

Mental Health

A Crucial Piece of the Health Care Puzzle

DECEMBER 2014

Defining Mental Health

The 2013 CHAS defines mental health conditions as stress, depression or emotional problems. Respondents were asked the number of days during the month before the survey that their mental health was not good. For analysis, overall mental health is considered poor if the respondent had eight or more bad days in the past month. The data reflect Coloradans aged five and older.

Many Coloradans struggling with mental health problems don't get the care they need, according to data from the first-ever questions related to mental health on the Colorado Health Access Survey (CHAS).

About one of 10 Coloradans said they experienced poor mental health at least eight of the 30 days before they were surveyed. And nearly eight percent of Coloradans – more than 377,000 people – said they didn't get the mental health care or counseling services they needed, often because of cost but also because of the continuing stigma surrounding mental health.

The CHAS data also reveal a strong

connection between good mental health and good physical health that is driving statewide efforts to integrate behavioral health and primary care.

These data from the 2013 survey provide a baseline to gauge the impact of an Affordable Care Act requirement that insurance plans cover mental health treatment. That requirement went into effect in January 2014.

The question moving forward: Will this additional coverage reduce concerns about the cost of mental health care and lead to more Coloradans receiving the services they need?

What the CHAS Tells Us

Colorado's working-age adults are somewhat less likely to report poor mental health compared with the national average, according to the Behavioral Risk Factor Surveillance System, a national survey. In Colorado, 14.0 percent of working-age adults reported poor mental health compared with the national average of 15.9 percent.

Still, data from the CHAS show that it can be a tough road for Coloradans struggling with mental health problems to get needed care. Following are highlights from the 2013 CHAS, which asked Coloradans about their mental health, how they use mental health care, and the obstacles they face.

1. Many Coloradans experience mental health challenges. One of four Coloradans had at least one day

1 of 10 Coloradans had eight or more days of poor mental health in the previous 30 days.



in the past 30 when their mental health was not good. About one of 10 Coloradans had poor mental health – eight or more days in the past 30 days when their mental health was not good.

2. Coloradans do not show significant differences in poor mental health by gender, age, race or ethnicity. These are not statistically significant factors.

3. But income does make a difference. Coloradans with lower incomes are more likely to report poor mental health. Nearly 19 percent of Coloradans with incomes at or below the federal poverty level (FPL) – \$11,490 for a single person in 2013, when the survey was taken – experience poor mental health compared with less than five percent of those at or above four times the FPL.

4. Lack of employment and being uninsured, which are frequently associated with having low income, are also associated with poor mental health. Nearly one of four (23.8 percent) people who are unemployed report poor mental health compared with 8.8 percent of people with jobs. About 19 percent of Coloradans

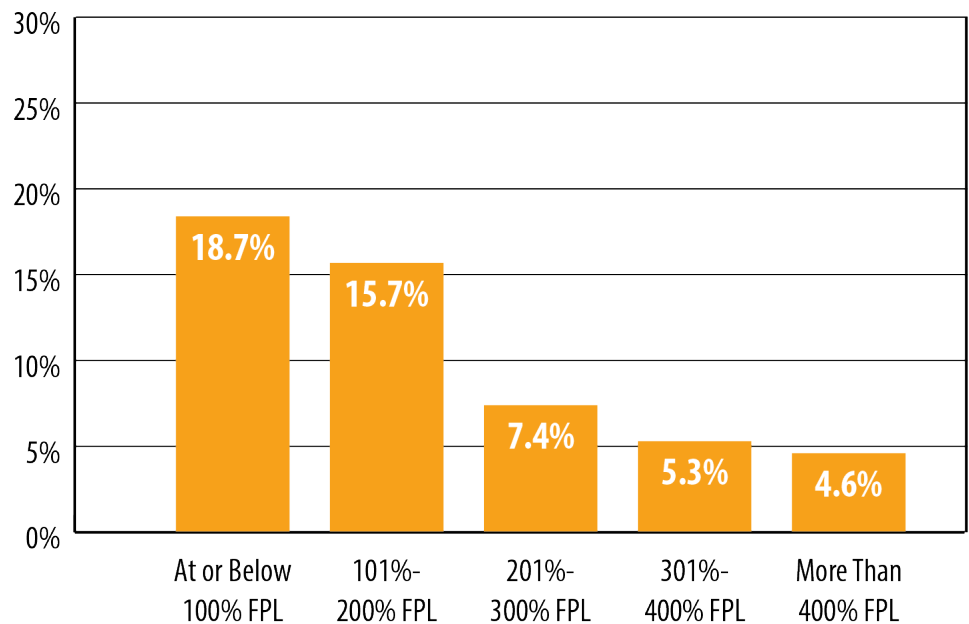
with public insurance such as Medicaid and 18.6 percent of uninsured Coloradans report poor mental health, nearly three times the rate of those with commercial insurance (6.9 percent).

5. There is a clear relationship between mental health and physical

health. Of people reporting poor mental health, a little more than half report good physical health. But nine of 10 people reporting good mental health say their physical health is also good.

6. People with poor mental health are significantly more likely to visit the emergency department. More than a third (34.6 percent) of people with poor mental health visited the emergency department in the 12

Coloradans Reporting Poor Mental Health, By Income, 2013



Physical and Mental Health

Of those reporting good mental health...



Of those reporting poor mental health...



months before the survey. That rate fell by more than half, to 16.5 percent, for people with good mental health.

7. High cost is the most cited reason for not getting mental health care. Nearly eight percent of Coloradans – more than 377,000 people – reported not getting needed mental health or counseling services in the 12 months before the survey. The most frequently reported reasons for not getting mental health care are related to cost – being uninsured, worries about which services would be covered by insurance and general concern about the cost of treatment.

377,000
Coloradans

Reported going without needed mental health services

Reasons for Not Getting Needed Mental Health Care

77.5% **75.6%** **53.3%**

You were
uninsured*

You were
concerned about
the cost
of treatment

You did
not think your
health insurance
would cover it**

* Asked only of respondents who were uninsured at some point in the 12 months before the survey.

** Asked only of respondents who were insured at some point in the 12 months before the survey.

8. Stigma remains an important barrier to care.

The societal stigma associated with receiving mental health services is also a significant barrier. Among those who said they did not get needed mental health services, nearly one of three (31.0 percent) did not feel comfortable talking about personal problems with a health professional. About one of five (19.8 percent) were concerned about what would happen if someone found out they had a problem.

9. Trouble getting an appointment can also be a barrier to mental health care. Nearly one of three (30.5 percent) Coloradans who did not get needed mental health services had a hard time getting an appointment.

Implications and Options

The CHAS data clearly show that hundreds of thousands of Coloradans struggle to get mental health care. Efforts to address this problem are

underway across Colorado on a number of fronts.

The Affordable Care Act (ACA) requires many health insurance plans to cover mental health services. At the same time, Colorado law mandates that psychological conditions must be covered at the same level as care for physical illness if they are included in a plan.

These policies will most likely mean that more Coloradans will have coverage for mental health services, potentially a first step in more people getting needed care.

Meanwhile, Colorado's State Innovation Model (SIM) will promote the integration of mental health services with primary care. Providing mental health care in a primary care clinic can make it easier to reach people who may not think they need these services, and it can sometimes remove the need for an additional appointment. Also, not requiring people to go to a mental health clinic increases confidentiality. This is particularly true in small communities.

The Center for Medicare and Medicaid Innovation announced in December that Colorado will receive \$65 million in federal funding for its SIM program. Coupled with local efforts already in place, the SIM program should help extend access to behavioral health services to a sizeable percentage of Colorado's population over the next several years.

Increasing access to mental health services is challenging. Although some barriers can be influenced by policy, others require societal changes to reduce stigma.

CHAS: The Five Ws



Who: 10,224 randomly selected households with one person at least 18 years old



What: Twenty-minute phone survey on health insurance, access to health care and use of health care



When: Between April 15 and July 27, 2013



Where: Statewide, divided equally among 21 Health Statistics Regions



How: 4,000 households with cell phones, up from 1,214 in 2011 and 400 in 2009