

# Meeting Mental Health Patients Where They Are



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## Nearly half of Americans report symptoms of anxiety or depressive disorder.

Rates of anxiety, depression and substance abuse have increased since the beginning of the COVID-19 pandemic, according to a 2021 survey by the National Institutes of Health.<sup>1</sup> The study confirms what many people already suspected about the nation's mental health crisis: it's worsened.

In fact, nearly one in every five adults in America now lives with some form of mental illness, representing 53 million people total.<sup>2</sup> Each of these people faces his or her own individual circumstances and care experiences. Most often, however, they seek psychiatric support in one of three environments:

- Directly with mental health professionals
- Through their primary care provider
- During a trip to the emergency room

In some cases, these spaces and their providers don't have access to the tools needed to provide mental health patients with the services to effectively treat their conditions. It is imperative that policymakers, insurers and clinicians collaborate and adapt to provide accessible, affordable services by meeting mental health patients where they are.



## Standard Psychiatric Care

When seeking help for their mental health, most people think about seeing a provider who focuses on mental health, such as a psychiatrist, psychologist or social worker.

These providers may practice in a range of settings, from private clinics to community centers, with each setting focusing on different populations and taking different approaches to treatment. Levels of treatment range from traditional outpatient therapy all the way up to residential services and hospitalization.

While this traditional route to mental health care is ideal, it still comes with several challenges:

- **Stigma & discrimination**
- **Cost barriers**
- **One-size-fits-all care**

**Stigma & Discrimination:** Emotional or social discomfort when seeking psychiatric services is one of the biggest challenges for those experiencing mental health issues. People with mental illness may be viewed negatively, treated differently, insulted, stereotyped or shamed by others. Self-stigmatization, when people internalize their own fears regarding a need for mental health care, is another significant barrier. Specific examples of stigmatization include using crude or insulting language, limiting job opportunities or ostracizing people who are dealing with mental illness.

**Cost Barriers:** While the Affordable Care Act and the Mental Health Parity and Addiction Equity Act have generally improved access to mental health care, the treatment needed for mental health conditions can still be out of reach for many Americans. This includes the burden of direct charges, like premiums and co-pays, as well as indirect expenses, such as lost wages or ancillary expenses like travel and child care.

**One-Size-Fits-All Care:** Attempts to standardize mental health care by insurance companies and overzealous health care administrators can interfere with patients receiving the support they require. Typical barriers include:

- **Step therapy**, which requires patients to try and fail other medications before getting what their provider prescribed.
- **Non-medical switching**, where insurance companies push patients to a medication for a non-medical reason rather than the one their clinician prescribed.
- **Prior authorization**, which delays access for patients who may need treatment immediately.



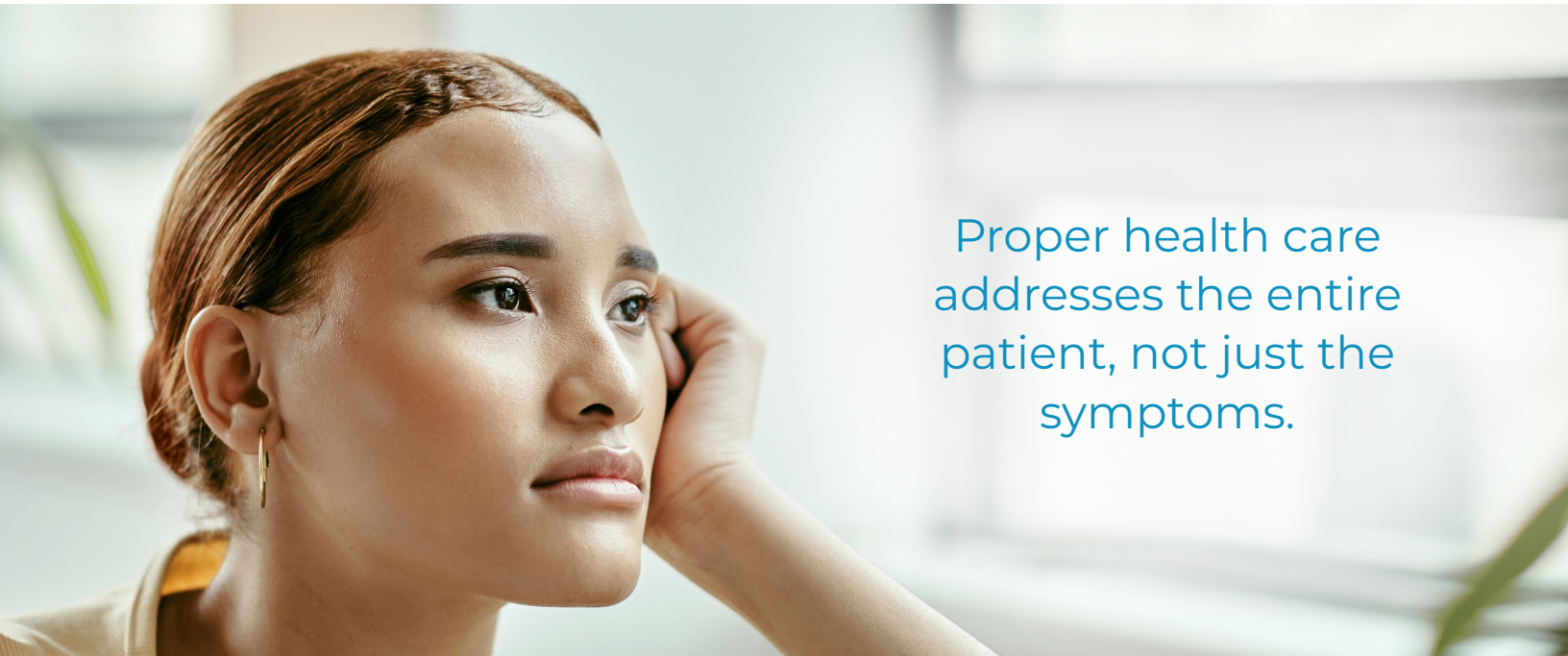
## POLICY SOLUTIONS FOR STANDARD PSYCHIATRIC CARE

Policymakers and insurance companies need to refocus on the end goal: improving the health and well-being of patients.

That requires continuity of care for patients — particularly those who have built a trusting relationship with their clinician. If that caregiver is geographically remote or the logistics of getting to an in-person meeting are awkward, decision makers need to allow both patients and providers to use technology to bridge the gap without interference. COVID taught us that, balanced with in-person care, telehealth works.<sup>3</sup>

Not only does it facilitate continuity of care, but it allows access for people who might otherwise lack access to mental health care. Health plans must acknowledge the value of such services by guaranteeing coverage regardless of location.

More holistic, wraparound services are also required to assist patients dealing not just with mental health conditions but with food and housing insecurity, safety and overall health. Patients do not exist in a vacuum. Interventions might range from something as simple as helping patients get reliable internet connectivity so they can access services remotely, all the way up to securing temporary housing or access to rehabilitation facilities. Proper health care addresses the entire patient, not just the symptoms.



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## Emergency Medicine

Emergency departments are designed to handle whatever challenges come through the door. Those challenges are increasingly related to mental health.

Approximately 131 million Americans visit an emergency department each year, the CDC reports, and approximately 312,000 of those visits are the result of a self-harm injury.<sup>4,5</sup> Often, those who are suffering a behavioral health emergency wind up in the emergency room for lack of anywhere else for them to go. Before the pandemic, nearly one in 10 emergency department visits was for mental health patients. Since then, the number has only grown.<sup>6,7</sup>

Despite the increasing number of mental health patients seeking emergency care, facilities are not equipped with resources to adequately address the needs of this vulnerable population in both the short and long term.

Most emergency provider training focuses on addressing critical physical injuries and ailments, from broken bones to gunshot wounds. There are no set requirements regarding psychiatric training for emergency providers, even though mental health patients frequently turn to emergency departments for support.<sup>8</sup>

This causes a cascade of issues. Mental health patients may find their condition exacerbated by the chaotic environments of an emergency department. Meanwhile, an influx of mental health concerns could delay potentially life-saving treatment to someone with a physical ailment.

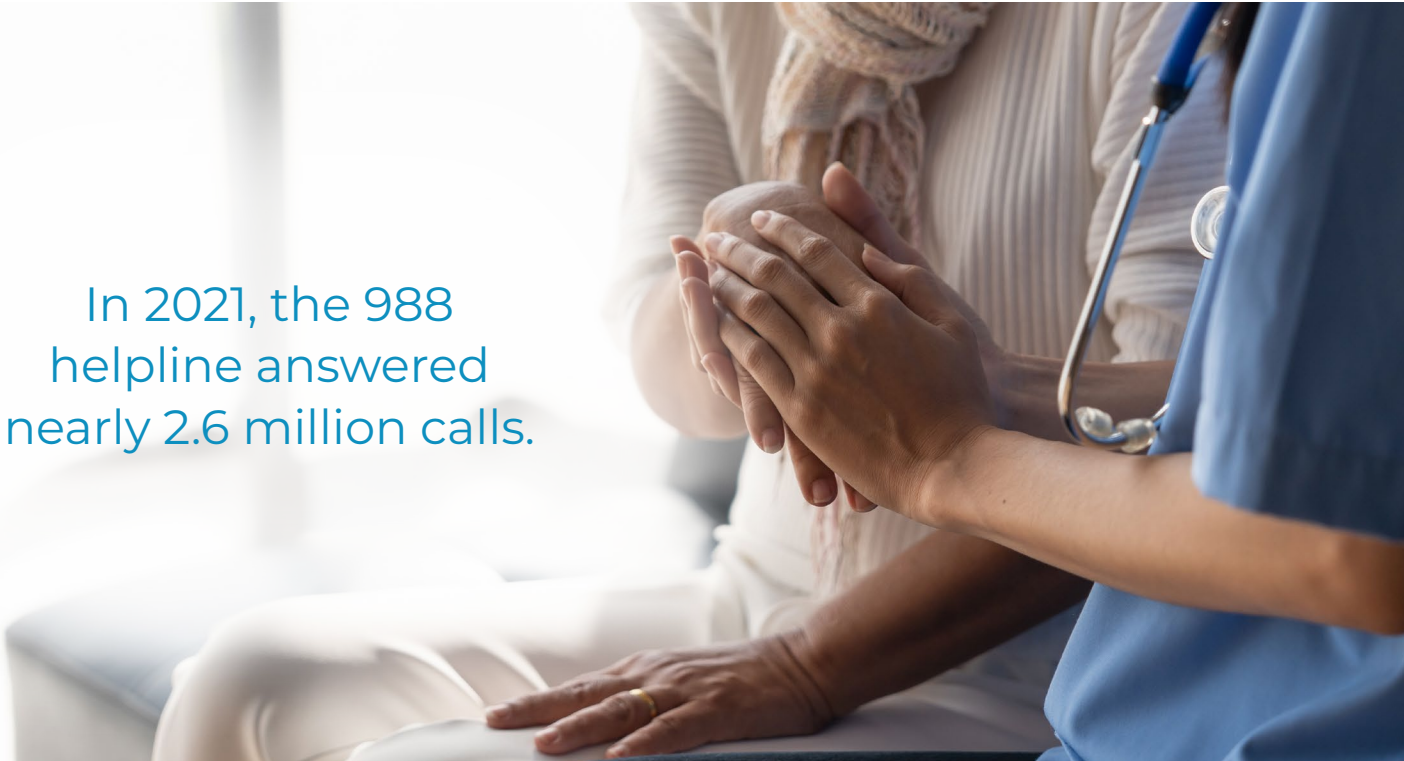


## POLICY SOLUTIONS FOR EMERGENCY MEDICINE

Congress' recent funding of the national 988 Suicide and Crisis Lifeline is an important first step by policymakers. In 2021 alone, the helpline answered nearly 2.6 million calls.<sup>9</sup> The system still faces staffing and funding challenges, however. And, like emergency departments, it is not a long-term solution for patients who need personalized mental health care.

It is inevitable that some mental health patients will seek care in emergency departments. Ideally, patients would have the option of a psychiatric emergency facility, which would drastically decrease the load on standard emergency departments and provide more targeted care. Emergency departments might consider facilities and capabilities unique to mental health patients that will reduce stress-inducing environments.

Meanwhile, there are some specific, achievable steps that policymakers and health care providers can take to improve the situation. One solution would be to ensure that a psychiatric nurse or nurse practitioner is on staff to help handle acute patients. Policymakers should also insist on some basic continuing medical education options regarding psychiatric care for emergency medicine practitioners.



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# Primary Care

Primary care providers are typically the first point of contact for patients who have mental health concerns.

Often, patients stay with their primary care provider for years and develop trusting relationships. These relationships can help hesitant people confide when they might not otherwise be willing to discuss their mental or emotional issues, regardless of a provider's psychiatric training. In fact, four in 10 visits for mental health are to a primary care provider.<sup>10</sup> As a result, primary care providers are often encountering, identifying, diagnosing and treating mental health conditions.

But while primary care providers receive a broad medical education, they typically do not receive much, if any, training in behavioral health care. They may be well equipped to help deal with comorbidities that often accompany mental illness, ranging from substance abuse and addiction to obesity, diabetes and cardiovascular diseases.<sup>11</sup> They are, however, sometimes ill-prepared to provide ongoing, multifaceted mental health services.

Moreover, primary care providers are already overburdened due to the national shortage of health care workers in the United States. Millions of Americans live in medical care deserts, where providers are either woefully overburdened or hours away from patients.

As a result, primary care providers face numerous challenges while addressing the mental health of their patients.

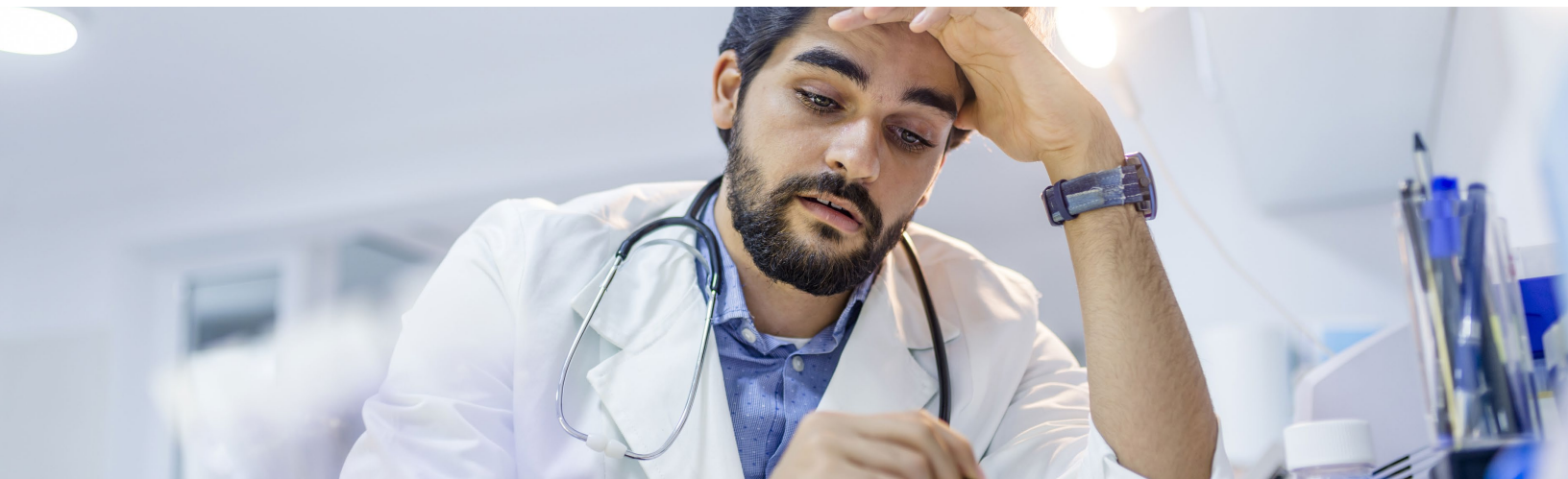
These include:

**Time constraints:** Given the sheer number of patients a primary care provider sees in a typical day, these clinicians simply do not have enough time to thoroughly treat patients with mental health conditions. The typical primary care provider interaction with a patient is around eight-12 minutes.<sup>12</sup> The typical psychiatric visit, by contrast, lasts around 20 minutes.<sup>13</sup> And it's not just a single appointment that's needed. Repeat visits are typically required to address mental health issues.

**Education gaps:** Most primary care providers receive little or no psychiatric training as part of their formal education. While some nursing staff may be required to have minimal training, many primary care providers have zero minutes of required psychiatric training and only limited opportunities for ongoing medical education on the topic of mental health care.

## **Suboptimal systems for linkage to care:**

Many primary care providers lack connections with appropriate mental health care providers to whom they can refer patients with mental health conditions. In other instances, specialists are many miles or hours away, making in-person visits difficult. For patients with limited access to telemedicine, geographical hurdles are often an insurmountable barrier to care.







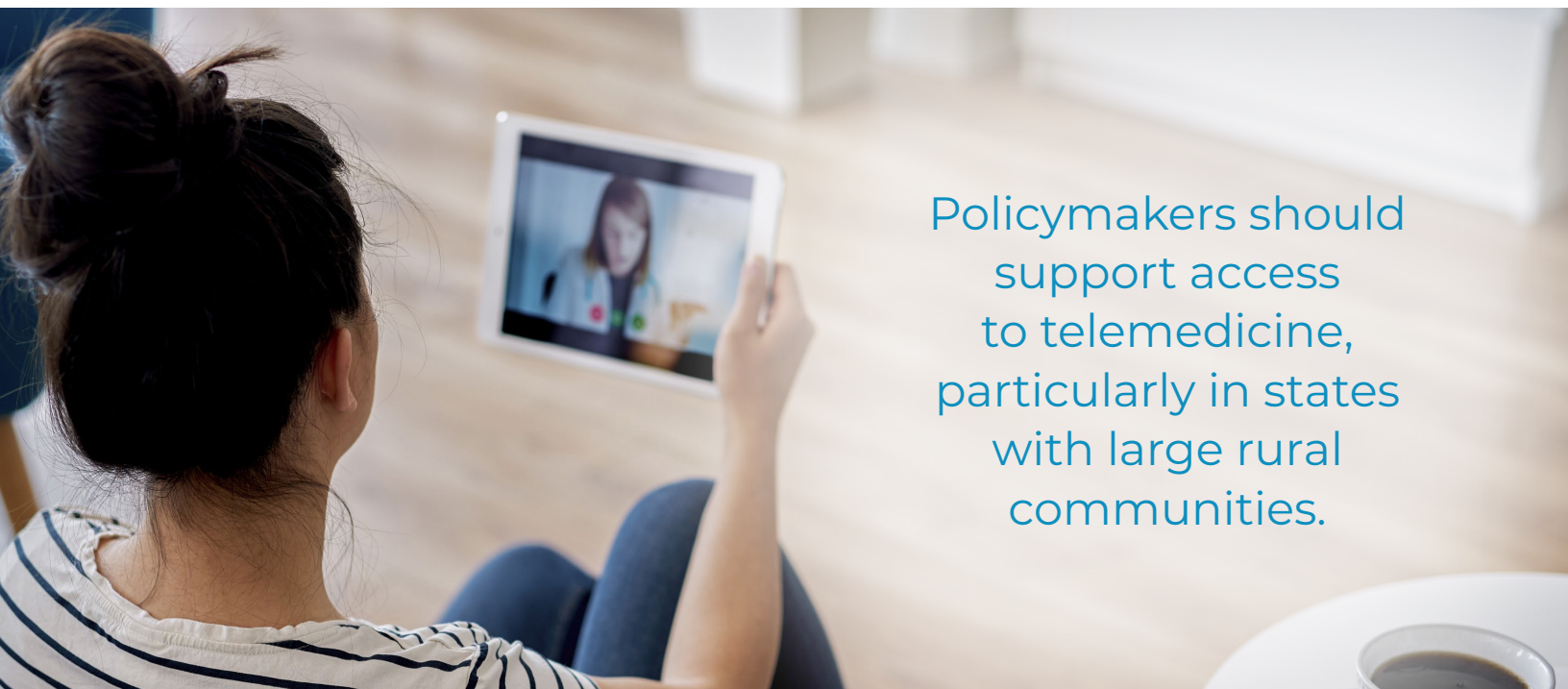
## **POLICY SOLUTIONS FOR PRIMARY CARE**

First and foremost, primary care providers require training to recognize the signs of mental health issues as well as education on how to best provide mental health treatment. These providers treat patients across a variety of conditions, which includes mental health. As a result, mental health training should be part of overall primary care training.

Fellowships and Continuing Medical Education programs should provide opportunities that will teach primary care providers to better identify and treat mental health patients. One effective example is the University of California, Irvine's Train New Trainers Fellowship.

While there are existing programs to support primary care providers, awareness, utilization and accessibility are often low. Greater funding for education focused on mental health in primary care is needed, and policymakers should make funding for existing programs and new initiatives a priority.

Because primary care providers cannot possibly be all things to all patients, they need support developing networks to help redirect patients who require ongoing or more targeted support. Given that third-party support is not always readily available within a reasonable distance, policymakers should support access to telemedicine, particularly in states with large rural communities.



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## Policies to Improve Mental Health Care

Making the decision to seek assistance with one's mental and emotional health can be extraordinarily difficult for many patients.

The fear of stigma or repercussions—whether real or imagined, external or internal—has historically discouraged some people from seeking mental health care at all. It is imperative, then, that those seeking help have every opportunity to access the care they need, regardless of the entry point, and be guided toward their optimal pathway for care.

Governments, schools, educators, medical professionals and employers all need to stress that seeking mental health care is not just acceptable but encouraged in the interest of general mental well-being. They can also collaborate on policy solutions.

### **Opportunities for mental health care education.**

While not every medical professional can specialize in mental health care, frontline clinicians providing primary and emergency care need the education and tools to identify potential mental health issues and link patients with skilled mental health providers.

**Stronger mental health care network.** Policies must prioritize strengthening the mental health care network. With the launch of the 988 hotline, federal, state and local governments must allocate appropriate funds to support helplines, as well as

mobile crisis centers and public and community clinics. Policymakers should also search for ways to encourage people to pursue careers in the field of mental health, where they can support the increasing number of patients who need care.

**Robust access to telemedicine.** Modern telemedicine has opened opportunities for patients to access mental care regardless of their location, language or financial status. It is fast, easily accessed with a smartphone and has been proven to work time and time again. Practitioners need the ability and authority to help their patients regardless of their physical location, whether they're across the table or across state lines. And coverage must ensure parity for mental health patients who use telemedicine services.

### **Policies that support patient-centered care.**

As with any other medical issue, insurers must not interfere with the diagnosis and treatment of patients as prescribed by a provider. Imposing prior authorizations, step therapy or non-medical switching can slow treatment and weaken the bond of trust between provider and patient.





## Conclusion

It is impossible to anticipate the circumstances of each individual patient facing mental health challenges. Attempts to impose a uniform model of care — while trying to address deeply personal and complex issues such as mental health — are guaranteed to prolong, exacerbate or multiply problems.

Rather than trying to define and categorize individuals into rigid models of care, policymakers and health care providers must pursue patient-centered mental health care.

That requires giving health care providers the tools, autonomy, training and funding to address the mental health needs of patients everywhere.

Millions of Americans will experience a mental health condition each year.<sup>14</sup> Addressing this crisis requires identifying those in need of care, encouraging them to seek support and destigmatizing mental health once and for all.

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