Health Insurance May Be Improving—But Not for Individuals with Mental Illness

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The number of individuals without health insurance increased from 1979 to 1999 (Kromig and Gelser 1999; Centers for Disease Control and Prevention 1999; U.S. Census Bureau 1999). This has been attributed to declines in the number of employer-sponsored health insurance policies offered in lower employer enrollment (resulting in lower employer contributions). Because employer-sponsored insurance is a major source of health insurance coverage for individuals with mental illness, this decline has had a particularly profound impact on that population.

Key Words: Mental health, health insurance, depression, insurance coverage, uninsured population.

Almost all persons continue to face significant worries about the general population's health, including those with mental illness. Even those without mental health concerns continue to worry about access to care. Those with mental health concerns worry about access to care. Those with mental health concerns worry about access to care. Those with mental health concerns worry about access to care. Those with mental health concerns worry about access to care.

Data Source: HealthCare for Communities, a national survey of health care providers.

The following are some key findings:

- The percentage of uninsured persons with mental illness has increased.
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Objective: To explore the question of how insurance coverage has changed among individuals with mental illness and to identify barriers to care.

Individuals with Mental Illness

Improving—But Not For All

Health Insurance May Be

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In particular, some have been concerned that employers may drop health care coverage altogether, or may drop mental health coverage, to avoid a major improvement in their position in balancing costs and appropriateness. While there have been no evidence-based findings on whether or not any laws represent a mandatory increase in mental health care, a number of employers have introduced voluntary mental health care, particularly in the form of insurance mandates that require mental health care coverage. In responses, the 1990s have brought federal and state legislative activity.

Groupe 1996.

The results of a survey of 50 percent of employers show that 60 percent of employers have increased the number of covered outpatient visits or inpatient days of care in mental health care.

Persons who are mentally ill are of particular interest because the past decade, as the result of several factors, has witnessed declining insurance coverage for mental health care.
DATA AND METHODS


Increased costs under part B legislation (Custer 1998; Jensen and Mortson

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the percentage of individuals without mental health insurance has not significantly
first that is consistent with the latest U.S. Census data, which showed that
population for which the panel data are usable. In addition, this study is the
mental health problems compared with coverage and access for the general
of this study is the differential coverage and access change for people with
the compounded factors of race and gender. However, the main finding
the population, which is best done by a repeated cross-section analysis of
here may not be clearly related to the availability of insurance in the general
This analysis has several limitations. The longitudinal panel study used

combined obesity (BMI ≥ 30), and a count of chronic medical conditions
with male, female, or children. For example, smoking (BMI ≥ 30), female, and
the rates (BMI ≥ 30) each compared with 35–49, female, female, female,
study compared the mental health problems (BMI ≥ 30) and assessed the
levels of health. Global mental health (BMI ≥ 30) and assessed the

Healthcare in 2 years ago is better, harder, or about the same to get good
years ago is your health insurance coverage now better, worse, or about the same?
other measures are responses to these two questions: Compared to two years
uninsured) over the interval covered by the CTS and HCC interviews. The
insurance (NM) (uninsured to insured, no change, or from insured to
We analyzed these dependent variables. One is a measure of change in
average score for depressed patients (PHQ-9)

84% of individuals with poor mental health (PHQ-9 = 16, which would be the
PHQ-9 = 16, which would be the
headache people with poor mental health) (a) a higher percentage (27%)
and the 10th percentile is 7.4. The last two percentiles were
8.7% of the mean mental health. The mean in the population is 7.0, the
and Shapiro-Frime 1992, 1996; and Wilk et al. 1996). A higher standardized score (0–100)

We refer to standard psychological disorder by having an overall mental hospital stay for

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mental health disorder is of the same size as that using the MTH-99, but it is not
without health insurance (Campbell 1999). The estimated effect for any
which no significant change occurred in the percentage of the population
of non-respondents or lower. The population (which are referred to as
persons who report
lossing insurance, 1.5 percent lower receiving insurance) during a period in
mental health disorder has grown by 2.3 percentage points. 1.5 percent more
between individuals with probable depression disorder and those with no
mental health insurance. For depression, it means that in the 1997-1998
interaction between mental health status and insurance status, less likely to have gained
mental health disorder or with probable depression disorder are significantly more
Table 1. Controls for the continued effects by using ordered logit
schooling.

are associated with lower insurance rates (e.g., younger, lower income, less
female, which is related to higher insurance rates, but other characteristics
confound the characteristics. More individuals with probable disorder are
among these comparisons. However, the groups also differ on other-
all three comparisons. However, the groups also differ on other-
likely to report that health insurance has decreased, and significantly more
likelier to have lost health insurance in the past year, significantly more
more likely to have lost health insurance in the past year, significantly more
disorders; individuals with a probable mental health disorder are significantly
Table 1 provides descriptive statistics. Compared to individuals without a

RESULTS

Insurance coverage.

Adverse changes in insurance coverage even among the group with stable
perceptions were a major factor. Individuals with mental illness would report
private insurance in both periods to last for a negligible bias. If negligible
perception from Weiss also report our analyses, suggesting to individuals with
perception from Weiss also report our analyses, suggesting to individuals with
the first dependent variable is actual insurance status, not just
account for differences in perceived insurance stress level on actual levels, may
with depression or in psychological distress. Rather than an actual levels, may
are based on patient self-report and the negligible perception of persons
is no longer important for this analysis as they may be for others. The data that the
disorder assessed by a clinical screening instrument, not a full diagnostic measure.
increased in the last year (Campbell 1999). Mental health disorders are

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health advocates have pointed out that insurance benefits for mental health services are often inadequate. Moreover, many policy attempts to reverse this trend (Kronick and Glaser 1997) have been unable to prevent mental health services from declining. The decline in the number of individuals with mental health insurance from 1979 to 1993 is a large and highly significant difference by mental health status.

The third dependent variable asks about changes in access to health services over time. The panel of Table 2 shows

population reductions the size of the difference, but it remains statistically significant for all three measures. Moreover, subsamples of the publicly uninsured (who have no insurance coverage from any source) have been excluded in previous studies. The differences in access to health services between individuals with and without insurance coverage (versus having no insurance at all) are large but not statistically significant by mental health status (generally), although it is only statistically significant in the MHI-5 dataset. The (non-significant) effect is an increased gap of 1.7 percentage points in health insurance rates between individuals with any mental health disorder and those with no mental health disorder.

<table>
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<tr>
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<tr>
<td>Asian American</td>
<td>8.4</td>
<td>8.0</td>
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<tr>
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<tr>
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Table 1: Descriptive Statistics

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Health and substance-related disorders, compared to medicaid beneficiaries, seemed more severe over the past decade.

The latest survey found little change in the percentage of individuals with mental health conditions. The percentage of individuals with mental health problems remained relatively stable. Access to care also remained consistent. However, there was a slight increase in the percentage of people who did not report receiving mental health insurance.

| Access to Care | Access to Care Better | Health Insurance Better Now | Health Insurance Worse Now |コメント
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<td>0.8</td>
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Note: Percent distributions for age, sex, ethnicity, income, and schooling and weighted to be nationally representative.

Table 2: Effect of Mental Health on Change of Insurance Status.
effective coverage (Frank and McGuire 1998; Frank, Koyanagi, and McGurke 2000).** Even though many other ways to affect an individual's mental health care needs (e.g., through education, self-help groups, and outpatient care) can improve overall health, the role of mental health services in improving the quality of life remains significant.**

**National Advisory Mental Health (n.a.m.H.) Council (1998). One would expect that the N.A.M.H. would recommend that all mental health professionals consider the mental health needs of their patients in order to ensure that mental health services are provided.**

Although perceived access to good mental health care appears to be decreasing, when we survey those people who receive mental health services, we find that access to mental health services is actually increasing.**

**A disorder when none is indicated with any insurance coverage is about four times higher among individuals with any insurance coverage than among individuals without any.**

Moreover, insurance does not appear to affect responses to differences in mental health status. In a survey of individuals with private health insurance, the proportion of individuals with a disorder is significantly higher among those who have insurance than among those who do not. This suggests that insurance coverage does not appear to affect responses to differences in mental health status. In a survey of individuals with private health insurance, the proportion of individuals with a disorder is significantly higher among those who have insurance than among those who do not. This suggests that insurance coverage does not appear to affect responses to differences in mental health status. In a survey of individuals with private health insurance, the proportion of individuals with a disorder is significantly higher among those who have insurance than among those who do not.
REFERENCES

Health problems experienced in the older population are
unmistakable, especially when compared to the general population. However, the insurance
findings are possible, including negative biases. However, the insurance findings are

1997). Alternative explanations of the effects on access to "good care" are

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