How Have Access and Cost Barriers to Mental Health Changed Over the Last Decade Among Insurance Groups? Findings from the Integrated Health Interview Series

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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 public 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 with persons with SPD within three types of insurance.

Methods

We pooled data from 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-responders are high for questions on income; we adjusted for income.

Data

Data come from the IHS, 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 NHIS has advantages such as:
- Facilitates consistent comparisons over time.
- Provides simple weights used the five NHIS imputed variables for the ratio of family income to poverty level.
- Adjusted for item non-responses for income.
- The rise in uninsured among those with SPD is particularly acute because of the public sector need for services and a greater need of pocketed burden for care.

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, 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.

Table 1: Percent of Persons Covered by Insurance Type

<table>
<thead>
<tr>
<th>Year</th>
<th>Uninsured</th>
<th>Private</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>25.0%</td>
<td>46.4%</td>
<td>28.6%</td>
</tr>
<tr>
<td>2005</td>
<td>25.0%</td>
<td>46.4%</td>
<td>28.6%</td>
</tr>
<tr>
<td>2010</td>
<td>25.0%</td>
<td>46.4%</td>
<td>28.6%</td>
</tr>
</tbody>
</table>

Results

Linked each of the six observations to the previous year to generate a time-series dataset for each insurance group. 
- The lack of increase in access observed here suggests a continued need to look at the insurance sector components contemporaneously with an increase in the proportion of persons on Medicaid.
- The rise in uninsured among those with SPD is particularly acute because of the public sector need for services and a greater need of pocketed 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.

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 ratio 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.

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

<table>
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<tr>
<td>2000</td>
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• If barriers rise, the lack of alternative sources of care, such as employer-sponsored insurance, will become even more important.

• The rise in uninsured among those with SPD is particularly acute because of the public sector need for services and a greater need of pocketed 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

These analyses were prepared with resources from the Minnesota Population Center at the University of Minnesota.