

Spreading Hope, Spurring Action, Supporting Families, Saving Lives!

“No visible symptoms, no runny nose, just a head full of darkness. No fever or rash, no fractures or sprains, just a longing for something unable to explain.”



Mental Health Matters: A Monthly Blog Post from the Director

Where is the Parity Between Mental and Physical Health?

Webster’s Dictionary defines “parity” as “the quality or state of being equal.” For too long, there has been a lack of parity between mental and physical health, particularly how we pay for it. Why do we treat mental health differently from physical health? This quote resonated with me as I was researching the topic of parity between mental and physical health: *“No visible symptoms, no runny nose, just a head full of darkness. No fever or rash, no fractures or sprains, just a longing for something unable to explain.”*

According to an article from Kaiser Health News titled “Bridging the Gap between Medical and Mental Health Care” by Anna Gorman, *“People with severe mental illnesses are more likely to die prematurely than those without, and it’s often from treatable chronic diseases.”* The reasons cited include the fact that many are uninsured or unable to find doctors to take their insurance. And, many are often unwilling to seek care in traditional medical offices due to the stigma that still surrounds mental illness.

While there is still a great deal of work to be done, there is more movement afoot toward integrating physical and mental care, where the whole person is treated, both mentally and physically. *“...providers are beginning to bridge the gap between medical and mental care, forming partnerships aimed at improving patients’ physical and mental health, and reducing costs at the same time.”* (Kaiser Health News)

Garrett Moran, who directs an academy on the integration of behavioral health and primary care for the federal Agency for Healthcare Research and Quality, states, *“If we are going to bend the cost curve, the integration of behavioral health and physical health care is essential.”* Research shows that there is a lack of parity with regards to payments made to providers for physical health needs compared

to mental health services. According to the American Psychiatric Association (APA), citing an independent study by Milliman Inc., *“Physical healthcare providers are receiving significantly higher payments from insurers than addiction and mental health providers for the same types of services.”* Researchers from Milliman used three years of insurers’ claims, looking at inpatient and outpatient services. *“...the analysis paints a stark picture of restricted access to affordable and much-needed addiction and mental health care in an era of escalating suicide rates and opioid overdose deaths.”*

Lower reimbursement rates influence access to behavioral health services in-network. Consider these findings from the Milliman study regarding out-of-network visits:

- In 2015, 31.6% of outpatient facility behavioral health care was accessed out-of-network, while only 5.5% of outpatient facility medical/surgical care was accessed out of network. In 2013, the out-of-network outpatient facility use for behavioral health was 15.6%, showing a doubling of access restrictions.
- 18.7% of behavioral health office visits were accessed out-of-network, while only 3.7% of primary medical/surgical care was accessed out-of-network.
- 16.7% of inpatient facility behavioral health care was accessed out of network, while only 4.0% of inpatient facility medical/surgical care was accessed out-of-network. (APA)

According to Mary Giliberti, CEO of the National Alliance on Mental Illness, *“The numbers tell a story—it’s a painful one for those seeking treatment for mental illness or addiction. Behind those numbers are millions of Americans who can’t get the care they desperately need.”*

In addition to lack of access and higher costs, there are other factors that can create barriers for individuals with mental health issues. Linda Rosenberg, President and CEO of the National Council for Behavioral Health, stated that it’s often difficult for people with mental illnesses to get to a physician. They may be poor, homeless or live chaotic lives. The mental illness itself may thwart their motivation. *“The best place to get their physical healthcare is the place where they are getting psychiatric care,”* Rosenberg said. *“They want the same things we do—they want convenience.”*

According to the Kennedy Forum, founded in 2013 by Patrick J. Kennedy as a way to convene “cutting-edge thinkers” to reform behavioral health service delivery, *“Individuals with behavioral health conditions are often some of the most vulnerable and their health is closely dependent upon how and when health plans decide to cover their care.”* An issue brief filed by the Forum, states that mental health and substance use disorder treatments were subject to more restrictive limits than medical and surgical services. The following websites from the Kennedy Forum help consumers file appeals and track legislation:

Parityregistry.org is a website where consumer can learn to file an appeal with their health plan; send a complaint to state enforcement officials after being wrongfully denied coverage for mental health or addiction treatment services; review FAQs and other information to help advance an appeal; and other information regarding mental health parity.

Paritytrack.org is a website where journalists, consumers, and others can track legislative, regulatory, and legal parity activities in all 50 states and at the federal level to monitor implementation and best practices.

Finally, here in North Carolina, the latest Executive Summary regarding Medicaid Transformation in North Carolina talks about innovative, integrated care. We hope this is a move in the right direction, but again much work still needs to be done. The language reads:

Integrate physical health, behavioral health, substance use disorders, and intellectual and developmental disability (I/DD) services: Consistent with best practices, DHHS will continue to work with legislators to advance whole-person care so that all plans will include physical health, behavioral health, and substance use services for beneficiaries. Beginning in the second year of Medicaid managed care, DHHS envisions that individuals with serious mental illness (SMI), substance use disorder, and I/DD will be covered by Tailored Plans, a separate product designed for the unique needs of these populations that will also integrate physical health services and rehabilitative supports.

We must continue to fight for parity between mental and physical health, and end discriminatory health care practices against those with mental health or substance use disorders. After all, our mental health is just as important as our physical health!

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Mental Health America of Central Carolinas promotes mental wellness through advocacy, prevention and education in Mecklenburg and Cabarrus Counties.



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