INTRODUCTION

Massachusetts has long been a national leader in health care reform and the push toward universal health insurance coverage, however gaps in access to health care persist and disproportionately impact people based on race, ethnicity, income, and other factors. That is particularly true for behavioral health care (inclusive of mental health and substance use disorder services), where the delivery system is fragmented and difficult to navigate. Over the past several years, the Blue Cross Blue Shield of Massachusetts Foundation (the Foundation) has focused on identifying opportunities to reform the behavioral health care system in the Commonwealth, with a particular focus on ensuring reforms promote equity and do not exacerbate long standing disparities.

Most recently, the Foundation commissioned a new survey to provide an updated snapshot of the need for behavioral health care and experiences accessing it. This survey was fielded by NORC at the University of Chicago between December 2020 and March 2021 and gathered information on the need for and access to behavioral health care among Massachusetts adults ages 19 and older and their close relatives. The survey gathered information on the experiences of Massachusetts adults during the 12 months prior to the survey, which covered the period January 2020 through March 2021. Given the timing of the survey and its 12-month look-back period, the survey collected information over roughly the first year of the COVID-19 pandemic. The survey also included a series of questions focused explicitly on the link between the COVID-19 pandemic and the need for behavioral health care. Key findings from the survey are highlighted below.

To read more about the survey methodology, findings, and implications, please see the full report, Behavioral Health During the First Year of the COVID-19 Pandemic: An Update on Need and Access in Massachusetts 2020/2021.

Key Findings

• More than one in three (35%) Massachusetts adults ages 19 and over reported needing behavioral health care for themselves or a close relative over the past 12 months, which corresponds to roughly the first year of the COVID-19 pandemic.

• More than a quarter (27%) of Massachusetts adults reported needing behavioral health care for themselves over the past 12 months, with the level of need disproportionately high among younger adults ages 19-39, among adults who identify as a race or ethnicity other than non-Hispanic White, and among adults with lower family incomes.

• Among the Massachusetts adults who reported needing behavioral health care over the past 12 months, 26% did not receive any behavioral health care and 31% received some care but were not always able to obtain an appointment for behavioral health care when needed.

* The survey defined close relatives as including a spouse/domestic partner, girlfriend/boyfriend, child(ren)/stepchild(ren), and parents/in-laws.
• Issues of affordability, accessibility, and stigma/confidentiality were all cited as barriers to obtaining needed behavioral health care services among Massachusetts adults.

• For Massachusetts adults who needed and obtained behavioral health care, the most common mode of behavioral health care was in-person visits (78% of adults), followed by audio-only telehealth visits (68%), and audio and video telehealth visits (68%). Telehealth visits likely increased access for those concerned about seeking in-person care during the COVID-19 pandemic.

• The COVID-19 pandemic has compromised the health, economic, and/or social well-being of many Massachusetts adults. Most notably:
  - 49% of Massachusetts adults reported a reduction in work hours or loss of employment since the beginning of the COVID-19 pandemic in March 2020;
  - 10% of Massachusetts adults reported needing to move to a new place or having others move in with them because of the COVID-19 pandemic; and
  - 28% of Massachusetts adults reported consuming alcohol and/or cannabis more often since the COVID-19 pandemic began and 17% reported that their consumption of alcohol and/or cannabis had caused serious problems with their personal responsibilities at home, work, or school over the past 12 months.

• The trauma and stress caused by the COVID-19 pandemic has had a significant impact on behavioral health care needs in Massachusetts as 64% of the adults who reported a need for behavioral health care over the first year of the COVID-19 pandemic reported that their need was due to or exacerbated by the pandemic.

• Looking ahead, more than one in four (27%) Massachusetts adults expected to need behavioral health care over the next six months, roughly the same level of need as was reported over the past 12 months. However, almost one-fifth of those adults did not report needing behavioral health care over the past 12 months, representing many new people looking for services.

**CONCLUSION**

The COVID-19 pandemic placed unprecedented stress on the entire health care system. These findings are consistent with early evidence that the pandemic has exacerbated access issues and the need for behavioral health care along the care continuum. The state’s “Roadmap for Behavioral Health Reform” aims to address several issues that have characterized access challenges for the behavioral health care system, including making it easier to connect to services by establishing a centralized “front door” and expanding access to service along the continuum of care through a variety of delivery system reform initiatives. Several of the key features of the Roadmap for Behavioral Health Reform are intended to address other longstanding challenges of the behavioral health care system (e.g., cultural and linguistic competency of the workforce, timely access to care). It will be important to support and monitor implementation of this reform initiative, particularly to ensure the efforts are improving and meeting the needs of population subgroups identified as having disproportionate need and barriers to access (e.g., affordability, accessibility of services, challenges finding clinicians who accept their type of health insurance or will see patients without health insurance). These enhancements are critical, especially in light of these findings suggesting that nearly all of the adults reporting behavioral health care needs over the past 12 months anticipate behavioral health care needs moving forward. Closing the gap between behavioral health need and behavioral health access for individuals and families will require focused attention, ongoing collaboration and monitoring, particularly with respect to growing health care disparities related to the COVID-19 pandemic.

**Endnotes**


