

The Need for Mental Healthcare Equality in the United States

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In the United States, one in every five adults experiences a mental illness each year (Mental Health By the Numbers). However, less than half of those Americans are receiving the proper treatments they need to combat their suffering. The rate of Americans struggling with a mental illness is on the rise. Suicide is currently the second leading cause of death among people aged ten to thirty-four in the United States. (Mental Health By the Numbers) Suicide is often caused by many factors “although suicide has been strongly correlated to depression, hopelessness, and despair” (Johnson, 172). These deaths have been proven to be avoided with early intervention with the proper behavioral health treatments, counselors that specialize in suicide prevention. However, behavioral health services in the United States are not easily accessible to the Americans who desperately need them. The World Health Organization defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity” (Constitution). However, the government does not aid Americans in the components that would allow them to improve their mental well-being, as they spend the majority of their healthcare budget on physical care. Society is blindly following the government's lack of promotion of mental healthcare as believing that it is not as vital. The country's provided insurance plans leave many Americans choosing between their physical or behavioral health because they cannot afford both. The unequal quantity of types of providers in the healthcare system is unethical and disrupts a patient's ability to care for themselves. Ethics is an individual's moral code to treat others with respect and dignity (Pasztor). Providing Americans with the services they need to improve their mental health would show the government's humanity, recognizing the need for medical attention beyond just physical needs. Meanwhile, millions of Americans are suffering from mental illnesses that impact their everyday lives. Individuals make up the U.S. economy, and if the people are suffering so will the economy. The

lack of mental healthcare and the patients receiving treatment in the United States is a growing issue. Americans are facing barriers to receiving mental health treatments due to poor insurance coverage, lack of providers, and a weak integration among healthcare providers.

Americans have reported that the main barrier they face when attempting to receive mental health treatments is the high costs of these treatments. In 2018, a study performed by the Cohen Veterans Network reported that “cost or poor insurance coverage was the top barrier to seeking effective mental health services for Americans” (Shana, 30). The high cost of treatment can be attributed to both poor insurance coverage and out of pocket fees. Researchers have found that people with severe mental illnesses who are uninsured have the lowest rate of receiving care, whereas those who are insured have the highest rate (Rowan). Another study found data that “supports existent research that draws the connection between increased suicide rates among people who are uninsured and have limited access to health care” (Johnson, 180). The government has attempted to put policies in place to help increase the percentage of Americans who have insurance. In March of 2010, the Obama Administration enacted the Affordable Care Act, intending to lower healthcare costs. The Affordable Care Act had three primary goals of making affordable health insurance available to more people, expanding the Medicaid program to increase access to low-income Americans and to support innovation that would lower the general cost of healthcare (‘Affordable Care Act (ACA) - HealthCare.Gov Glossary’). Multiple studies have been conducted that have not found any significant evidence that would suggest the Affordable Care Act has improved mental health-related hospital stays, emergency department visits, or prescription fills (Breslau). As of 2018, 11.3 percent of United States adults with mental illness had no insurance coverage (Mental Health By the Numbers). Majority of Americans that do not have health insurance are from a low-income household. Insurance is meant to help

decrease the costs for services that will aid in the protection of oneself and their family. Individuals with low incomes who do not have insurance must allocate their money to protection services that they value to be the most important. Unfortunately, physical protection services usually take precedence over behavioral protection services. Therefore, Americans without insurance have the lowest rate of receiving care and the highest rate of suicide. It is inhumane to force an individual to choose between their physical and mental health, limiting their quality of life. Even Americans who have insurance coverage continue to face challenges when trying to find affordable providers because of the lack of providers. The health plans within the United States have very little communication among each other, which can result in a very narrow network (Cunningham). As a result, people must look for out-of-network providers to receive specialty care services, which can have high out of pocket fees. When the service that the patient needs is not within a familiar network, they also then need to take the time to find a provider that is in their area and spend significant time providing background information in order to receive the proper treatment. Limiting the choices of providers that the patient can see based on insurance policies restricts the patient's autonomy to choose the healthcare provider that is best for their needs.

American's access to receive proper early intervention is limited due to the shortage of mental healthcare providers in the United States. Distance to travel to the provider was a major reason why patients were not receiving special care services. A recent study was conducted to find out if mental health professional shortage areas had a relation to the number of suicides in that area. The study found that "as MHPSA [mental health professional shortage areas] increases, death by suicide also increases in the United States" (Johnson, 179). Out of all the counties in the United States, 60 percent do not have a single practicing psychiatrist (Mental

Health By the Numbers). Americans are more likely to seek out services that are easy, fast, and convenient for them. If the available option is too time-consuming, the patient may have second thoughts. With the fast-past lifestyle in the United States, Americans highly value their time and they weigh out the benefits for each activity that they allocate that time to. The lack of providers for mental health services portrays a message to Americans that these services should not be of high importance to them, causing many Americans to not seek treatment.

The shortage of providers for behavioral healthcare is partially due to the lack of government spending within the healthcare sector. In 2018, Health-Care Expenditures made up 17.7 percent of the United States GDP, as shown in Appendix A. However, the United States healthcare spending is not evenly allocated between all the services provided, as shown in Appendix B. About one-third of all healthcare spending goes towards hospitals and one quarter is spent on professional services (Shambaugh). In a survey done by National Mental Health Services, they found that of the “115 clients who received mental health treatment services in inpatient settings on April 30, 2018, 31 percent were in general hospitals, 26 percent were in public psychiatric hospitals, and 39 percent were in private psychiatric hospitals” (Substance Abuse and Mental Health Services Administration). The percentage of those being treated in a general hospital with a separate psychiatric unit is not significantly higher than those who utilize public or private psychiatric hospitals. Therefore, one-third of health-care funds should not be allocated towards general hospitals when patients look to seek out professional services that specialize in the treatment they need. Many of the services that provide treatments and research for behavioral health are developed by federal public health agencies. The agencies that play a key role in developing a public health workforce are “the National Institutes of Health (NIH), the Health Resources and Services Administration (HRSA), CDC, the Substance Abuse and Mental

Health Services Administration (SAMHSA), and the Agency for Healthcare Research and Quality (AHRQ), and their predecessors” (Gebbie). However, as seen in appendix B, only 3 percent of the expenditures are spent on government public health activities that fund the federal public health agencies that play a crucial role in providing mental health support (Shambaugh). The University of Manitoba’s Rady Faculty of Health Sciences researched different patterns between government spending and population mental health. One of their models showed that “there is a strong negative association between the level of social spending and mortality outcomes” (Daniel 6). When the government increases social spending, including public health services, there is a significant decrease in the mortality rate. The government is not recognizing the impact their lack of spending is having on the health of their people.

Along with the shortage in the number of providers, there are also stigmas among the providers that prevent the integration of both physical and behavioral care services. Societal views are a major contributing factor as to why Americans are not seeking the treatment they need. There are many stigmas among those who seek treatment and the healthcare providers that provide these treatments. Those who are struggling with mental health issues are often viewed in a negative light. These negative views from society date back to the mid-18th century with the opening of the very first mental hospital by Quakers in Philadelphia. In the 18th century, “mental illness was generally thought to be caused by a moral or spiritual failing, punishment and shame were often handed down to the mentally ill and sometimes their families as well” (History). The Quakers in Philadelphia were the first to make a mental illness unit in their new Pennsylvania Hospital. The mental unit of the hospital was very small only consisting of a few rooms in the basement with shackles attached to the walls. The Quakers would later open another hospital in 1856 called the Pennsylvania Hospital for the Insane. In 1773, the Virginia state government

provided funds to build a small hospital “to deal with mentally disturbed people who were causing problems in the community” (History). Moving into the 21st century there has been a cultural shift in the way Americans view those suffering from a mental illness. Science has proven that mental illnesses are due to chemical reactions in the body and can be cured. This has led to no longer letting people believe mental illnesses are caused by immoral actions. Society has also shifted to becoming more empathetic towards those who are struggling mentally. However, there are still stigmas among mental health services from primary care providers. A study was developed to help disprove these eight myth statements to primary care providers: “mental illness cannot be treated, mental illness can only be treated with shots and pills, psychological counseling is no more helpful than just giving generic advice, if you ask people about suicide, that increases the risk they will kill themselves, all people with mental illness are violent, mental illnesses are contagious, only some people can get mental illness; most people can't become mentally ill, caring for people with mental illness makes health workers mentally ill” (Kohrt, et al., 5). A study was developed to help disprove these eight myth statements to primary care providers: “mental illness cannot be treated, mental illness can only be treated with shots and pills, psychological counseling is no more helpful than just giving generic advice, if you ask people about suicide, that increases the risk they will kill themselves, all people with mental illness are violent, mental illnesses are contagious, only some people can get mental illness; most people can't become mentally ill, caring for people with mental illness makes health workers mentally ill” (Kohrt, et al., 5). The study put forty-one primary care works through a series of trainings based on social contact theories from social psychology. They found that integrating primary care providers with mental health service users has the potential to address social threats. One provider stated this after the experiment:

“I think we became more optimistic. Before we used to have psychiatry posting while doing MBBS. I used to doubt if the patients will really get well, if their condition would improve. So, when seeing those people who have recovered, we got the proof that their condition can improve if they get timely treatment and timely counseling ... We got to know how the patients feel and what drives them to do certain things, what triggers depression. We got to interact with patients who previously had postpartum depression and postpartum psychosis ... I felt really bad to know about the challenges they face in society. I could empathize with them and realize how they might have felt. So, I felt happy to be able to provide service to people with such problems.” (Kohrt, et al, 8)

Stigmas between treatments and different types of providers are mainly due to disbelief and lack of knowledge. The healthcare system needs to educate primary care providers on the importance of mental health, to them relay to their patients. Primary care providers are the first line of defense in healthcare, the provider patients visit most often. Therefore, a patient hearing the importance of taking care of their mental health from their primary care provider will help to increase mental health awareness to the patient, educate the patient on the importance of treating their mental health, and overall reduce any stigmas. Providers need to be willing to integrate their care treatments to provide the best outcome for their patients.

To provide high-quality healthcare, there needs to be a collaboration among both physical and behavioral healthcare providers within healthcare networks. Mental health can greatly impact the physical health of a patient. The National Alliance on Mental Illness reported that “people with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions” (Mental Health By the Numbers). Therefore, integrating both general medical care and behavioral healthcare providers can offer a greater health outcome for the patient. There is research that has shown that the combination of both mental and physical health allows the patient to receive the best care possible. In 2018, a study was performed which collected information from all different health research databases that examined the effects of

integrating behavioral healthcare with physical healthcare. The study proposed that a “greater integration of behavioral health providers into a care network may indicate a greater level of meaningful communication and collaboration among patients’ health care professionals” (McClellan, 2). They applied social network analysis to examine patterns of provider-patient sharing from six states to identify areas of a strong collaboration. The areas with the strongest collaboration among providers were identified as having a high behavioral health centrality. The study found that behavioral health centrality within a community plays an important role in healthcare utilization. The data showed that the number of inpatient admissions at hospital-based care decreased as the centrality of behavior health increased, “the marginal impact of increasing the centrality of behavioral health providers by 0.01 would be an estimated decrease of 0.04 inpatient admission per enrollee per year” (13). The marginal impact of a 0.01 increase in behavioral health patients would also reflect a 0.12 decrease in the likelihood of any admission (16). Therefore, increasing the number of behavioral health providers will benefit both hospitals and patients’ health. If there are enough providers in the care community, there will be more providers who can take on patients who need behavioral health treatments and reduce the reliance on emergency and hospital-based care. Patients will seek less hospital-based care if there are more behavioral providers in their community which will attribute to an improvement in their physical health, no longer needing to seek emergency care. The patient’s autonomy in the ability to choose a service that is specialized for their needs will also improve. A study was performed by health economists to help determine if there is indeed a strong correlation between mental health and physical health. The framework of the study tested whether the effects of mental health on physical health are mediated by lifestyle choices, such as physical activity. They found that “the baseline value of mental health has a statistically significant and positive direct effect

on present physical health” (Ohrnberger, 46). Past mental health issues account for 9.7 percent of the total indirect effects on current physical health. Present mental health issues account for 8 percent of the total indirect effect on baseline physical health (46). The strong correlation between the two types of healthcare proves the importance of both services. Patients should be allocating an equal amount of attention to both services to improve their overall quality of life. Having a strong collaboration among both physical and behavioral health providers within a care community can improve the patients' mental and physical health.

Integrating both physical and behavioral health services can eliminate costs for the country and enhance efficiency in the workplace. The government’s lack of spending on behavioral health services is due to not wanting to bear the cost of including more health services. However, the Centers for Disease Control and Prevention has reported that “the costs for treating people with both mental health disorders and other physical conditions are 2 to 3 times higher than for those without co-occurring illnesses” and that “by combining medical and behavioral healthcare services, the United States could save \$37.6 billion to \$67.8 billion a year” (Mental Health in the Workplace). The government would save money by including behavioral health services in its main budget. Since the two types of treatments are correlated, by valuing both equally the patient can increase their wellbeing and eliminate the number of visits needed to make to providers. Private insurances, allocated to employees, do not include many behavioral health services because they view these clients as a risk. Therefore, if a business does not provide insurance coverage for specialty services to their employees, then they end up facing high out-of-pocket fees. Reports from the Centers for Disease Control and Prevention show that “even after taking other health risks—like smoking and obesity—into account, employees at high risk of depression had the highest healthcare costs during the 3 years after an initial health risk

assessment” (Mental Health in the Workplace). However, businesses also have the potential to save money if they work on methods to improve their employee’s mental health and overall well-being. Efficiency in the workplace can improve if businesses provide their employees with the proper treatment needed for a mental health issue. “Depression interferes with a person’s ability to complete physical job tasks about 20% of the time and reduces cognitive performance about 35% of the time” (Mental Health in the Workplace). When the well-being of employees is improved, job performance and productivity is improved as well. Speeding up productivity can save businesses sufficient amounts of time and money throughout the years. Therefore, businesses should investigate ways to provide easier access to mental health treatments for their employees. Businesses could offer an insurance plan that covers specialized treatment, free clinics, or free counseling programs. Increasing insurance coverage and the behavioral health providers within the insurance plans can cut costs and improve the efficiency of the economy.

Policies need to be put in place to ensure the integration of different healthcare services. The studies suggest that “health policies aiming at changing physical and mental health need to consider not only the direct cross-effects but also the indirect cross-effects between mental health and physical health” (Ohrnberger 42). For behavioral health, parity refers to equality of insurance coverage between physical and behavioral health treatments. On March 13, 2020, the National Alliance on Mental Illness undersigned a letter to Congress addressing the lack of parity oversight between behavioral healthcare and physical healthcare coverage. However, many health insurance plans are under the authority of their state, and therefore, are subject to the state’s legislature. Connecticut has taken note of this disparity and recently signed a mental health parity bill into law that will go into effect next year, 2021. This mental health parity law “requires insurance providers to submit annual reports detailing their mental health or SUD

coverage” to track and enforce parity (Shana, 30). In Oregon, there is a parity law that disallows different benefits to the management of behavioral or medical-surgical treatments. A study was done in Oregon to see if parity influences the ways in which patients seek care. The study showed that once the care was initiated, patients were more likely to choose masters-level specialists than a general physician. Physical distance from the provider was also proven to affect the patient’s choice of provider (McConnell). Mental Health America is an organization that has been fighting to improve healthcare for individuals who struggle with mental health problems since 1909. On June 10, 2019, they proposed a ‘Mental Health Parity Compliance Act’ that includes strengthening parity in mental health and substance use disorder benefits. This bill talks about involving mental health or substance abuse disorder coverage within insurance plans. The proposed bill is still in the introduction phase and has not yet been passed by the house (Porter). On August 18, 2020, the Department of Health and Human Services launched ‘Healthy People 30’ which aimed for longer high-quality lives, health equity, elimination of health disparities, and overall promotion of good health for everyone. This initiative prioritizes public health issues and uses a new technological method to collect more efficient data throughout the decade (Mental Health in the Workplace). With new policies coming into legislative effect, it can be suggested that society is beginning to recognize the value of caring for mental health issues. Hopefully, the upcoming policies will improve the integration of the different healthcare services and continue to spread awareness to Americans about how impactful mental health is on their overall well-being.

The well-being of an individual is made up of both their mental and physical health. Many studies have shown that there is a strong relationship between both types of health and patients should be allocating relatively equal time to each. Therefore, individuals should have

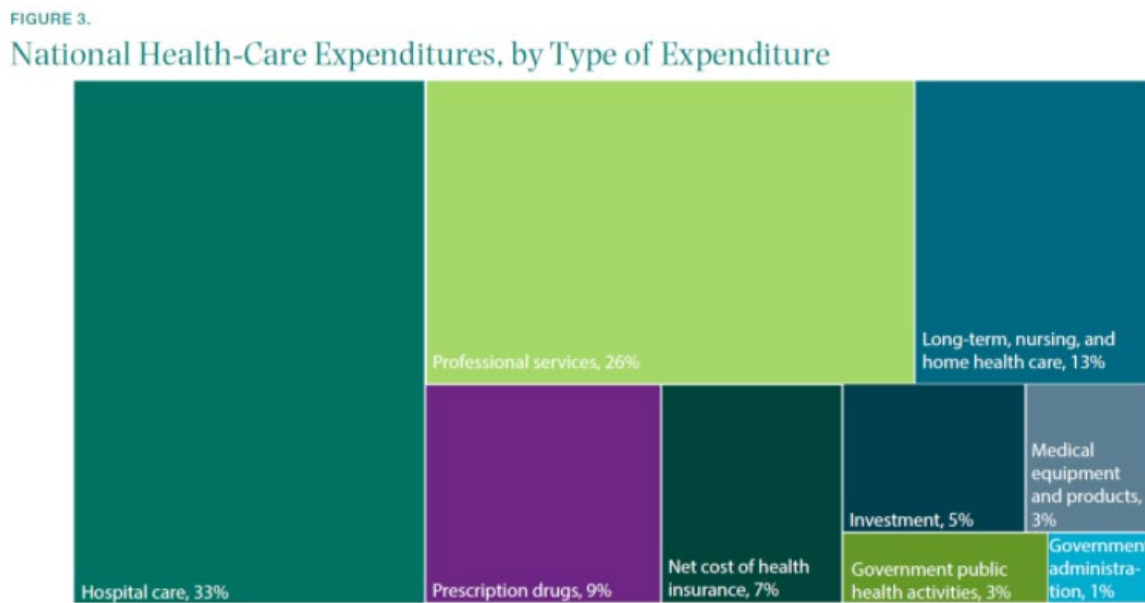
equal access to both types of services. However, many Americans continue to face barriers when receiving mental health treatments. Poor insurance coverage among low-income Americans increases their costs of treatment and risk for developing a severe mental illness. Americans with insurance coverage struggle to find behavioral healthcare providers within their insurance plan and face high out-of-pocket costs. The government's insufficient amount of social spending contributes to the lack of services available to individuals. The inaccessibility to specialty care providers contributes to lingering stigmas around those receiving mental healthcare services. Many primary providers still believe in mental health stigmas, which worries patients about receiving treatments themselves. Therefore, primary care providers need to be educated in the benefits of incorporating behavioral health treatments within their practices. This in turn will improve their patients' health by providing them with the highest quality of care. Government officials and insurance companies need to be informed about the benefits of providing access to behavioral health services. The United States can save billions of dollars each year by putting focus and spending on both types of health services. Insurance policies that incorporate mental health services will appear more appealing to corporations because their employees will have access to services that will improve their wellbeing. Covering mental health services for employees will improve the employees' efficiency rate. Policies are coming into the light to push the integration in the healthcare sector and spread awareness to Americans. The "American Dream" is based on the ability to have rights and freedoms. Americans have the right to be able to achieve their highest quality of life. To achieve the highest quality of life, an individual has to improve their health and wellbeing, both physically and mentally. However, this right is taken away when Americans' access to specialty care health services are restricted. Not every American has the ability to freely choose services that they desperately need to improve their

wellbeing. Sadly, these are the reasons why this country is experiencing a rise in the rates of suicide and the number of individuals suffering silently from a severe mental illness. Society needs to continue to advocate for governmental awareness of the importance of caring for mental health issues in the hopes that it will improve the overall well-being of the American people.

Appendix A: U.S Health-Care Expenditure as a Share of GDP: 1960-2018



Appendix B: National Health- Care Expenditures, by Type of Expenditure



Source: CMS 2018; authors' calculations.
 Note: Data are for 2018. Long-term, nursing, and home health care includes three categories as defined by the National Health Expenditure Accounts: other health, residential, and personal care; home health care; and nursing care facilities and continuing care retirement communities. Other health, residential, and personal care includes expenditures for residential care facilities, ambulance providers, medical care delivered in nontraditional settings (such as community centers, senior citizens' centers, schools, and military field stations), and expenditures for Home and Community-Based Waiver programs under Medicaid. Home health and nursing/retirement care includes freestanding facilities only. Additional services of this type provided in hospital-based facilities are counted as hospital care. Nursing/retirement care includes care provided in nursing care facilities, continuing care retirement communities, state and local government nursing facilities, and nursing facilities operated by the Department of Veterans Affairs. Medical equipment and products include durable medical equipment and other nondurable medical products.

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