Michiganders continue to report difficulty accessing mental health care, forgoing needed care

A Cover Michigan Survey report to the Michigan Health Endowment Fund

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The 2020 Cover Michigan Survey,[1] an online survey fielded in early 2020 (before the COVID-19 pandemic), asked Michiganders about their ability to access mental health care.[2] Across Michigan, 47 percent of survey respondents reported needing mental health care before the COVID-19 pandemic, and the COVID-19 pandemic is thought to be exacerbating mental health needs across the state and nation.[i]

Among these Michiganders who reported mental health care needs, more than one in five indicated that getting an appointment for mental health care was either very or somewhat difficult. Overall, 14 percent of respondents reported forgoing needed mental health care, which is an increase from CHRT's 2018 Cover Michigan Survey findings on access trends[3] that found only 8 percent reported forgoing needed mental health care.[ii]

> This study was supported by the Michigan Health Endowment Fund, which works to improve the health and wellness of Michigan residents and to reduce the cost of healthcare, with a special focus on children and seniors. Learn more about the Health Fund at mihealthfund.org.

These findings are not surprising given Michigan's well-documented behavioral health provider shortage—a shortage that impacts 4.2 million Michiganders in federally designated provider shortage areas[iii]—and the fact that behavioral health providers overall are less likely than primary care doctors to participate in an insurance network.[iv] Even after much progress with parity laws, behavioral health coverage still lags behind physical health coverage.

Despite these ubiquitous shortcomings, accessing mental health services is a bigger challenge for some Michiganders.

Key findings

Access challenges were more prevalent among specific populations, including:

- Those identifying as Hispanic, who were more likely to forgo needed care (27 percent) compared to non-Hispanics (14 percent) and also were more likely to have difficulty getting a mental health appointment (55 percent) compared to non-Hispanics (20 percent).

- Young adults, who were more likely to report difficulty getting a mental health appointment (33 percent) compared to middle age or older adults (10 percent). Young adults were also more likely to forgo needed mental health care, with about one-quarter doing so, compared to just one-tenth of middle age or older adults.

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[1] The survey data presented in CHRT's Cover Michigan Survey briefs were produced from a series of survey questions added to the Michigan State University Institute for Public Policy and Social Research (IPPSR) quarterly State of the State Survey (SOSS). Conducted three to four times per year, SOSS is a public opinion survey that includes a stratified random sample of Michigan adults aged 18 years and older.

[2] Cover Michigan 2020 was an online survey fielded between November 2019 and January 2020 and included a sample of 1,000 Michigan adults. The sampling frame was matched to gender, age, race and education and stratified by the 2016 American Community Survey (ACS) one-year sample. Selection was done within strata by weighted sampling with replacements. Matched cases were weighted to the frame with a propensity score. The weights were post-stratified on 2016 Presidential vote choice, gender, age, race, and education, to produce the final weight. Margin of error is +/- 3%.

[3] The 2018 Cover Michigan Survey was a telephone survey fielded between February and May 2018 and included a sample of 948 Michigan adults, with a 16.7 percent response rate. The margin of error for the entire sample was ±4.0 percent with design effects.

- Caregivers, or those that provide unpaid care on a regular basis to another adult, were more likely to report difficulty getting a mental health appointment (31 percent) compared to non-caregivers (19 percent).

Access challenges were also more prevalent among individuals with:

- Poor or fair health, who were more likely to report difficulty getting a mental health appointment (30 percent) compared to those with good or excellent health (19 percent);

- Diagnosed depression or anxiety in their lifetime, were more likely to forgo needed mental health care (31 percent) compared to those who had never had a diagnosis of depression or anxiety (5 percent);

- Health care coverage gaps, who were more likely to report forgoing needed mental health care (39 percent) compared to those with no coverage gaps (12 percent) and more likely to report difficulty scheduling a mental health appointment (51 percent) compared to those with no coverage gaps (18 percent);

- Employer-provided insurance or Medicaid coverage, where about one in every four respondents reported difficulty getting an appointment compared to one in seven respondents with other types of coverage.

Individuals who reported forgoing needed mental health care most often cited:

- The cost of mental health care, or lack of insurance coverage for mental health care, which were cited by more than half of those who reported forgoing needed care and

- Trouble navigating the mental health care system, which was the second most common reason for forgoing needed care.

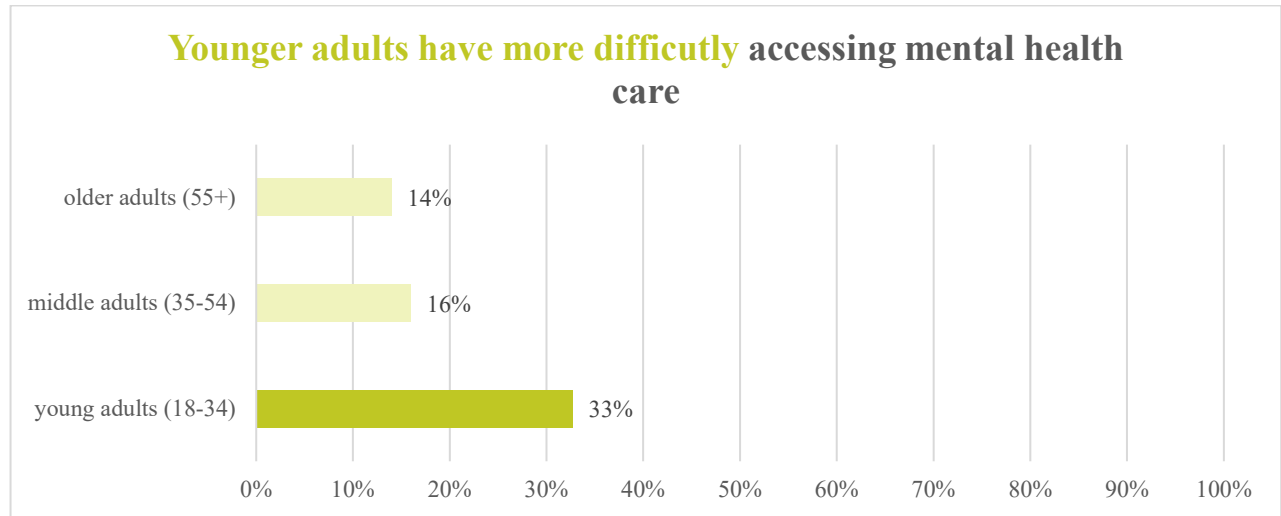## Disparities in accessing mental health care

Hispanic Identity

Those who identified as having Hispanic origin were almost three times as likely to have difficulty getting a mental health care appointment. Hispanic origin was also associated with having a higher likelihood of forgoing needed care (27 percent) compared to non-Hispanics (14 percent).

Hispanic identity is associated with more difficulty accessing mental health care

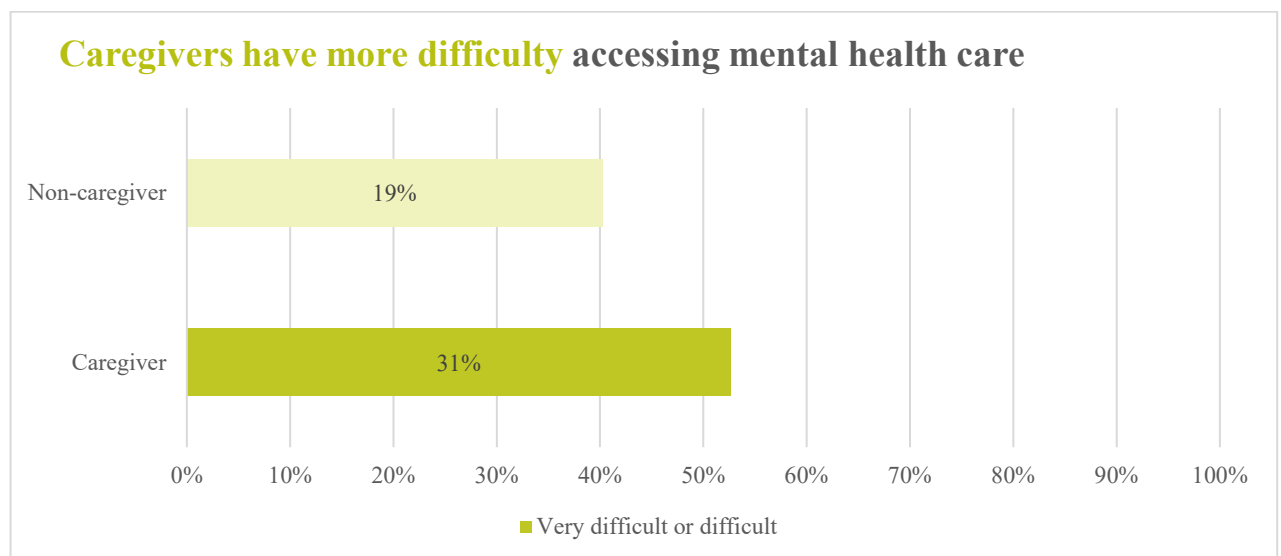| Category	Percentage
non-Hispanic origin	20%
Hispanic origin	55%
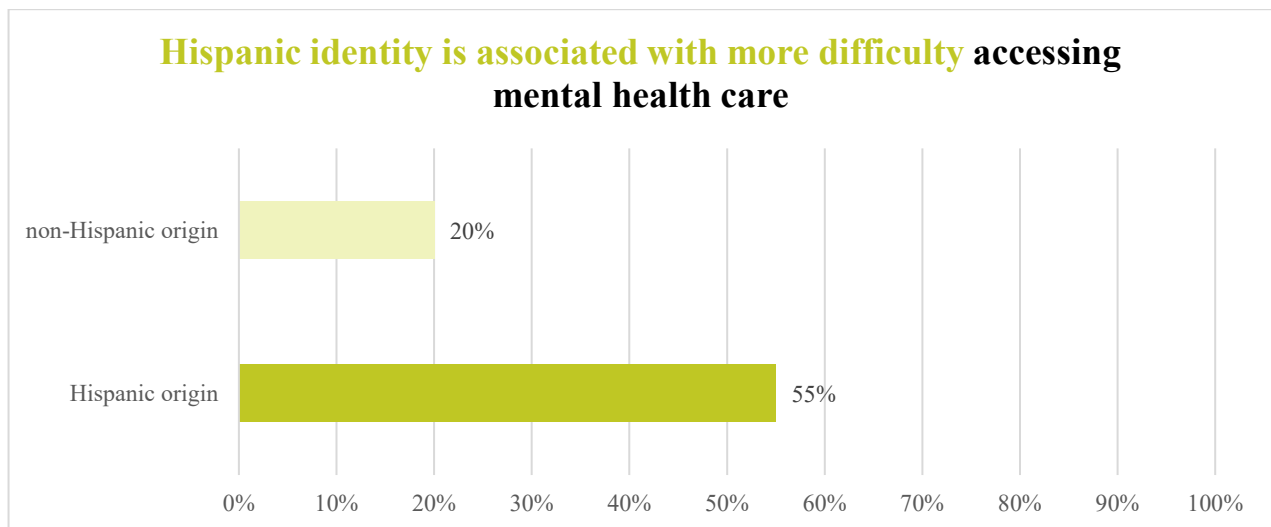
Young adults

Young adults (age 19-34) were more likely than middle age and older adults to report a need to arrange mental health care. Among those who needed to arrange care, young adults were also more likely than middle age and older adults to report difficulties accessing care. About one in three young adults reported difficulty arranging for care, compared to one in six older adults. While 33 percent of younger people struggle to access behavioral health, only 16 percent report difficulty accessing primary care.

Younger adults have more difficutly accessing mental health care

older adults (55+)	14%
middle adults (35-54)	16%
young adults (18-34)	33%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
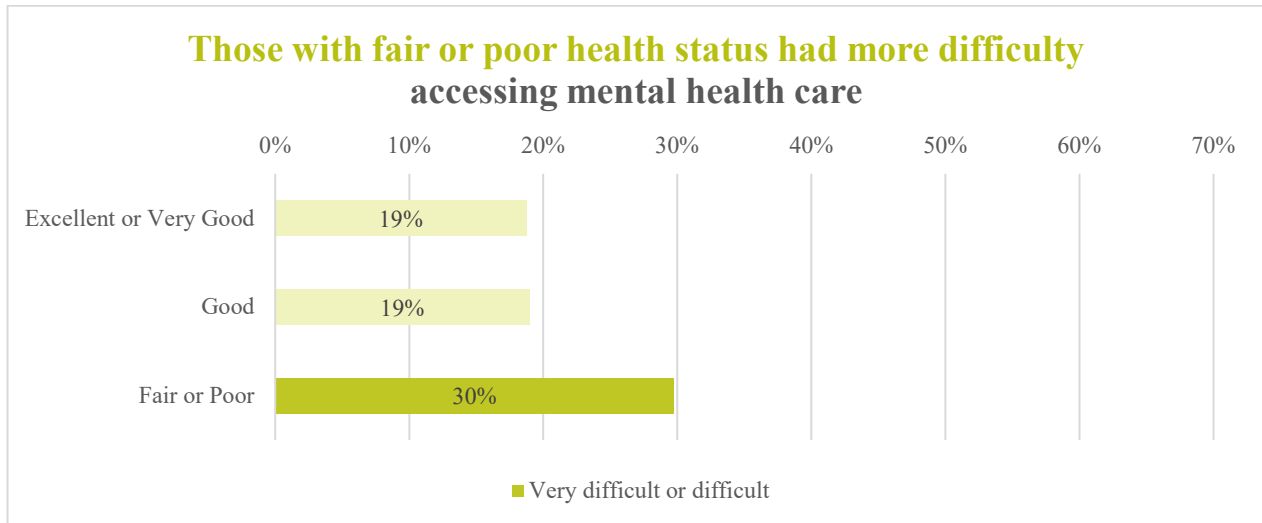
Caregivers

Those who provide unpaid assistance or care on a regular basis to another adult were more likely to report difficulty accessing mental health care. Interestingly, there was no significant difference in difficulty accessing primary care between caregivers and non-caregivers.

Caregivers have more difficulty accessing mental health care

Non-caregiver	19%
Caregiver	31%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
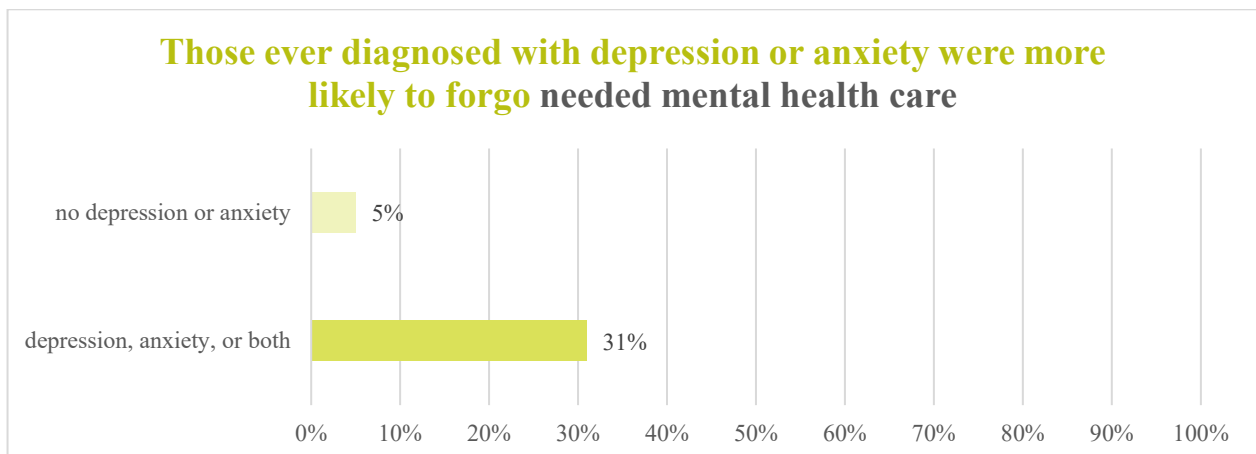
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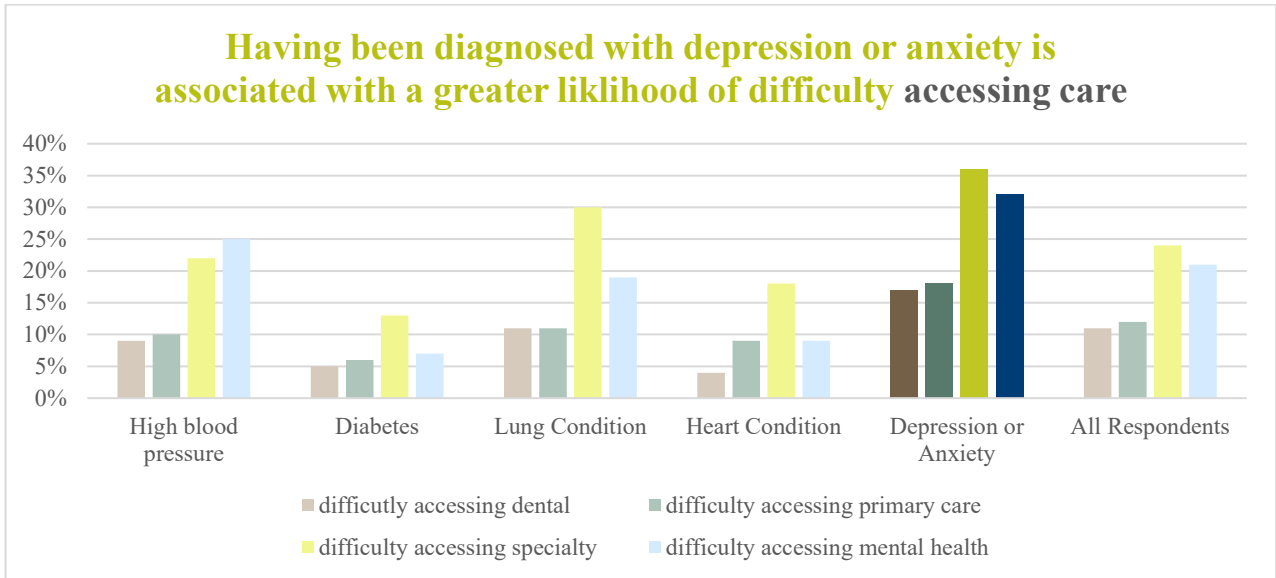
Access challenges and health status

Participants who rated their health status as 'fair' or 'poor' were more likely to forgo needed mental health care (30 percent) than those with 'excellent' or 'good' self-rated health status (19 percent). Those reporting 'fair' or 'poor' health were also more likely to report forgoing needed care (26 percent) compared to those in 'good' or 'excellent' health (10 percent).

Those with fair or poor health status had more difficulty accessing mental health care

Health Status	Very difficult or difficult
Excellent or Very Good	19%
Good	19%
Fair or Poor	30%

■ Very difficult or difficult

Rates of forgoing needed mental health care were higher for those who have ever been told they have depression or anxiety (31 percent) compared to those who haven't received the diagnosis (5 percent). This could be in part due to symptoms getting in the way of effective help-seeking. Among the reasons given for not seeking mental health care was severity of symptoms, with 4 percent citing this as the main reason for not seeking care. This is concerning because the people who may need care the most are not seeking it out.

Those ever diagnosed with depression or anxiety were more likely to forgo needed mental health care

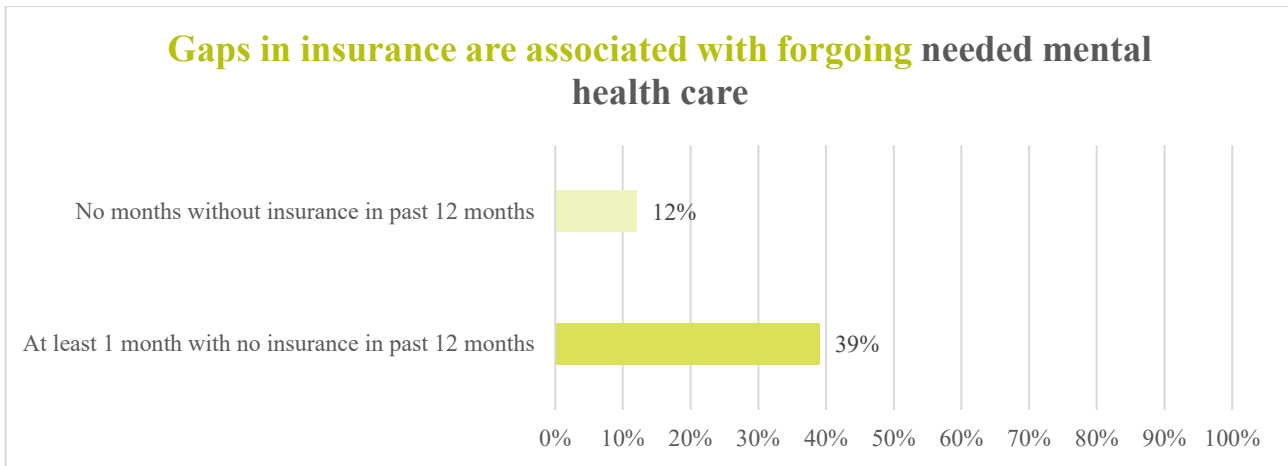|	
no depression or anxiety	5%
depression, anxiety, or both	31%

Compared to other chronic conditions alone, those who have ever received a diagnosis of depression or anxiety are more likely to have difficulty accessing care.

Having been diagnosed with depression or anxiety is associated with a greater liklihood of difficulty accessing care

Chart showing percentages for difficulty accessing care by condition:

Condition	difficulty accessing dental	difficulty accessing primary care	difficulty accessing specialty	difficulty accessing mental health
High blood pressure	9%	10%	22%	25%
Diabetes	5%	6%	13%	7%
Lung Condition	11%	11%	30%	19%
Heart Condition	4%	9%	18%	9%
Depression or Anxiety	17%	18%	36%	32%
All Respondents	11%	12%	24%	21%

Access challenges and insurance status

There was not a significant difference in rates of forgoing care for those who have insurance compared to those who do not have insurance. One relevant issue is that not all insurance plans offer behavioral health coverage. In the present data, whether those with insurance have behavioral health coverage included or not is unknown.
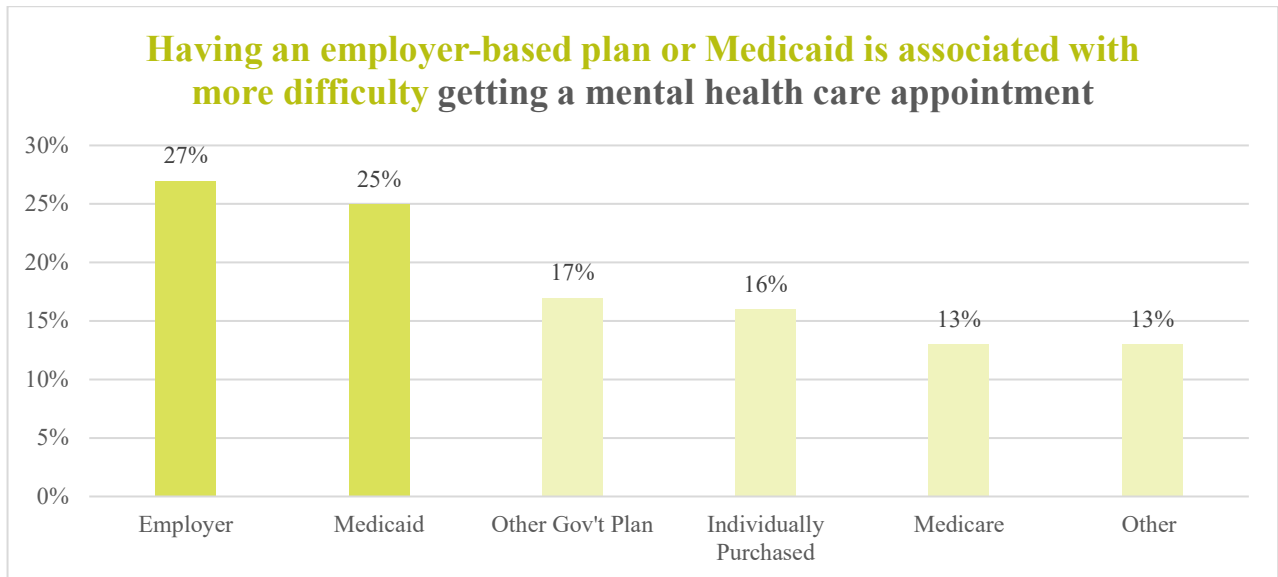
There was a significant difference, though, in the rates of not seeking needed mental health care for those who are currently insured but had a gap of at least one month in their insurance coverage in the last 12 months (39 percent), versus those who are currently insured but did not have any gaps in coverage over the last 12 months (12 percent). This could be a symptom of what is called 'insurance churning' where individuals experience instability in their insurance, moving from plan to plan or from insured to uninsured. Insurance churning has been found to be related to avoiding needed care.[v]

Gaps in insurance are associated with forgoing needed mental health care

No months without insurance in past 12 months	12%
At least 1 month with no insurance in past 12 months	39%

Gaps in insurance were also associated with more difficulty getting mental health care. Fifty-one percent of those with a gap in their insurance indicated getting a mental health appointment was 'very difficult' or 'difficult' compared to only 18 percent of those with no insurance gap.

Some insurance plans were associated with greater barriers to accessing mental health care. Having an employer based plan or Medicaid was associated with a greater likelihood of having difficulty getting a mental health care appointment. About one in four with an employer plan or Medicaid indicated getting a mental health appointment was 'very difficult' or 'difficult' compared to less than one in five people on any other plan.

Having an employer-based plan or Medicaid is associated with more difficulty getting a mental health care appointment

| Plan	Percentage
Employer	27%
Medicaid	25%
Other Gov't Plan	17%
Individually Purchased	16%
Medicare	13%
Other	13%

Forgoing Needed Care

Overall, 14 percent of survey participants reported not seeking mental health care when they needed it.

The most common reasons given for not seeking mental health care were for cost/insurance (49 percent) e.g., 'too expensive,' 'can't afford,' 'insurance doesn't cover,' and access issues (33 percent) e.g. 'navigating the system,' 'don't know who to call,' 'can't get an appointment,' 'lack of options,' 'location.'
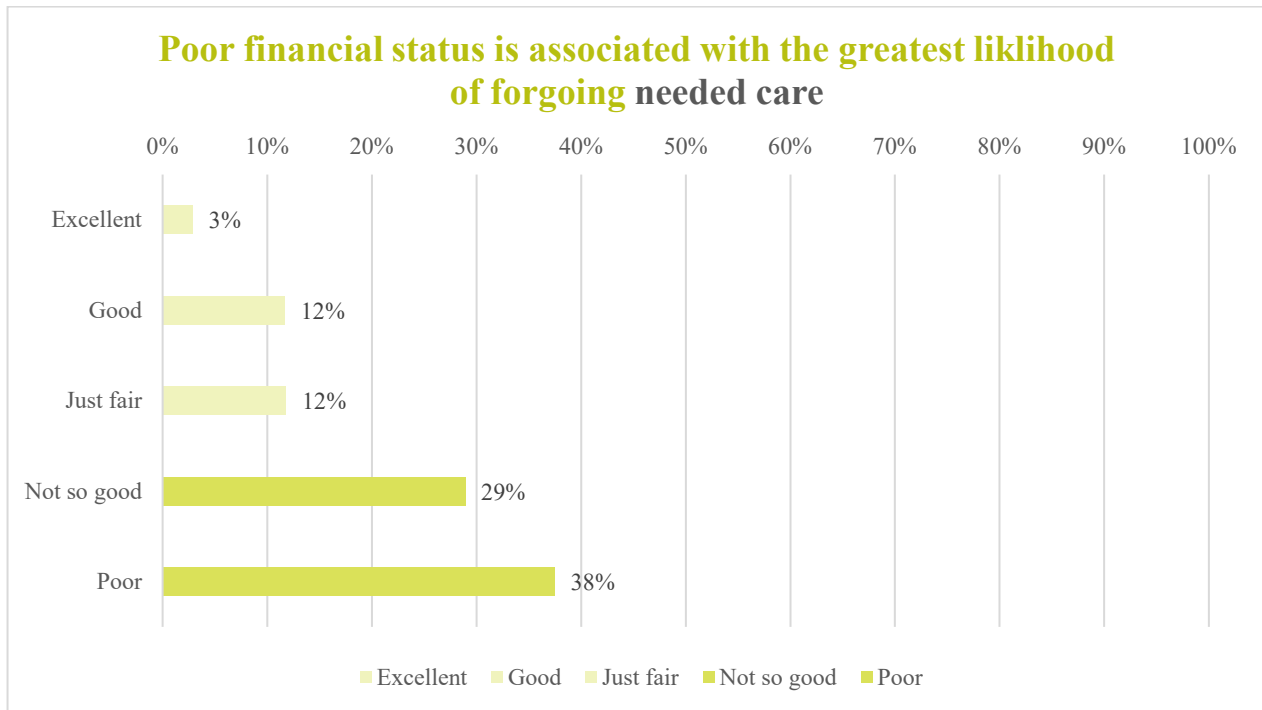
Cost as the biggest barrier

49%
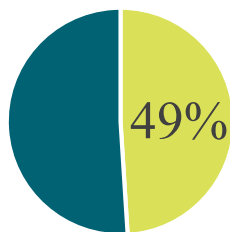
Access as the biggest barrier

33%
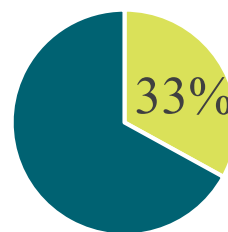
There is a clear association between reported 'financial status these days' and forgoing needed care. Those under worse financial conditions are more likely to report forgoing needed care.

Poor financial status is associated with the greatest liklihood of forgoing needed care

Conclusion

Michiganders face many barriers to accessing mental health care.

Cost and lack of sufficient insurance coverage continue to be the greatest barriers for accessing needed mental health care. Some populations face more difficulty accessing mental health care, such as those who identify as Hispanic, younger people, and people who are caregivers.

Interestingly, among these groups, access to primary care is somewhat less difficult than accessing mental health care. This might suggest that there is something unique about accessing mental health care that is more challenging than accessing other care types. Results from this survey might suggest that difficulty navigating the mental health care system plays a role, and could be ameliorated by having greater visibility of mental health care, warm handoffs, and more streamlined services using co-location of behavioral health with physical health. Screenings and closed loop referrals from primary care settings might also address the greater difficulty accessing mental health care compared to primary care.

Similarly, challenges of navigating the mental health care system may be present for those who need care the most— those who have poorer health status, and those who have ever been diagnosed with depression or anxiety. While those with depression or anxiety have greater difficulty accessing all care types compared to those with other chronic conditions, greater difficulty remains in accessing mental health care compared to routine primary care. Having warm handoffs available in a primary care setting and mental health services integrated with physical health services might help to reduce such barriers to access.

While cost seems to continue to be the most common reason to forgo needed care, there is some evidence that some cost barriers may be related to insurance illiteracy. Among Medicare beneficiaries, delayed care due to reasons of cost was associated with a lack of familiarity with Medicare coverage.[vi] Some estimates predict that this kind of insurance illiteracy may impact as much as 96 percent of the U.S. adult population.[vii]

With the passage of the Affordable Care Act and the push to get more Americans covered, it is understandable that research and policy over the last decade had a focus on getting more people enrolled; but moving forward, there are opportunities to better understand how people interpret and utilize their health plans once they are enrolled in order to improve access to affordable mental health care.

Citations

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ii Access to Health Care in Michigan. February 2019, Center for Healthcare Research and Transformation.

iii Mental Health Care Professional Shortage Areas (HPSAs) https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/ Kaiser Family Foundation 2020.

iv Bishop T.F. et al. February 2014. Acceptance of insurance by psychiatrists and the implications for access to mental health care. JAMA. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1785174

v Insurance Churning. Center for Health and Research Transformation. November 2016 https://chrt.org/publication/insurance-churning/

vi" Association Between Health Insurance Literacy and Avoidance of Health Care Services Owing to Cost" JAMA 2018. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2714507#:~:text=Although%20there%20is%20a%20broad,health%20insurance%20literacy%20are%20limited.

vii "Assessing Americans' Familiarity with Health Insurance Terms and Concepts" Kaiser Family Foundation 2014 https://www.kff.org/health-reform/poll-finding/assessing-americans-familiarity-with-health-insurance-terms-and-concepts/