Advisory Board

CHEAT SHEET

for the entire health care ecosystem

Inequities in Behavioral Health

How inequities in behavioral health impact patients and health care stakeholders

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Key takeaways

- Regardless of demographic group, patients with behavioral health conditions experience unique inequities compared to patients with only physical health conditions.
- Within the behavioral health sector, certain demographic groups experience worse outcomes than others—often people of color, individuals with low incomes, insufficient insurance coverage, and/or with serious mental illness diagnoses.
- Inequities in behavioral health impact the financial outcomes of health care organizations.

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What is it?

Behavioral health needs are worsening. There was a 28.5% increase in drug overdose deaths during the 12-month period ending in April 2021 compared to the previous year.

The pandemic and its ripple effects only exacerbated an existing crisis in the U.S. The behavioral health care sector struggles with a unique "meta" inequity that makes progress intractable:

- Inter-sector inequities: Regardless of demographic group, patients with behavioral health conditions experience unique inequities in access and outcomes compared to patients with only physical health conditions. For example, Americans with depression, bipolar disorder, or other serious mental illnesses die 15-30 years younger than those without mental illness.[1]
- Intra-sector inequities: Within the behavioral health sector, certain demographic groups experience worse outcomes than others—often patients of color, those with low incomes and insufficient insurance coverage, and/or those with serious mental illness diagnoses.

1. The New York Times

Source: "Drug Overdose Deaths in the U.S. Top 100,000 Annually," CDC, November 17, 2021; "The Largest Health Disparity We Don't Talk About," New York Times, May 2018, The Largest Health Disparity We Don't Talk About - The New York Times (nytimes.com);

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Evidence of inequities

Inequities between demographic groups

Race and ethnicity	Sexual orientation/ gender identity	Age	Socioeconomic status	Language	Location
White middle-class women are more likely to receive a call back from therapists (20% of the time) compared to Black working-class men (1% of the time).[1] 48% of white adults received mental health services, compared to 31% of Black and Hispanic adults and 22% of Asian adults.[2]	LGBTQ+ individuals are 2.5 times more likely to experience depression, anxiety, and substance misuse compared to heterosexual, cisgender individuals.[2] The rate of suicide is highest in middle-aged white men. In 2020, men died by suicide 3.88 times more than women.[3]	6.4% of adults ages 25+ have a substance use disorder compared to up to 20% of adults ages 65+.[4]	62% of Medicaid beneficiaries have a co-morbid behavioral health condition compared to 40% of commercially insured patients.[5]	Between 2014 and 2019, the Hispanic population in the United States grew by almost 5% but Spanish-language behavioral health services dropped by almost 18%.[6]	60.61% of rural areas are mental health professional shortage areas as of April 2022.[7]

1. Journal of Health and Social Behavior
2. Among adults with any mental illness, American Psychiatric Association
3. American Foundation for Suicide Prevention
4. Substance Abuse and Mental Health Services Administration
5. Based on analysis of adults hospitalized in Massachusetts acute care hospitals between July 1, 2017 and June 30, 2018.
6. American Psychiatric Association
7. U.S. Department of Health & Human Services

Source: "Behavioral Health and Readmissions in Massachusetts Acute Care Hospitals," Center for Health Information and Analysis; "Diversity & Health Equity Education: Lesbian, Gay, Bisexual, Transgender and Queer/Questioning," American Psychiatric Association; "Downward National Trends in Mental Health Treatment Offered in Spanish: State Differences by Proportion of Hispanic Residents," American Psychiatric Association, May 3, 2022; "Key Substance Use and Mental Health Indicators in the United States, SAMHSA, September 2018;" "Mental Health Disparities: Diverse Populations," American Psychiatric Association, December 19, 2017; "Shortage Areas," Health Resources & Services Administration, April 1,2022; "Suicide statistics," American Foundation for Suicide Prevention," February 17, 2022; "The Largest Health Disparity We Don't Talk About," New York Times, May 2018.

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How does it impact health care organizations?

While behavioral health disparities have clear negative impacts for patients, they also have severe financial consequences for health care organizations.

Provider organizations

Provider organizations struggle to effectively care for patients with untreated behavioral health conditions. These unmet needs can exacerbate physical conditions and make it challenging for patients to adhere to care plans. Some patients may show up in the emergency department when their symptoms become severe, leading to avoidable costs and limited capacity consumed by less profitable cases.

Many provider organizations report a mismatch of expertise needed to treat presenting conditions and a lack of follow-up resources for patients in crisis. This strains staff workflow and morale.

Health plans

Health plans also face the financial burden of unnecessary utilization. For example, out of a population of 21 million insured individuals, those with both high-cost behavioral health conditions constituted 5.7% of the population but accounted for 44% of overall medical costs of the entire population.[1]

Life sciences companies

Life sciences companies that produce behavioral health therapeutics have a vested interest in reducing stigma, improving access to care, and supporting adherence to treatment. However, even life sciences companies without specific behavioral health products are impacted by disparities because patients with unmet behavioral health needs are less able to adhere to other prescribed treatments.

1. Milliman

Source: “How do individuals with behavioral health conditions contribute to physical and total healthcare spending,” Milliman, August 13, 2020, https://www.milliman.com/en/insight/How-do-individuals-with-behavioral-health-conditions-contribute-to-physical

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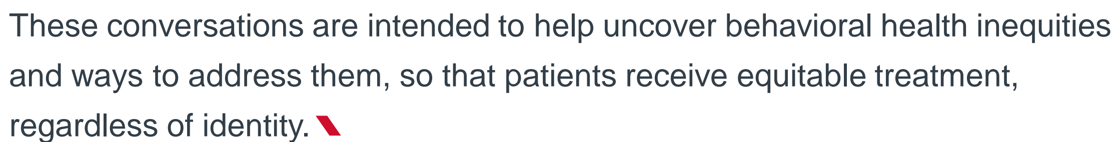
Conversations you should be having

01 Assess current inequities by collecting patient and member data with the ability to stratify outcomes and treatment by race, ethnicity, gender, age, and language (REGAL) data at a minimum.

02 Reflect on the ways that your organization or sector may be inadvertently exacerbating inequities in behavioral health.

03 Invest more in existing community-based efforts and follow their lead.

04 Be mindful of terminology and break down stigma by having open conversations around behavioral health.



These conversations are intended to help uncover behavioral health inequities and ways to address them, so that patients receive equitable treatment, regardless of identity.

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Research team

Sophia Duke-Mosier
Darby Sullivan

Program leadership

Kate Vonderhaar Johnson

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