

Behavioral Health Challenges

Nearly 20% of Americans, that's 46.6 million adults, are affected by a behavioral health disorder annually.¹ Yet accessing behavioral health services can be a challenge. Today, fewer than half of adults with behavioral health disorders receive treatment.²

There are a number of barriers to accessing behavioral health care services, including:

- Coverage and Cost.** The cost of behavioral health treatment may prevent people from seeking care. Insurance plans that offer behavioral health coverage are required to cover those services at the same level as medical care; however, copays and deductibles, amongst other factors, may inhibit access to care. In a survey of privately insured individuals, 35% of respondents reported not seeking mental health services because they could not afford treatment.³ And, 42% of Americans with behavioral health disorders described cost and poor insurance coverage as their primary barrier to accessing care.⁴ Learn more about coverage challenges in [AHA's Behavioral Health Trendwatch](#).
- Provider Shortages.** America has a shortage of providers with the training or resources to treat patients' behavioral health needs. For example, patients with behavioral health issues often present at emergency departments (EDs) or primary care clinics where providers may not specialize in treating patients with psychiatric or substance use disorders.⁵ In addition, low reimbursement from government and private insurers means fewer doctors are choosing mental health specialties, while some opt to not accept insurance.⁶ Roughly 60% of rural America is underserved for behavioral health, and more than 85% of the nation's behavioral health professional shortages are in rural communities.⁷ These shortages may lead to long waits to receive care, require patients to travel many miles away, or result in getting no care at all.

Defining Behavioral Health Terms

Behavioral health and mental illness are inter-related yet distinct concepts. The AHA uses the following descriptions:



Mental illnesses are specific, diagnosable disorders characterized by intense alterations in thinking, mood and/or behavior over time.



Substance use disorders (SUD) are conditions resulting from the inappropriate use of alcohol or drugs, including prescription medications.



Behavioral health disorders include both mental illness and SUDs. Persons with behavioral health care needs may suffer from one or both types of conditions as well as physical co-morbidities.



Mental health is a state of successful performance of mental and physical functioning, resulting in productive activities, fulfilling relationships with others, and the ability to adapt to change and cope with adversity.

- **Fragmented Behavioral and Physical Health Systems.** The funding and delivery systems for treating physical and behavioral health have traditionally been separate and uncoordinated. Though clinicians may refer patients to behavioral health providers, those individuals are often outside of the health care system, making care coordination and follow-up challenging. While hospitals in value-based payment structures are implementing coordinated mental and physical health care models, they are not generally adequately reimbursed in the fee-for-service model.
- **Stigma.** Individuals' feelings of shame or judgement and the sense that they may be discriminated against, or are reluctant to admit that they would benefit from mental health care drives behavioral health care challenges. While the number of patients who cannot or do not access mental health care due to stigma is difficult to pinpoint, research concludes that stigma is a considerable barrier to access.⁸



Not only are the barriers to behavioral health care detrimental to patients, uncontrolled behavioral health issues are costly to the health care system. Individuals with mental health needs are likely to be high utilizers of the health care system and incur significant costs for their physical health conditions. For example, 70% of adults with behavioral health conditions also have a physical health condition, and many have chronic diseases such as asthma, diabetes, heart disease, hypertension and stroke.⁹ As a result, the cost of care is 75% higher for people with co-occurring behavioral and physical health issues than those without a behavioral health issue.¹⁰ Left untreated, behavioral health disorders cost \$444 billion per year.¹¹

Integrated Behavioral Health Improves Value

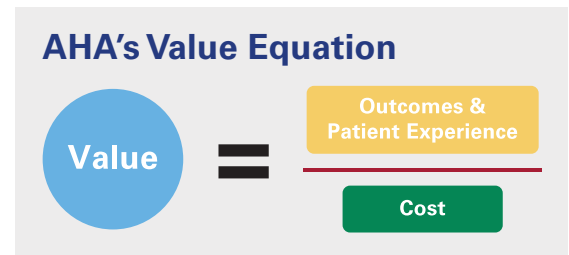
Integrating behavioral health services into the medical setting is emerging as an effective approach for overcoming some of the access barriers to behavioral health services. Integrated behavioral health is the systemic coordination of physical and behavioral health care into one system of care across the care continuum. Behavioral health professionals can be embedded into a medical practice, or medical professionals can be integrated into a behavioral health home. One of the most familiar integrated models is collaborative care. Key components of integrated behavioral health include:¹⁴

Disparities in Behavioral Health

There are disparities in who experiences and accesses treatment for behavioral health issues, leading to persistent health inequities. Mixed-race individuals have the highest prevalence of mental illness (28.6%), followed by white adults (20.4%), American Indian (18.9%) and black adults (16.2%); however, white adults with mental illness are more likely to receive treatment than individuals from other ethnic groups.¹² Other groups experiencing challenges accessing behavioral health services include the LGBTQ community, military service members, veterans and rural residents.¹³

- **Co-location.** Behavioral health, primary care and other health care providers work within the same facility or practice;
- **Team-based Approaches.** Mental and physical health professionals operate as one interdisciplinary care team;
- **Patient-centered Care.** Individuals have a single treatment plan that encompasses their physical and mental health, and care is offered in a way that supports the patient’s preferences and social situation;
- **Care Management.** Patients are routinely screened to identify, treat and track mental health concerns.

Through The Value Initiative, the AHA is addressing affordability through the lens of value to improve outcomes and enhance the patient experience while reducing cost. Integrated behavioral health services can improve value not only for the patients, but for families, caregivers, health care providers and the overall health care system. Integrated behavioral health can improve all three components of the value equation:



- **Improve Outcomes.** Patients demonstrate improved outcomes when physical and mental health are treated together in an integrated care model. For instance, one study shows that patients with depression and anxiety experienced significantly better outcomes under a collaborative care model than those receiving standard primary care.¹⁵ Hospitals and health systems have seen consistent results. For example, **Intermountain Healthcare’s** team-based Mental Health Integration model in the primary care setting demonstrated increased screening and treatment for depression by 46%, improved adherence to diabetes care protocols by 25% and reduced emergency room visits by 18% and hospital admissions by 9.5% when compared with patients who were not receiving team-based care.¹⁶ Learn more in their [Members in Action profile](#).
- **Enhance the Patient Experience.** Integrating physical and behavioral health services can facilitate seamless access to care. Service proximity, provider continuity and trust supports patient engagement with integrated care.¹⁷ **Montefiore Health System’s** behavioral health mobile app improved the effectiveness and efficiency of their collaborative care model by allowing behavioral health providers to remotely monitor patients and to give patients a simple way to provide updates about how they’re feeling to care managers. Through the app, behavioral health managers can send patients educational materials and strategies on how to take care of themselves, as well as reminders to help them stay on track with their goals. Seventy-two percent of users said they felt more connected to the care team and expressed overall satisfaction with the app and would recommend it. Learn more in their [Members in Action profile](#).
- **Reduce Costs.** Integrated behavioral health can reduce the cost of care for patients and hospitals. Widely implemented, integrated behavioral health across the U.S. could create \$38-68 billion in potential health care savings annually.¹⁸ **Cherokee Health System** demonstrated that by co-locating behavioral health professionals in primary care settings to provide consultations, screening for behavioral health and tracking high-need patients, they were able to reduce ED visits by 68%, hospital care by 37% and reduce costs by 22%.¹⁹

Integrated Behavioral Health Models

Integrated behavioral health is an effective strategy to improve value in the outpatient, inpatient and virtual settings. Integration of behavioral and physical health can take on various shapes and forms based on the needs of the hospital, health system, providers, patients and community served, and will vary based on the care setting.

Primary Care

Behavioral health needs can often be effectively managed through integrated primary care, where many patients with behavioral health issues present, potentially avoiding the need for a more intense level of services. Integrating behavioral health and primary care has been found to improve health outcomes such as reducing depression severity as well as enhancing patients' care experience.²⁰ Below are hospitals that have seen results by integrating behavioral health in the primary care setting:

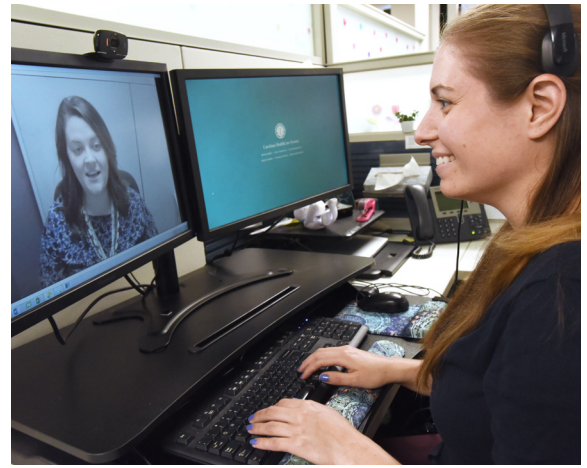


- **Greater Baltimore Medical Center and Sheppard Pratt Health System** launched Sheppard Pratt Integrated Behavioral Health at GBMC in 2016 to integrate behavioral health services into patient-centered medical home primary care practices. The formal partnership was initiated when GBMC recognized that getting patients from primary care to a psychiatrist was very difficult; there were long wait times, and near-crisis situations were difficult to manage. Sheppard Pratt Integrated Behavioral Health embeds full-time behavioral health consultants – including a substance abuse counselor and psychiatrist – in primary care practices. Since its launch, patients' outcomes have improved – anxiety scores have been reduced by 59% and depression scores by 32%. After six months in the program, the cost of a patient's care has been reduced by \$775,574 for their total care; after 12 months, the cost has been reduced by \$222,000. Learn more in their [Members in Action profile](#).
- **Cambridge Health Alliance**, an academic community health system just outside of Boston, launched a Behavioral Health Home program to address the life expectancy gap between individuals with mental illness and those without. The service model is designed to integrate medical service and care management with mental health care to offer more comprehensive, team-based care in an outpatient mental health clinic. The program is focused on patients who have public insurance and are less likely to access primary care. Behavioral Health Home members had a significant reduction in total ED visits and inpatient psychiatric hospitalizations compared with the control group. In addition, there was an increase in routine lab tests to screen for and monitor diabetes—a primary aim of the Behavioral Health Home's focus on preventive medical care. Learn more in their [Members in Action profile](#).

Inpatient and Specialty Care

While many integration models have focused on primary care, integrated behavioral health models can improve value for patients in the inpatient setting as well. For example, hospitals have seen success by utilizing med-psych units for patients with dual physical and behavioral diagnoses. These units are staffed

by multidisciplinary teams of caregivers, including behavioral health clinicians and medical specialists, who develop and execute one comprehensive care plan to cover the patient's behavioral and medical needs. These models advance value by improving clinical outcomes, reducing readmissions and ED visits, shortening lengths of stay and lowering cost of care.²¹ Behavioral health also is being integrated into specialty care; hospitals are adding behavioral health providers to care teams in obstetrics, orthopedics and oncology to be responsive to the mental health needs of those patients. Examples of how hospitals have integrated behavioral health in the inpatient setting include:



- **Presbyterian Healthcare Services** in Albuquerque has an integrated, inpatient addictions medicine consult liaison team that provides consultations for patients who are hospitalized for any reason. PHS universally screens patients for SUDs, recognizing that these patients are often higher utilizers of care and may have medical comorbidities. From 2017 to 2018, prescriptions for buprenorphine – the medication to help people quit or reduce the use of opioids – increased by 50%. In addition, PHS providers decreased prescriptions for opioids by 16% and tripled the amount of naloxone prescribed as a universal precaution in the event of opioid overdoses, contributing to improved outcomes for patients with opioid use disorder. Learn more in their [Members in Action profile](#).
- **Northwell Health** in New York brings care to their patients by embedding two hospitalists in the neighboring inpatient psychiatric hospital. When psychiatric patients need medical treatment, they are able to receive it without interrupting their behavioral health treatment. Patients who used to end up in their ED due to unmet physical health needs no longer do, and their 30-day readmission rate has fallen by 50%. Learn more in [AHA's Behavioral Health Trendwatch](#).

Telebehavioral Health

When provider shortages make it impossible to physically integrate behavioral health professionals into the care team, telebehavioral health has the potential to eliminate barriers to care, optimize providers' skills and leverage resources across a broad geography. It also contributes to improved outcomes, enhances the patient experience by delivering timelier, more convenient access to behavioral health care, and has been shown to reduce utilization of higher cost services. Hospitals have utilized telebehavioral health to integrate physical and behavioral health in several ways:

- At **Atrium Health** in Charlotte, N. C., an interdisciplinary team uses a virtual platform to improve early detection, provide treatment at a lower cost and proactively reach patients before they are in a crisis. Atrium's virtual behavioral health services have contributed to improved value for their patients. After one year of treatment, half of the patients with mood disorders achieved a 50% reduction in depression and anxiety symptoms and an 82% reduction or elimination of suicidal thoughts. Avoidable inpatient care also decreased 25% and avoidable ED visits decreased 13% among patients who completed three interventions with the virtual behavioral health integration team. Patients also improved their cholesterol and blood sugar levels. Learn more about Atrium Health's virtual behavioral health model in their [Members in Action profile](#).

- **PeaceHealth’s Peace Island Medical Center**, located on San Juan Island, Wash., is a critical access hospital with limited access to behavioral health services. Prior to 2014 there were no psychiatrists practicing on the island. Patients had to travel to the mainland to access behavioral health services and could have appointment wait times as long as eight months, inhibiting access. PHPIMC partnered with the University of Washington to offer telepsychiatry services to island residents. Patients now have reliable access to psychiatrists without extensive travel. A collaborative care plan is established with the primary care provider, the behavioral health social worker, the psychiatrist and the patient. Learn more in their [Members in Action profile](#).



Conclusion

Moving toward a value-based health care system creates an opportunity for hospitals to chart a path forward to integrate behavioral health care in a way that is beneficial for patients and hospitals alike. Hospitals and health systems are integrating behavioral health to reduce barriers to accessing behavioral health services, enabling them to more effectively treat the whole person, thereby improving outcomes, enhancing the patient experience and reducing the total cost of care. Integrating behavioral health is an opportunity for hospitals to comprehensively address the physical and mental health needs of their patients while improving value and affordability.

AHA Behavioral Health Resources

TrendWatch: Increasing Access to Behavioral Health Care Advances Value for Patients, Providers and Communities. This report shows how hospitals are implementing innovative strategies to increase access to behavioral health services and identifies policy priorities to address access barriers.

Redesigning Care: A How-to Guide for Hospitals and Health Systems Seeking to Implement, Strengthen and Sustain Telebehavioral Health. This guide, created in partnership with the National Quality Forum, provides insights into leading practices and solutions for implementing telebehavioral health services.

Behavioral Health Integration: Treating the Whole Person. This report from the AHA Center on Health Innovation offers options for how hospitals and health systems can improve the availability and coordination of behavioral health services in the inpatient setting, primary care and in the community.

Combating Stigma. This dedicated web page features webinars and tools as well as links to national initiatives to combat stigma.

Stem the Tide: Addressing the Opioid Epidemic. This toolkit provides information on how hospitals and health systems can partner with patients, clinicians and communities to address the opioid crisis.

Integrating Behavioral Health Across the Continuum of Care. This guide offers several frameworks and models to use for behavioral health integration and provides a list of strategic questions for hospital leaders to begin integrating behavioral health or to enhance current efforts.

For more behavioral health resources, visit www.aha.org/behavioralhealth.

Sources

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