

How Have Access and Cost Barriers to Mental Health Changed Over the Last Decade Among Insurance Groups?

Findings from the Integrated Health Interview Series (IHIS)

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Background

Over the past several years there has been an increase in the number of persons with mental health problems who receive treatment. However, at the same time, cost barriers may have also risen. This may be due to a change in levels of health insurance coverage, an increase in un-insurance, a decline in employer-sponsored insurance, and greater cost sharing among the insured.

There has been little recent research on the impact of insurance type on access to care and cost barriers - a research gap addressed in this project. Adults with serious psychological distress (SPD) are nearly half as likely to have health insurance compared to those with less severe or no SPD, but nearly nine times more likely to seek some form of treatment, indicating that these individuals face greater out-of-pocket expenditures for needed care. Among persons with SPD on private insurance, cost sharing may disproportionately impact them, as such individuals often have lower incomes compared to those without SPD.

Objectives

In light of the many changes in the financing and delivery of mental health care over the last decade, the purpose of this analysis is to examine **how access and cost barriers to mental health care have changed over time** for persons with SPD within three types of insurance.

Data

Data come from the IHIS, which was created from National Health Interview Survey (NHIS) data to facilitate time-series analysis of U.S. health status, health behaviors, and health care access and use. Initiated in 1957, the NHIS is the principal source of information on the health of the U.S. population. The IHIS has advantages such as:

- Simplifies access across years through free downloadable data
- Facilitates consistent comparisons of indicators over time
- Documents changes in concepts and comparability issues
- Provides simplified weights and survey design variables
- Reduces costs of research by minimizing initial investments in data

Variables

Dependent Variable:

Access is defined as seeing a mental health specialist within the previous 12 months.

Cost Barrier is defined as whether, at any time during the past 12 months, persons needed mental health care or counseling but did not get it because they could not afford it.

Independent Variables:

Serious Psychological Distress is defined as a score greater than 13 on the Kessler Scale, a series of six questions on feelings in the past 30 days.

Uninsurance is a lack of insurance at the time of the interview.

Public insurance is defined as coverage through Medicaid, State or other public assistance.

Private insurance is defined as any insurance, other than single service plans, generally obtained through employment or purchased directly.

Controls: age, race (White, Hispanic, Black or other), education (less than high school, some college or college graduate), marital status, employment status (working in the past two weeks or not), a count of other chronic conditions, health status, and poverty status.

Methods

We pooled data into two year groups, creating six observations from 1999 to 2010, and use time as the predictor of interest.

- Examined trends in insurance coverage for those with and without SPD and tested for differences in trends between these two groups.
- Used multivariate logistic regression to compute odds ratios and the predicted probability of access and cost barriers.
- Analyzed whether observed changes occurred for those who ever sought mental health care.

- Item non-response rates are high for questions on income; we used the five NHIS imputed variables for the ratio of family income to poverty line and used "mi estimate" procedures in STATA.

- The NHIS uses a complex sample design. We therefore use sampling weights (adjusted for two-year pooled analyses) to obtain correct point estimates and STATA's **svy** and **subpop** commands to account for the impact of survey design to obtain appropriate variance estimates on a subpopulation

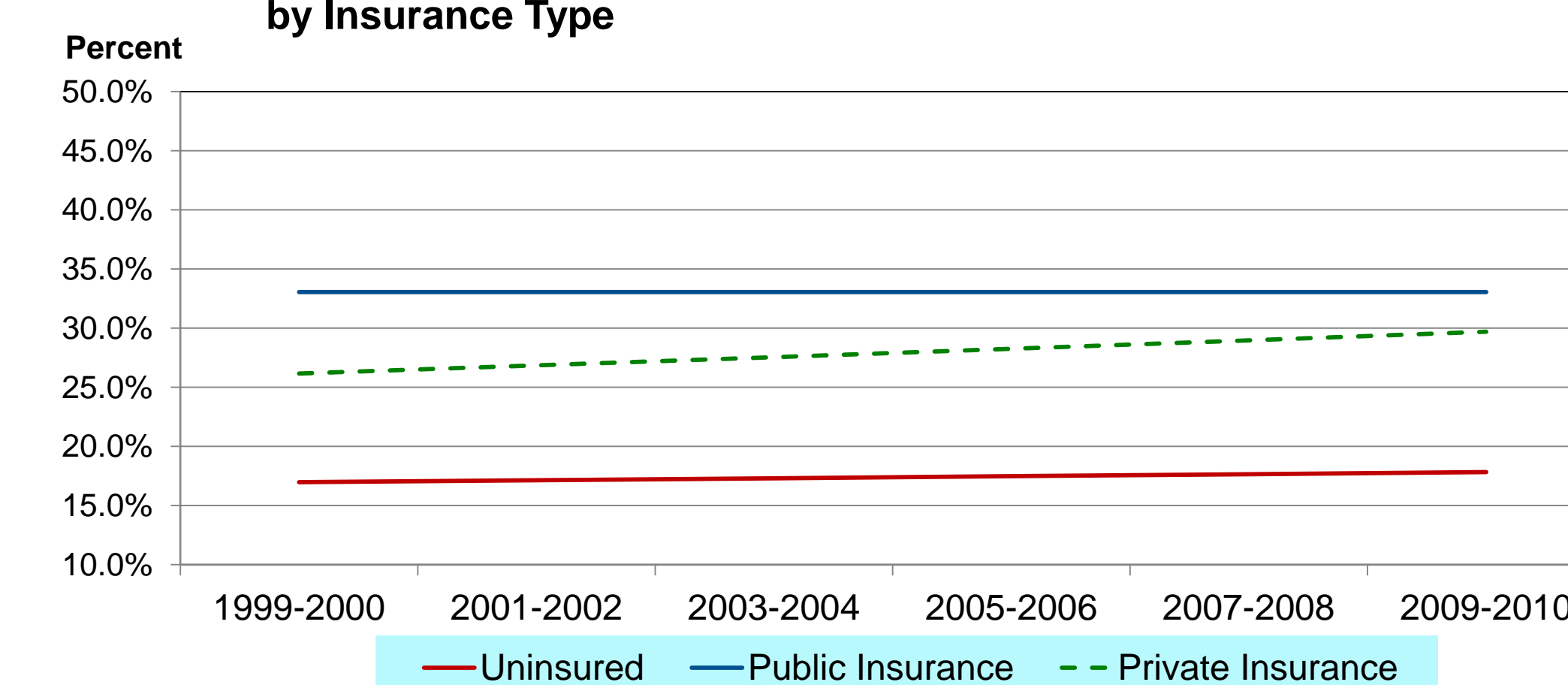
Results

Table 1: Percent of Persons Covered by Insurance Type

	1999-2000	2001-2002	2003-2004	2005-2006	2007-2008	2009-2010	Percent Change
With SPD							
Uninsured (n=2,732)	24.14 (%)	25.60 (%)	27.69 (%)	26.44 (%)	26.00 (%)	29.59 (%)	22.6%
Public (n=3,512)	29.36 (%)	32.58 (%)	33.38 (%)	35.69 (%)	36.90 (%)	36.05 (%)	22.8%*
Private (n=3,583)	46.49 (%)	41.82 (%)	38.93 (%)	37.87 (%)	37.10 (%)	34.36 (%)	-26.1%
No SPD							
Uninsured (n=50,915)	17.17 (%)	17.08 (%)	18.48 (%)	19.17 (%)	18.77 (%)	20.44 (%)	19.1%
Public (n=24,626)	6.39 (%)	6.75 (%)	7.72 (%)	8.63 (%)	9.29 (%)	10.58 (%)	65.6%*
Private (n=183,631)	76.44 (%)	76.17 (%)	73.80 (%)	72.20 (%)	71.94 (%)	68.97 (%)	-9.8%

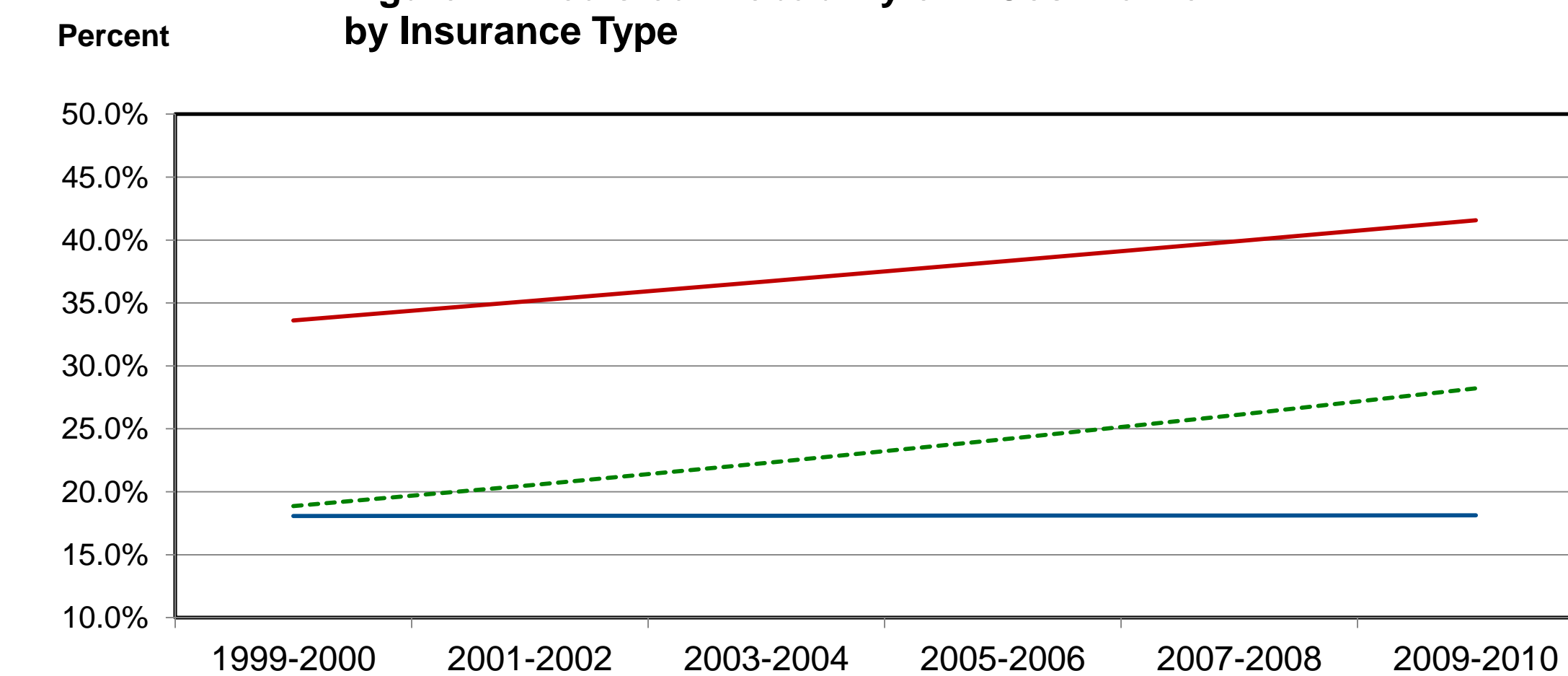
* Statistically significant different between persons with SPD and without at p<.05

Figure 1: Predicted Probability of Accessing Mental Health Care by Insurance Type



Trends not significant. Adjusted using survey weights and controlling for age, education, sex, race, marital status, employment, poverty status, other chronic conditions. Source: Integrated Health Interview Series.

Figure 2: Predicted Probability of A Cost Barrier by Insurance Type



p<.05 *p<.001

Adjusted using survey weights and controlling for age, education, sex, race, marital status, employment, poverty status, other chronic conditions. Source: Integrated Health Interview Series.

Table 2: Adjusted Odds Ratios for Time Predicting Access and Unmet Need due to Cost Barriers for Mental Health Care by Insurance Group

	Uninsured	Public	Private
Access			
Time	1.012	0.980	1.036
Cost Barrier			
Time	1.07*	1.045	1.11**

* p<0.05, **<0.01. Estimated accounting for complex survey design, multiply imputed variables, and controlling for sex, age, education, race, poverty, marital and employment status, and other chronic conditions.

Discussion

- Table 1 shows that uninsurance and public coverage has increased for those with and without SPD while private coverage has declined for both groups. Changes are statistically different only among the publicly insured (a greater increase among those without SPD).

- Table 2 shows the adjusted odds ratios for use and cost barriers. Over the past 10 years, the **odds** of experiencing a cost barrier is 7% for the uninsured and 11% for the privately insured every two years.

- Figures 1 and 2 show the predicted probability of using care or facing a cost barrier. There was no significant increase in access within each insurance group, while cost barriers have increased for the uninsured and privately insured. Cost barriers have risen 7.8% among the uninsured and 9.7% among the privately insured between 1999 and 2010.

Implications

- Insurance coverage is projected to change substantially when the Affordable Care Act is fully implemented. With the expansions in Medicaid, the health insurance exchanges, and mandate on employers to offer coverage, at least 3.7 million currently uninsured people with severe mental illnesses will be covered.
- Barriers may rise if funding for mental health care is reduced in the public sector contemporaneously with an increase in the proportion of persons on Medicaid.
- The rise in un-insurance among those with SPD is particularly adverse because of the greater need for services and a greater out of pocket burden for care.
- Private insurance plans are the benchmark for insurance plans in the exchanges. The increase in cost barriers for those with such plans will leave many without needed care.
- The lack of increase in access observed here suggests a continued need to understand factors affecting care seeking within each insurance type.

Acknowledgements

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