

October 2010

Profiling California's Health Plan Enrollees: Mental Health Need and Treatment in California

Dylan H. Roby, Gina L. Nicholson, and Gerald F. Kominski

More than two million Californians are estimated to be affected by mental illness each year.¹ In 2005, more than one million Californians reported serious psychological distress in the past year.² Most individuals who need mental health services do not access care. This is so for a number of reasons, including stigma, cost, underinsurance or lack of insurance, or lack of provider availability.² The cost of untreated mental illness is high: mental illness is the leading cause of disability among people ages 15 to 44,³ and the associated costs in reduced work productivity stand at more than \$60 billion annually in the United States. Even among the insured, cost sharing for mental health treatment tends to be higher, and limits on care are usually more restrictive than they are for medical health insurance. In 2009, regulations related to mental health parity designed to decrease benefit restrictions for those insured through large employers went into effect.

Mental Health Need

Serious psychological distress⁴ (SPD) was reported among 6% to 8% of adults with commercial insurance. Rates among adults with public insurance were slightly higher, at between 10% and 11%. Among adults who reported SPD in the past year, between 37% and 39% enrolled in commercial insurance products reported missing at least one day of work in the past month due to a mental health issue. In public insurance programs, more than half of all adults who reported SPD (54% in HMOs, 56% in FFS plans) missed at least one day of work in the past month for a mental health issue, and 49% of the

uninsured missed work due to a mental health issue.

Visits to Mental Health Providers

Between 24% and 28% of health plan members stated that a doctor had discussed emotions with them at their last visit. Between 5% and 10% of adults reported having been seen by either a primary care provider or a psychiatrist for a mental health or alcohol/drug problem.

Barriers to Mental Health Treatment

Cost was often cited as a barrier among adults who reported needing but not receiving help for a mental health issue. Among the commercial enrollees, 41% of adults in PPOs who needed but did not receive help cited cost as the reason, compared with 32% of those in HMOs and 24% of Kaiser Permanente HMO enrollees. Forty-seven percent of public FFS enrollees cited cost as a treatment barrier, compared with 36% of public HMO enrollees. Almost three-quarters of the uninsured cited cost as a treatment barrier. Twenty percent of the uninsured reported difficulty in obtaining a mental health appointment, while between 8% and 10% of the commercial enrollees reported the same difficulty.

Discussion

Mental health needs continue to be high among both commercial and public insurance enrollees and among the uninsured in California. Over 15% of all adults reported a need for help with an alcohol or drug problem, and lost productivity from mental health issues is prevalent, especially among the publicly insured. Assessment of mental health need should occur in the primary care



The State of California Office of the Patient Advocate

The Office of the Patient Advocate (OPA) is an independent state office that represents the interests of health plan members. Established in July 2000, the OPA has three primary functions: consumer education, public reporting, and collaboration with government and nongovernment patient assistance programs. For more information, visit www.opa.ca.gov.

Exhibit 1

Comparisons of Mental Health Need and Treatment by Insurance Status and HMO Enrollment, 2007

	Commercial HMO	Commercial PPO	Commercial Kaiser HMO	Public HMO	Public FFS	Uninsured
Needed Help for Alcohol or Drug Problem	15%	18%	17%	15%	16%	17%
Serious Psychological Distress (SPD – Based on Kessler Scale)	8%	6%	8%	10%	11%	10%
Physician Discussed Emotions at Last Checkup	27%	24%	25%*	27%	28%	25%
Workdays Missed for Those with SPD^a						
One to 29 Days Missed	28%	28%	27%	24%	23%	31%*
Over 29 Days Missed	13%	9%*	12%	30%	33%	18%*
Have Seen Provider for Alcohol or Mental Health Problem						
Primary Care Physician	7%	7%	7%	9%	10%	5%*
Psychiatrist	8%	10%	9%	9%	10%	6%*
Reported Barriers to Mental Health Treatment^b						
Cost of Treatment	32%	41%*	24%*	36%	47%*	71%*
Difficulty Getting Appointment	9%	10%	8%	20%	17%	20%

- a Among adults with SPD in past year
 b Among adults who felt they needed emotional treatment but did not receive it

* Indicates statistically significant difference, $p < 0.05$. Reference group for commercial insurance lines is commercial HMO. Reference group for public insurance lines is Public HMO. Uninsured is compared to Public HMO.

Read the Full Report

Profiling California's Health Plan Enrollees: Findings from the 2007 California Health Interview Survey
www.healthpolicy.ucla.edu/enrollees

setting. Yet, as of 2007, only one-quarter of Californians were asked about emotions at their last checkup.

Data Source

This fact sheet summarizes data on mental health need and use of mental health services from the report *Profiling California's Health Plan Enrollees*. The report uses the most recent data available from the 2007 California Health Interview Survey (CHIS) to analyze health status and use of health care services among commercial and public HMO and non-HMO (Fee-for-Service or PPO) plans. For more detailed analysis on the topic and methodology, please refer to the full report, available at <http://www.healthpolicy.ucla.edu>. The California Health Interview Survey is a collaboration of the UCLA Center for Health Policy Research, the California Department of Public Health, the Department of Health Care Services, and the Public Health Institute. For additional information on CHIS, visit www.chis.ucla.edu.

Author Information

Dylan H. Roby, PhD, is a research scientist in the UCLA Center for Health Policy Research and adjunct assistant professor in the UCLA School of Public Health, Department of Health Services. Gina

Nicholson, MPH, is a senior research associate in the UCLA Center for Health Policy Research. Gerald F. Kominski, PhD, is associate director of the UCLA Center for Health Policy Research and professor in the UCLA School of Public Health, Department of Health Services.

Funding Information

This fact sheet was funded by a grant from the California Office of the Patient Advocate (OPA), www.opa.ca.gov.

Endnotes

- 1 Lee, D. Mental Health and Universal Coverage. January 2008, California Endowment. http://www.calendow.org/uploadedFiles/Publications/By_Topic/Access/Mental_Health/Mental%20Health%20and%20Universal%20Coverage.pdf
- 2 Grant D, Kravitz-Wirtz N, Aguilar-Gaxiola S, Sribney WM, Aydin M, Brown ER. Mental Health Status and Use of Mental Health Services by California Adults. Los Angeles: UCLA Center for Health Policy Research. Accessed from http://www.healthpolicy.ucla.edu/pubs/files/MentalHealth_PB_072810.pdf on October 8, 2010.
- 3 NIMH: The numbers count—Mental disorders in America. National Institutes of Health, 2006. Accessed from www.nimh.nih.gov/publicat/numbers.cfm on October 8, 2010.
- 4 Serious psychological distress is measured using the Kessler (K6) scale in CHIS.



This publication contains data from the California Health Interview Survey (CHIS), the nation's largest state health survey. Conducted by the UCLA Center for Health Policy Research, CHIS data gives a detailed picture of the health and health care needs of California's large and diverse population. Learn more at: www.chis.ucla.edu