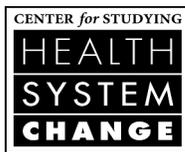




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Two-Thirds of Primary Care Physicians Can't Get Mental Health Services for Patients

*Shortages of Mental Health Providers, Health Plan Barriers,
and Lack of or Inadequate Coverage Cited as Roadblocks to Mental Health Care*

WASHINGTON, D.C. About two-thirds of U.S. primary care physicians reported in 2004-05 that they couldn't get outpatient mental health services for their patients—a rate that was at least twice as high as for other services, according to a national study funded by the Commonwealth Fund published today as a Web Exclusive in the journal *Health Affairs*.

Conducted by Peter J. Cunningham, Ph.D., a senior fellow at the Center for Studying Health System Change (HSC), the study found that more than half of the primary care physicians reporting problems getting mental health services for their patients cited lack of or inadequate insurance coverage, health plan barriers and shortages of mental health providers, as "very important" reasons their patients couldn't get care.

The *Health Affairs* article, titled "Beyond Parity: Primary Care Physicians' Perspectives on Access to Mental Health Care," is based on findings from HSC's nationally representative 2004-05 Community Tracking Study Physician Survey, supplemented by other sources to estimate the supply of mental health providers, levels of insurance coverage, existence of state mental health parity requirements and health maintenance organization (HMOs) penetration in 60 communities across the country. The physician survey had a 52 percent response rate and included information from 2,900 primary care physicians—general internists, family/general practitioners and pediatricians.

"From the perspective of primary care physicians, the study findings suggest that lack of access to mental health services is a serious problem—much more serious than for other commonly used medical services," Cunningham said.

Although the survey data preceded passage of the 2008 Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008—which mandated mental health parity in private insurance benefits nationally—the study found that existing state mental health parity laws had only a modest effect on reducing mental health access disparities.

The survey asked physicians about their ability to obtain the following services for their patients: outpatient mental health services, referrals to other specialists, diagnostic imaging services and non-emergency hospital admissions. Almost 67 percent of the primary care physicians (PCPs) reported

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they couldn't get mental health services for their patients, compared with 33.8 percent reporting they couldn't get specialist referrals, 29.8 percent reporting they couldn't get diagnostic imaging and 16.8 percent reporting they couldn't get nonemergency hospital admissions.

“With the Obama Administration and Congress engaged in a historic effort to reform our fragmented health care system, these findings underscore the need to cover everyone with comprehensive and affordable coverage and to move towards a more organized, integrated health system,” said Commonwealth Fund Assistant Vice President Sara Collins.

The study also found that PCPs' probability of reporting mental health care access problems for their patients varied by physician practice, health system and policy characteristics. For example, pediatricians were more likely than other PCPs to report problems getting mental health services for their patients because of health plan barriers and shortages of mental health providers but not because of lack of or inadequate coverage. This finding is consistent with other reports indicating severe shortages of child and adolescent psychiatrists.

The article concludes that “the fact that a high percentage of PCPs cited health plan barriers or inadequate coverage as important reasons for the lack of access is consistent with much of the recent policy focus on parity in mental health benefits. Indeed, these concerns are lower in states that implemented parity legislation prior to the 2008 national parity legislation, although the effects are relatively modest. Even with national parity legislation, large gaps in mental health access will likely remain, and the new law will have no effect on the severe access problems of the uninsured as well as problems related to the shortage of mental health care providers.”

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The Commonwealth Fund is a private foundation supporting independent research on health policy reform and a high performance health system.

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The Center for Studying Health System Change is a nonpartisan policy research organization committed to providing objective and timely research on the nation's changing health system to help inform policy makers and contribute to better health care policy. HSC, based in Washington, D.C., is funded in part by the Robert Wood Johnson Foundation and is affiliated with Mathematica Policy Research, Inc.

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Health Affairs, published by Project HOPE, is the leading journal of health policy. The peer-reviewed journal appears bimonthly in print with additional online-only papers published weekly as Health Affairs Web Exclusives at www.healthaffairs.org.