

Access to Behavioral Health Care in Michigan

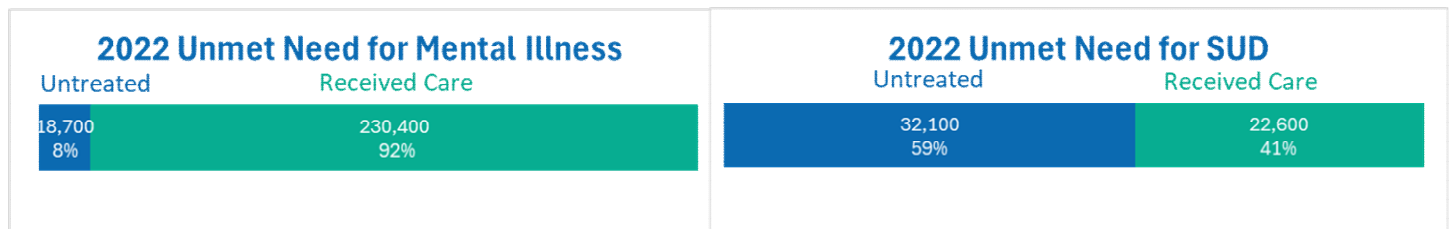
Medicare Population, 2022

Project Summary

Access to behavioral health care in Michigan remains a significant concern, with unmet needs leading to delays in care, financial strain, and reduced health and wellbeing. This study updates the assessment of mental health and substance use disorder (SUD) treatment access using 2022 administrative claims data for those with private insurance, Medicaid, or Medicare. Access is measured by the percentage of individuals with behavioral health needs who received at least one treatment in the study year. While this measure doesn't evaluate care quality or completeness, it offers an updated view to track changes since 2019 and establishes a new benchmark for future evaluations of behavioral health needs after the pandemic.

Unmet Need for Behavioral Health Care in Michigan – Medicare Enrollees

- ▲ Nearly 18,700 (8%) of the 249,100 Medicare enrollees in Michigan that experience any mental illness (AMI) are not receiving care. The most common unmet needs for mental illnesses are *Anxiety Disorders* and *Depressive Episode*.
- ▲ The total number of people with AMI decreased between 2019 and 2022, while treatment increased resulting in the number of people untreated declining from 34,800 to about 18,700 equating to a 4.7% decrease in untreated people.
- ▲ Among the 54,700 Medicare enrollees with a SUD, only 41% received treatment, leaving over 32,000 with an unmet need for care. Alcohol, cannabis, and opioids are the most common substances resulting in a use disorder.
- ▲ Prevalence of AMI and SUD is highest among enrollees under the age of 65, many of whom receive Medicare due to a disability.
- ▲ Among Medicare enrollees, men are at greater risk for SUD and women have a higher prevalence of AMI.



Barriers to and Recommendations for Access for Behavioral Health Care

- ▲ Michigan has made remarkable progress in maintaining and enhancing behavioral health service delivery to its Medicare enrollees, with data from 2022 continuing to show improvement for AMI, however continued focus on treatment for SUD in this population remains.
- ▲ Advancing integration of physical and behavioral health care visits may increase access to screening and treatment.
- ▲ To help improve access, state policymakers and stakeholders may consider supporting ongoing workforce development for healthcare professionals, easing scope of practice restrictions—particularly for nurse practitioners—to make the most of all team members, and offer financial incentives for Medicare providers to integrate behavioral and physical health visits.

Details on specific findings and recommendations are available in the full report.

Author: Beth Beaudin-Seiler, PhD

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Contact: beth.beaudin-seiler@altarum.org

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