MENTAL HEALTH CARE REFORM AFTER THE COVID-19 PANDEMIC

A WHITE PAPER FROM THE **MENTAL HEALTH** WORKING GROUP

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As the United States fights to maintain hard-won progress against COVID-19, the accumulated traumas of isolation, illness and death pose a challenge of their own.

The next national health emergency is already here, a mental health epidemic hiding in plain sight.

With 41% of Americans experiencing psychological challenges during the pandemic, mental health professionals have already been in high demand.[1,2] But in truth, this crisis has been years in the making. A 2017 study found 60% of U.S. counties lacked a single licensed mental health provider, and a quarter more were underserved by psychologists, psychiatrists and social workers.[3,4]

Now millions more – grieving, lonely or anxious – may seek care as well. Alongside them will be the tens of millions of Americans who faced mental health challenges prior to the pandemic. And all of them will be seeking help from a mental health care system short as many as 25,000 trained professionals – a nationwide shortage whose immediate impact in the wake of COVID will only compound over time.[5]

As the health care community prepares for a surge of patients, policymakers must move quickly to lower barriers to care. They must ensure access to mental health treatment for all Americans who need it.

The challenge will be enormous. But the timing is opportune. Pandemic life – a "perfect storm for mental health needs" – brought several innovative mental health treatment approaches into common use.[6] These innovations can serve as force-multipliers to help mental health professionals treat the incoming wave of patients.

They can also spur lawmakers to revisit mental health policy as temporary emergency measures expire. A sustained campaign of reform at the federal, state and health plan level would be well timed.

Apt reforms could meet the challenges facing America's mental health care system coming out of the pandemic and also benefit millions of patients and families in the coming years.

MENTAL HEALTH PARITY

Chief among needed reforms is mental health parity.

Mental health care is health care. No one who has ever suffered from mental illness – or known someone who has – would dispute that. One in five Americans suffers from some mental health condition, and 5% suffer serious mental illness.[7] Yet only about half of those who need treatment actually get it. That's largely because of patients' lack of awareness about their needs and options, their lack of access to care, and the persistent stigma associated with mental illness.[8]

Given the scope of the problem, no single law or initiative can offer a panacea. But past reforms – including the Mental Health Parity Act (1996), the Mental Health Parity and Addiction Equity Act (2008), and components of the Patient Protection and Affordable Care Act (2010) – made progress. These policies included measures such as requiring insurers to cover mental health care and demanding coverage at a level commensurate to that of standard medical care.

In another important step forward, the president signed into law in 2020 a bill to establish a three-digit phone number, 9-8-8, for the national mental health and suicide prevention hotline. Giving the hotline a three-digit number aims to make it easier for Americans to seek help quickly.[9] It also signals that mental health emergencies can be as urgent and severe as the fire or safety emergencies that prompt calls to 9-1-1.

Each new law has taken steps to expand Americans' access to treatment and enhance public awareness of mental health care. Consistent, widespread implementation and compliance, however, remain a challenge.

Of the 44 million Americans struggling with mental illness, the 20 million in treatment show how much progress has been made toward mental health parity.[10] But the 24 million who need care but are not seeking it underscore how much more is needed.[11]

Toward this goal, Congress is considering reforms like the bipartisan Improving Access to Mental Health Act, recently introduced in both the

House of Representatives and the Senate.[12] The legislation would help alleviate the caregiver shortage by empowering clinical social workers to offer Medicare patients – at home and in assisted living facilities – the full scope of mental health services. It would also reimburse them at rates comparable to those of nurse practitioners and physician assistants.[13]

A decade since the last major mental health policy reforms, the time is ripe for action. And a thoughtful review of current policy reveals a rich environment for would-be reformers.

UTILIZATION MANAGEMENT

Current health policy entails, or tacitly permits, barriers to mental health care that can and should be reduced. These include profit-driven requirements or restrictions created by health insurers to influence doctors and patients' medical decisions.

Step Therapy

With step therapy, for instance, patients are required to try several prescription drugs dictated by their health insurer before getting coverage for the medication their clinician prescribed. A 2019 study found that step therapy delays patients' access to their physician-preferred medications by an average of 30 days – but that most patients stopped taking their "step-through" prescriptions after only 17-23 days.[14] In addition to delaying access to the treatment patients need, step therapy may also present patients with side effects or inadequate symptom control.

Ineffective or suboptimal treatment is always inconvenient. For patients struggling with mental illness, however, being forced to take a less effective antidepressant or antipsychotic can have disastrous consequences.

As step therapy has become more common, 29 states have enacted reforms restricting the practice and protecting clinician-patient decision-making.[15] More action is needed, specifically reforms in additional states and, most important, congressional action. Thanks in part to the ongoing work of the mental health community, the bipartisan Safe Step Act has been introduced this year in both the U.S. House and Senate.

Prior Authorization

Another barrier is prior authorization, which forces health care providers to spend hours on paperwork, faxes or phone calls to get insurers' permission to prescribe the medicines their patients need. This red tape discourages and delays patient-centered care. It also prioritizes the financial interests of insurance companies above the medical interests of patients.

Non-medical Switching

The flip side of prior authorization is non-medical switching. Here, insurance companies force stable patients to stop taking medications that work for them and instead use other drugs that are more lucrative for the insurer. Derailing treatment decisions for non-medical reasons – especially with drugs that change patients' brain chemistry – is both inappropriate and dangerous.

Cost Sharing

Finally, insurers often organize their formularies of approved drugs so that newer, more sophisticated medications are least covered. These medications may be categorized as specialty or non-preferred, meaning the insurance company shifts a significant portion of the cost onto patients. This leaves some patients unable to afford or access the treatments their health care provider determines that they need.

Barriers' Impact on Patient-Centered Care

With each of the tactics mentioned, insurance companies save money by delaying, disrupting or neglecting care for mental health patients.

The more time health care providers spend jumping through bureaucratic hoops, the less time they have to treat their patients. Meanwhile, the more time patients wait for care, the worse their symptoms can get. This iron law of medicine applies doubly to mental health care, where invisible barriers outside the health system – stigma, personal embarrassment, challenges with treatment adherence – only compound the adversity patients face within the system.

Untreated mental illness can lead to serious life disruptions, hospitalization and worse. Policy should facilitate, not impede, mental health patients' access to the treatment they need at a price they can afford.

"It just seems like it's become the norm now. I'd say for every third patient prior authorization is automatic. We lose days, months or years with these barriers."

Rimal Bera, MD

PATIENT ADHERENCE

Another critical issue facing mental health professionals – and policymakers who want to help them – is the inconsistency with which patients take their medications. Non-adherence is endemic in the American health care system, responsible for 125,000 deaths per year.[16]

For mental illness in particular, adherence can be an uphill battle. Mental health patients are often in denial about their diagnosis and need for medication. Health plan barriers can deepen patients' skepticism. If insurers reject or delay prescribed treatment, patients may conclude that their doubts about treatment are validated. These doubts can then fuel nonadherence once the patient does get his or her medication.

Nonadherence rates for Americans with mental illness are especially troubling. Patients with bipolar disorder or schizophrenia are estimated to have nonadherence rates of 65%, dangerously high for such serious conditions.[17] For patients with anxiety disorder, it's 57%, and for those suffering from depression, 52%.[18,19] Untreated, mental illness can lead the way to physical sickness, chronic pain, substance abuse, marital and family trouble, and self-harm.[20]

All of the above mental health conditions are treatable.[21] But just as people cannot be forced to seek treatment, neither can current patients be forced to continue it.

Whether due to nonadherence or to utilization management barriers, untreated mental health conditions impose a terrible cost on patients and their families, and also on the nation as a whole. Untreated mental illness costs the U.S. economy as much as $300 billion every year in missed work, hospitalizations, and reduced productivity, and could cost the global economy $16 trillion by 2030.[22,23]

"Let's say I have a patient with bipolar depression. I can't prescribe the medication I want to use until I get that patient through step therapy. That sometimes means having the patient take medications that aren't even FDA approved for their condition, just because the insurance company requires it.

Meanwhile, my patient goes on being depressed."

Jeremy Schreiber, MSN, PMHNP-BC

Improving adherence requires a multi-faceted response. Widespread public awareness efforts have led to more people feeling comfortable talking about mental health and seeking help. Such efforts must continue to raise awareness and normalize mental health care. As people become comfortable acknowledging mental health conditions, they may also become more committed to treating those conditions appropriately.

Reducing burdensome utilization management hurdles can also help by minimizing the time between a patient's diagnosis and the initiation of effective treatment.

Medical innovation offers other tools for improving adherence. One solution performing well amid the pandemic is long-acting injectable therapies, especially for people with serious mental illness.[24] These deliver medicine slowly, over two to 12 weeks, relieving patients of the need to take pills once or several times a day.[25] The consistency of treatment can also improve patients' continuity of therapy. Long-acting injectable therapies proved valuable for isolated patients during the pandemic, and improved access to these medications could be a key goal moving forward.[26]

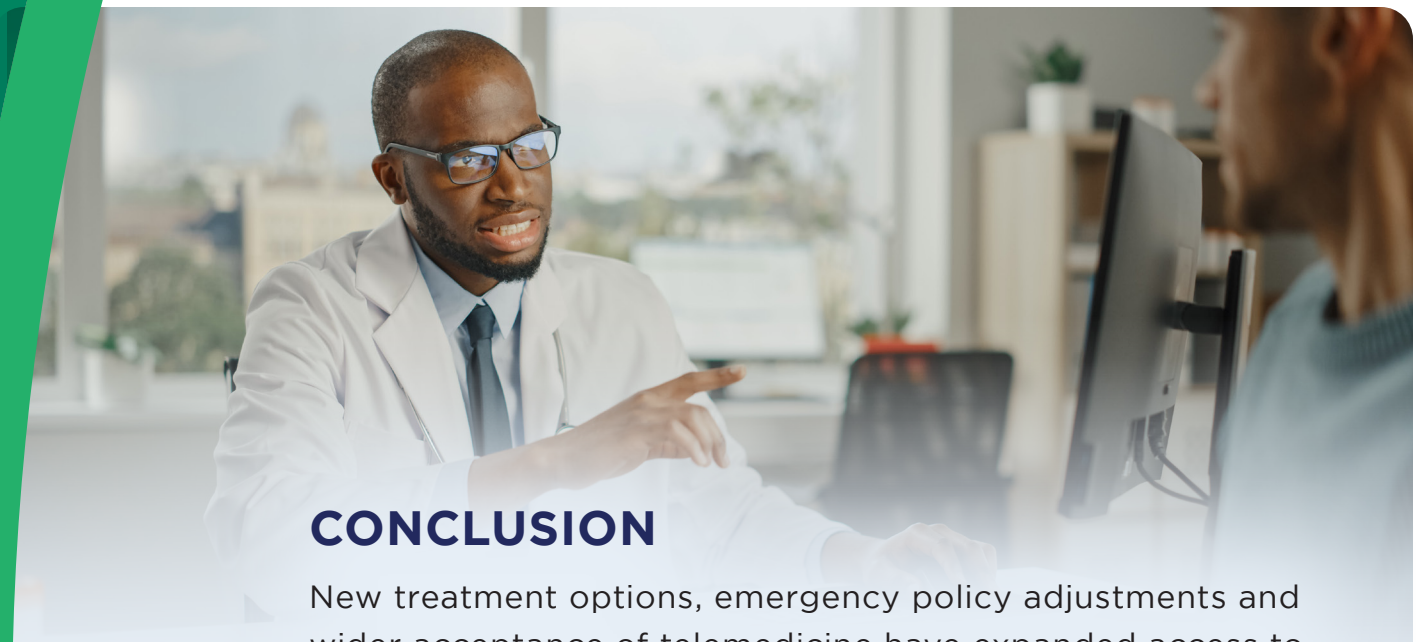
TELEMEDICINE

One unquestioned result of the COVID era has been the widespread uptake of telemedicine. With patients isolated at home, federal and state health agencies and private insurers expanded coverage for virtual appointments, including for mental health.

The laws governing telemedicine were written when two-way video conferencing was a rare and expensive luxury. Technological progress has long since overcome those circumstances. In 2020, telehealth became an absolute necessity, as its use grew 20-fold over the pandemic.[27]

The expansion is particularly promising for mental health, where telemedicine represents a revolutionary expansion of access to treatment. Virtual connections to health care providers can break down not only artificial barriers to care created by suboptimal policies, but also physical, geographic barriers that were once thought insurmountable.

Telehealth can allow patients to sustain relationships with trusted health care providers despite moves, new jobs, and schedules or military deployments. Those relationships will be a tool in managing mental wellness. And telehealth may be the key to sustaining and creating millions of such relationships in the coming years.



CONCLUSION

New treatment options, emergency policy adjustments and wider acceptance of telemedicine have expanded access to mental health care even as the coronavirus has threatened to constrain it. Moving forward, sustaining these new tools may be more important than ever.

It is incumbant on policymakers to turn the lessons patients and health care providers have learned into opportunities for reform. An ambitious but targeted approach could increase patients' access to care, broaden the scope of mental health treatment options, and affirm the parity between mental and physical wellbeing. Reform would be practically achievable and well timed.

Taken together, these reforms can help the nation recover from two mental health crises at once: the acute trauma of COVID-19 isolation and grief, and the long-term epidemic of untreated mental illness.

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ABOUT THE MENTAL HEALTH WORKING GROUP

The Mental Health Working Group is a network of policy-minded health care providers who advocate for patient-centered care.

To learn more, visit allianceforpatientaccess.org/mental-health

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