post-stratification adjustment to ensure that the characteristics of the overall sample were consistent with the characteristics of the Massachusetts population for age, sex, race/ethnicity, and geographic distribution. There were 2,201 adults in the 2018 sample.

The 2018 MHRS added questions on access to and use of care for MH conditions and/or SUDs, which are the primary

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data used for this analysis. We focus on experiences seeking MH/SUDs care over the past 12 months, including health care use, unmet need for care, and barriers to obtaining care.[10] Seeking care includes receiving MH/SUDs care or trying to obtain that care over the past year. A key limitation of the analysis is that we rely on self-reports, which may underestimate the true scope of MH/SUDs need in the state. Further, the MHRS sample is limited to community-based individuals and so will not include those who were in institutional settings, such as inpatient MH settings or residential SUD treatment facilities, at the time of the survey.

We used Stata (version 15) with survey weights for all analyses to account for the complex design of the survey. We consider estimates with p values <.05 to be statistically significant.

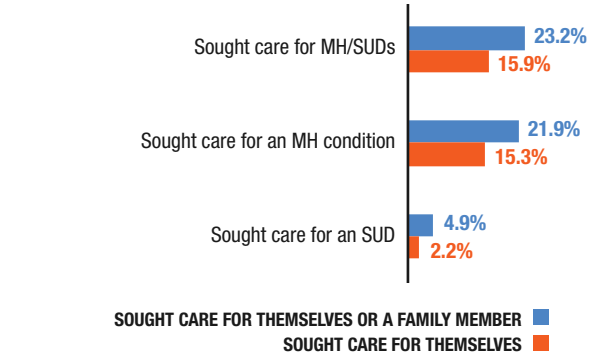
STUDY RESULTS

Adults seeking MH/SUDs care for themselves or a family member. In early 2018, nearly one-quarter (23.2 percent) of adults 19 to 64 in Massachusetts reported seeking MH/SUDs care for themselves or a family member over the past 12 months, with 15.9 percent seeking care for themselves (Figure 2).[11] Of adults seeking MH/SUDs care for themselves, nearly all (96.2 percent) reported seeking care for an MH condition, while 13.8 percent reported seeking care for SUDs.[12] In the remainder of the brief, we focus on adults who sought MH/SUDs care for themselves.

Adults seeking MH/SUDs care for themselves crossed all age, sex, race/ethnicity, and income categories, although they were disproportionately younger, female, white/non-Hispanic, and lower income (defined as family income below 300 percent of the Federal Poverty Level [FPL]) (Figure 3). In fact, the majority (71.4 percent) of those seeking MH/SUDs care for themselves were lower income, which translates into nearly one-quarter (23.9 percent) of lower-income adults in Massachusetts seeking MH/SUDs care for themselves (data not shown).

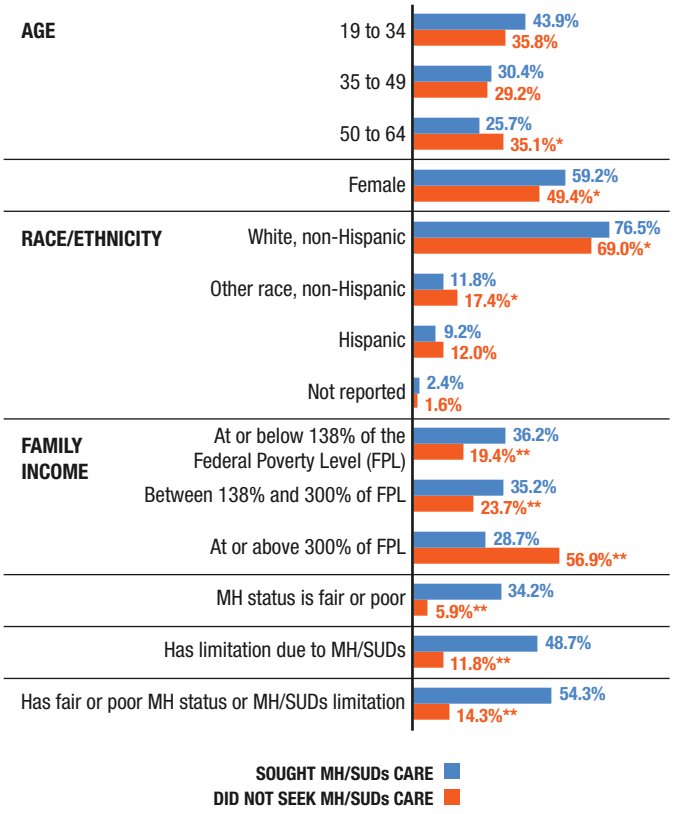
Adults seeking MH/SUDs care also were more likely to report that their MH status was fair or poor and that they had a work or activity limitation due to MH/SUDs issues.[13]

FIGURE 2. SHARE OF MASSACHUSETTS ADULTS 19 TO 64 WHO SOUGHT CARE FOR MH/SUDs FOR THEMSELVES OR A FAMILY MEMBER, 2018



Source: 2018 Massachusetts Health Reform Survey.
Note: "Sought care" is defined as obtained care or tried to obtain care. Only respondents who did not seek care for themselves were asked about seeking care for family members.

FIGURE 3. CHARACTERISTICS OF MASSACHUSETTS ADULTS 19 TO 64, BY WHETHER THEY SOUGHT CARE FOR MH/SUDs, 2018



Source: 2018 Massachusetts Health Reform Survey.
Note: Estimates may not sum to 100 percent because of rounding and/or item nonresponse. Unless otherwise noted, responses are missing for less than 1 percent of cases. "Sought care" is defined as obtained care or tried to obtain care. "Has limitation due to MH/SUDs" is defined as having an MH/SUDs issue that kept the individual from work or usual activities for any of the previous 30 days.
*/** Significantly different from adults who sought MH/SUDs care at the .05 (.01) level, two-tailed test.

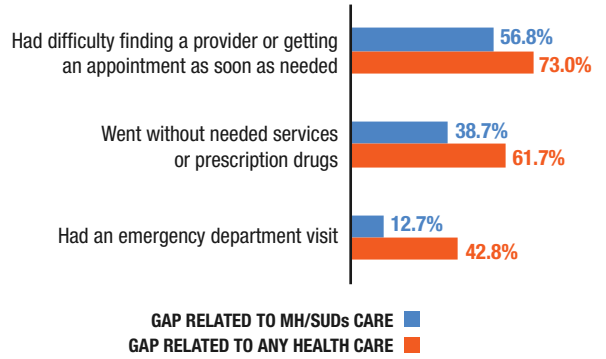
Altogether, 54.3 percent of adults who sought MH/SUDs care for themselves reported that their MH/SUDs status was fair or poor, or that MH/SUDs issues had kept them from work or their usual activities for any of the previous 30 days. It is important to note that 14.3 percent of those who did not seek MH/SUDs care also reported that their MH status was fair or poor, or that they had MH/SUDs limitations. This finding suggests that some adults with MH/SUDs issues may not be seeking needed care and may be going without care for an MH condition or SUD. This raises questions about how the impact of stigma or concerns about knowing where and how to navigate the behavioral health system create barriers to seeking MH/SUDs care.

Access to health care, including MH/SUDs care. Access to health care was a challenge for many adults who sought MH/SUDs care, with more than half (56.8 percent) reporting difficulties obtaining MH/SUDs care, and almost three-quarters (73.0 percent) reporting difficulties obtaining health care in general (Figure 4).

The difficulties obtaining MH/SUDs care included difficulties finding an MH/SUDs provider (reported by 46.4 percent of adults who sought MH/SUDs care) and problems getting an appointment for MH/SUDs care as soon as it was needed (43.5 percent) (Figure 5). Reported reasons for having difficulties finding a provider included being told that an MH/SUDs provider did not take any health insurance (10.8 percent), did not take the type of insurance the respondent has (35.7 percent), or was not accepting new patients (35.5 percent). The adults reporting difficulties obtaining MH/SUDs care crossed all age, sex, race/ethnicity, and income categories (data not shown).

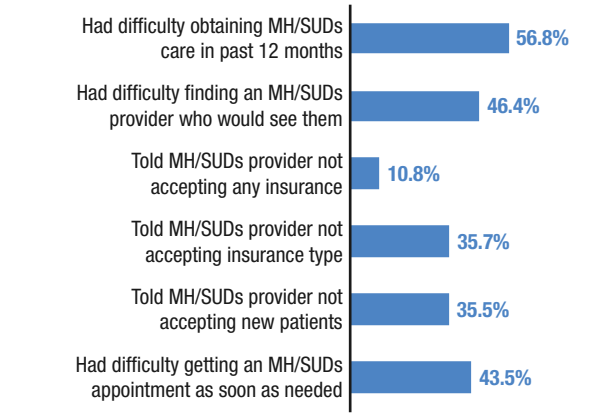
A majority (61.7 percent) of adults who sought MH/SUDs care reported going without some type of needed health care over the past 12 months, with more than one-third (38.7 percent) reporting going without needed MH/SUDs care, including needed MH/SUDs services or needed MH/SUDs prescription drugs.[14] Unmet need for MH/SUDs services was reported by 32.3 percent of adults, while unmet need for MH/SUDs prescription drugs was reported by 12.2 percent (Figure 6).

FIGURE 4. GAPS IN ACCESS TO HEALTH CARE OVER THE PAST 12 MONTHS AMONG MASSACHUSETTS ADULTS 19 TO 64 WHO SOUGHT CARE FOR MH/SUDs, 2018



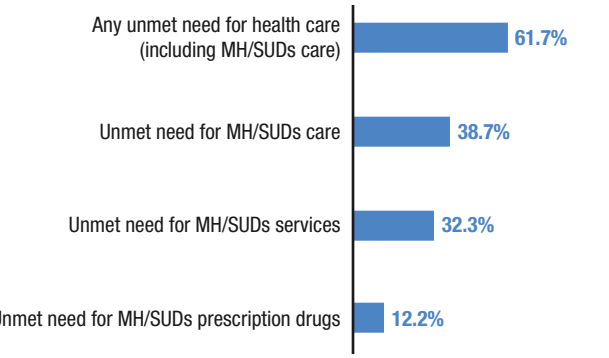
Source: 2018 Massachusetts Health Reform Survey.
Note: "Sought care" is defined as obtained care or tried to obtain care. "Difficulty getting an appointment" is defined as "sometimes" or "never" getting an appointment as soon as needed.

FIGURE 5. DIFFICULTIES OBTAINING CARE FOR MH/SUDs AMONG MASSACHUSETTS ADULTS 19 TO 64 WHO SOUGHT IT, 2018



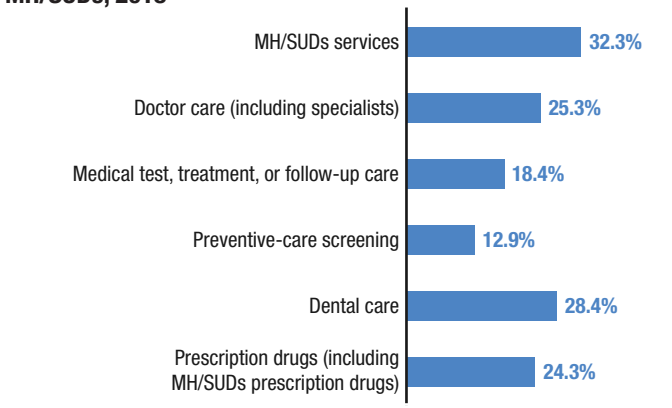
Source: 2018 Massachusetts Health Reform Survey.
Note: "Sought care" is defined as obtained care or tried to obtain care. "Difficulty getting an appointment" is defined as "sometimes" or "never" getting an appointment as soon as needed.

FIGURE 6. UNMET NEED FOR CARE FOR MH/SUDs AMONG MASSACHUSETTS ADULTS 19 TO 64 WHO SOUGHT IT, 2018



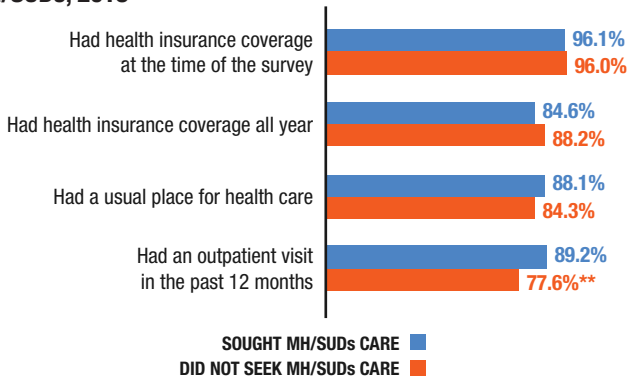
Source: 2018 Massachusetts Health Reform Survey.
Note: "Sought care" is defined as obtained care or tried to obtain care. "MH/SUDs care" includes services and prescription drugs, while "MH/SUDs services" does not include prescription drugs.

FIGURE 7. TYPE OF UNMET NEED FOR HEALTH CARE AMONG MASSACHUSETTS ADULTS 19 TO 64 WHO SOUGHT CARE FOR MH/SUDs, 2018



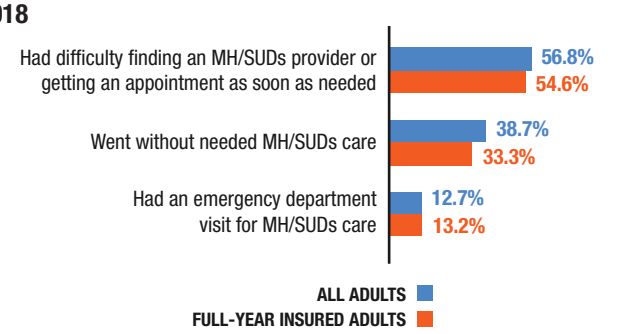
Source: 2018 Massachusetts Health Reform Survey.
Note: "Sought care" is defined as obtained care or tried to obtain care.

FIGURE 8. HEALTH INSURANCE COVERAGE AND CONNECTIONS TO THE HEALTH CARE SYSTEM AMONG MASSACHUSETTS ADULTS 19 TO 64 BY WHETHER THEY SOUGHT CARE FOR MH/SUDs, 2018



Source: 2018 Massachusetts Health Reform Survey.
Note: "Sought care" is defined as obtained care or tried to obtain care.
*/** Significantly different from adults who sought MH/SUDs care at the .05 (.01) level, two-tailed test.

FIGURE 9. GAPS IN ACCESS TO CARE FOR MH/SUDs FOR MASSACHUSETTS ADULTS 19 TO 64 WHO SOUGHT IT, BY WHETHER THEY HAD HEALTH INSURANCE COVERAGE ALL YEAR, 2018



Source: 2018 Massachusetts Health Reform Survey.
Note: "Sought care" is defined as obtained care or tried to obtain care. "Difficulty getting an appointment" is defined as "sometimes" or "never" getting an appointment as soon as needed.

Although unmet need was highest for MH/SUDs care, unmet need for other types of health care also was high for adults who sought MH/SUDs care (Figure 7). About one-quarter (25.3 percent) of adults reported going without needed doctor care (including specialists) and prescription drugs (24.3 percent), while slightly more (28.4 percent) reported going without needed dental care. Among adults who did not seek MH/SUDs care, unmet need was lower, at 12.7 percent for unmet need for doctor care (including specialists), 16.5 percent for prescription drugs, and 14.1 percent for dental care (data not shown).

Access to MH/SUDs care among full-year insured adults. These gaps in access to MH/SUDs care occurred despite high levels of health insurance coverage and strong connections to at least part of the health care system (Figure 8). Nearly all (96.1 percent) of adults seeking MH/SUDs care had health insurance coverage at the time of the survey and 84.6 percent had health insurance coverage for all of the previous 12 months. Most (88.1 percent) reported having a place they usually go when they are sick or need advice about their health (excluding the ED) and most (89.2 percent) had an outpatient health care visit in the past 12 months, suggesting strong connections to the health care system for their physical health.

Focusing on adults with health insurance coverage all year, it is clear that health insurance does not guarantee access to MH/SUDs care (Figure 9). As was true for all adults who sought MH/SUDs care, more than half (54.6 percent) of all full-year insured adults who sought MH/SUDs care reported difficulty obtaining such care and more than one-third (38.7 percent) reported going without needed MH/SUDs care.

DISCUSSION

According to the 2018 MHRS, almost one in six Massachusetts adults sought MH/SUDs care for themselves over the past 12 months, with more than half reporting difficulty finding an MH/SUDs provider who would see them, and nearly 40 percent reporting going without needed MH/SUDs care.[15] Having health insurance coverage did little to mitigate gaps in access to MH/SUDs care.

The difficulties in obtaining MH/SUDs care reported in the MHRS are consistent with findings from earlier studies that documented persistent barriers to outpatient MH/SUDs care in the Commonwealth.[16,17] Consumers in Massachusetts who seek MH/SUDs care have difficulty finding providers who will see them and getting an appointment in a timely manner when they do, resulting in some going without needed MH/SUDs care or seeking that care in the ED. Several factors are seen as creating barriers to MH/SUDs care in Massachusetts, including a geographic mismatch in MH/SUDs provider supply across areas of the state, the fragmented MH/SUDs care system, and an unwillingness on the part of some MH/SUDs providers to accept health insurance (e.g., MassHealth). A 2016–2017 survey of outpatient mental health providers in Massachusetts found that 45 percent of providers did not accept MassHealth, 38 percent did not accept Medicare, and 16 percent did not accept commercial insurance.[18]

Massachusetts has programs underway that are intended to expand the overall supply of MH/SUDs providers and address the geographic mismatch among providers (e.g., student loan repayment programs and investments in community mental health centers, behavioral health community partners, and telehealth, along with expanded SUD services and training). Expanding the number of providers who are willing to take health insurance coverage, particularly MassHealth, likely will require an increase in MH/SUDs reimbursement rates, along with simplified administrative processes to make participation in insurance programs and provision of treatment for patients less onerous on providers.

ENDNOTES

1 Unfortunately, there is no consensus on the appropriate definition of the behavioral health workforce and no data source that captures all components of the workforce. The most consistent data source is the Occupational Employment Statistics (OES) of the U.S. Bureau of Labor Statistics, although the OES does not capture members of the workforce who are self-employed and does not have data for all states in all years. Using 2017 OES data for psychiatrists; psychologists; marriage and family therapists; substance abuse, behavioral disorder, and mental health counselors; and mental health and substance abuse social workers, we find that Massachusetts has 3.6 behavioral health workers per 1,000 population. This compares with 1.6 for the 36 other states with complete data for the seven categories we included in the behavioral health workforce.

2 Sirkin, J.T., McClellan, S.R., Hunt, M., Sheedy, K., Hoffman, C., & Olsho, L. (2017). Quantifying wait times for outpatient mental health services in Massachusetts: provider and organizational characteristics associated with access. Boston (MA): Blue Cross Blue Shield of Massachusetts Foundation. Available at https://bluecrossmafoundation.org/sites/default/files/download/publication/Quant_MH_Wait_Times_REPORT_v07_final.pdf.

3 Citino, C., Gibbons, K., Hugo, M., Balasalle, J., & Kirsners, E. (2015). The challenges of private practice: a study of clinicians' experiences providing mental health care in Massachusetts. Hadley (MA): University of Massachusetts Donahue Institute. Available at http://www.donahue.umassp.edu/documents/FINAL_CU_Report_4_21_15.pdf.

4 In the MHRS, mental health (MH) care includes counseling, therapy, and other treatments or medications for any MH condition or emotional problem; substance use disorder (SUD) care includes counseling, therapy, and other treatments or medications for an alcohol or drug use problem.

5 In the MHRS, "MH/SUDs providers" refers to any provider from whom the individual sought MH/SUDs care, regardless of the provider's area of specialty.

6 Keeter, S., Hatley, N., Kennedy, C., & Lau, A. (2017). What low response rates mean for telephone surveys. Washington (DC): Pew Research Center. Available at http://www.pewresearch.org/2017/05/15/what-low-response-rates-mean-for-telephone-surveys/.

7 Pew Research Center. (2012). Assessing the representativeness of public opinion surveys. Washington (DC): Pew Research Center. Available at http://www.people-press.org/2012/05/15/assessing-the-representativeness-of-public-opinion-surveys.

8 For example, a similar random-digit dial (RDD) survey conducted in 2017 in three states yielded response rates of 12 percent (Indiana), 14 percent (Ohio), and 17 percent (Kansas). See Sommers, B., Fry, C., Blendon, R., & Epstein, A. New approaches in Medicaid: work requirements, health savings accounts, and health care access. Health Affairs, 37(7):1099–1106.

9 For more information on the MHRS methodology, see https://bluecrossmafoundation.org/sites/default/files/2018%20MHRS%20Methodology%20Report.pdf.

10 In this brief, the summary measures of health care access and use include data from the new MH/SUDs questions and so may differ from summary measures for the 2018 MHRS reported elsewhere that do not include those data.

11 Although we do not have a recent estimate of the scope of behavioral health needs for adults in Massachusetts, the 2017 National Survey on Drug Use and Health (NSDUH) estimates that 18.9 percent of adults 18 and older in the United States have an MH issue, 7.2 percent have an SUD, and 3.4 percent have a co-occurring MH issue and SUD. For more details on NSDUH estimates, see: Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available at https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report.

12 The percentages are calculated as the ratio of 15.3 to 15.9 and 2.2 to 15.9, respectively.

13 An MH/SUDs limitation is defined as having an MH/SUDs issue that kept the individual from working or doing their usual activities for any of the previous 30 days.

14 The MHRS asked about unmet need for (1) MH services, (2) treatment for alcohol or drug use, (3) prescriptions for a medication for MH care, and (4) prescriptions for medications for alcohol or drug treatment. We consider the first two categories to be unmet need for MH/SUDs services and the four categories combined to be unmet need for MH/SUDs care.

15 As noted above, these estimates likely underestimate the full scope of the problem because some Massachusetts adults reporting MH/SUDs issues appear to have been discouraged from seeking care. Further, because of the sensitivity of the issue, we would expect MH/SUDs issues to be underestimated in a phone survey.

16 Sirkin, et al. (2017).

17 Citino, et al. (2015).

18 Sirkin, et al. (2017).