

# Access to Behavioral Health Care in Michigan

## Privately-Insured Population

### Project Summary

Access to behavioral health care is a critical issue. Lack of access can result in unmet needs, delays in care, and financial burden. In this study we assessed access indicators using 2016 administrative claims data representing 5.6 million Michiganders with private health insurance to identify major gaps and barriers to mental health and substance use disorder (SUD) treatment. These results, along with stakeholder input, inform recommendations for improving access to behavioral health care in Michigan.

### Unmet Need for Behavioral Health Care in Michigan

- ▲ One-third (34%) of the 890,000 privately insured Michiganders that experience any mental illness (AMI) are not receiving care. The most common unmet needs for mental illnesses are *Anxiety Disorders* and *Depressive Episode*.
- ▲ Among the 372,000 privately-insured Michiganders with a SUD, only 13% received treatment, leaving 324,000 with an unmet need for care. Alcohol, Cannabis, and Opioids are the most common substances resulting in a use disorder.
- ▲ The prevalence of AMI and SUD is highest among young adults aged 18-24.
- ▲ Men are at greater risk for SUD and women have a higher prevalence of AMI.
- ▲ There is geographic variation in levels of unmet need across the state. Unmet need for AMI care has a wide range, from 20% to 51%, while the unmet need for SUD care ranges from 85% to 92%.
- ▲ Expanding access to behavioral health care in all of Michigan to the same rates of care seen in best access areas of the state would improve access for 136,000 people with a mental illness and 45,000 people with a SUD.

#### Current Unmet Need for Mental Illness

Received Care	Unmet Need
66%, 584,400	34%, 305,400

#### Current Unmet Need for SUD

Received Care	Unmet Need
13%, 48,100	87%, 323,600

### Barriers to Access for Behavioral Health Care

- ▲ Major barriers to behavioral health care access include shortages of providers, costs of care, and reluctance to seek care.
- ▲ Behavioral health provider capacity is low in the northern half of the lower peninsula and parts of the upper peninsula; seven counties in these areas have neither a psychiatrist nor a psychologist and no substance use disorder treatment facility.

### Recommendations and Strategies to Improve Access

With these data, state policymakers and other stakeholders can act to:

- 1) Increase retention of behavioral health providers in Michigan
- 2) Remove restrictions on scope of practice to fully leverage all members of the health care team
- 3) Promote effective use of trained lay providers such as Peer Support Specialists and Recovery Coaches
- 4) Use telemedicine to extend the reach of the behavioral health workforce
- 5) Expanding school-based behavioral health care
- 6) Integrating primary care and behavioral health care delivery.

Details on specific policy recommendations are available in the full reports.

**Authors:** Ani Turner, Corwin Rhyan, Emily Ehrlich, and Christine Stanik

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**Contact:** [Ani.Turner@altarum.org](mailto:Ani.Turner@altarum.org) or [Corwin.Rhyan@altarum.org](mailto:Corwin.Rhyan@altarum.org)

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