Access to Behavioral Health Services

PROMOTION OF WELL-BEING THROUGH MENTAL ILLNESS AND SUBSTANCE USE PREVENTION AND INTERVENTION

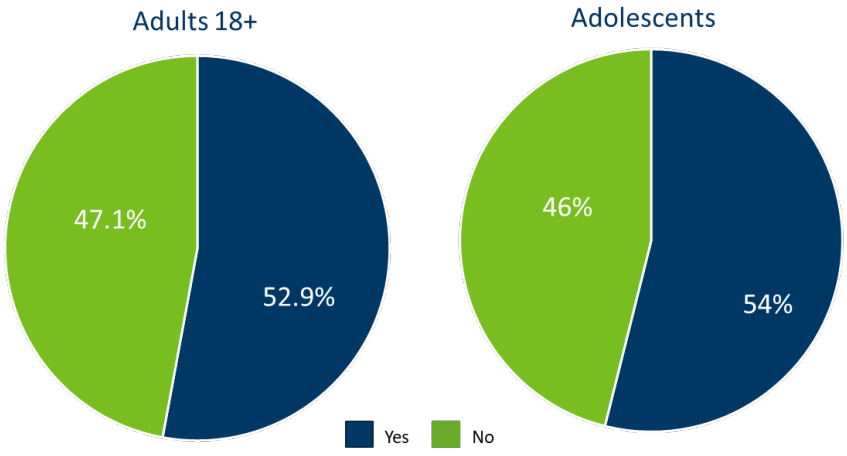
Why It's Important

Behavioral health involves promoting mental well-being and the prevention, early identification, intervention, and treatment of mental health and substance use issues. It is estimated that 26 percent of the adult population and 40 percent of adolescents have experienced a mental illness within the past 12 months.[1] An estimated 2.4 percent (107,000 people) of people living in Minnesota aged 12 or older reported illicit drug dependence or addiction.[2] Of these individuals with substance use dependency, an estimated 85 percent did not receive treatment. Despite increasing trends in opioid use nationwide, the number of substance use facilities with opioid treatment programs did not increase from 2007 to 2017.[3]

> *"[Women, children and families need] …I can't stress enough… mental health facilities. We should not have to go to the ER in crisis. We need large facilities to deal with this. Emergency crews are diverted out of town to transport because there are no psych beds [near here]." – Needs Assessment Discovery Survey Respondent*

According to the National Survey of Children's Health, 31 percent of children in Minnesota with a mental or behavioral health condition that needed treatment did not receive services. Of these children that did not receive needed services, 30 percent were uninsured at the time. Black, non-Hispanic children were most likely to report not receiving treatment when needed (55.5%).[4] Among adolescents aged 12 to 17 living in Minnesota, 11 percent (47,000 adolescents) experienced a major depressive episode within the past year and only 54 percent of the adolescents experiencing mental health problems received mental health services.[2]

Figure 1. The Proportion of People with any Mental Illness that Received Needed Mental Health Services in the Past Year in Minnesota (Annual Average, 2011–2015)



Source: Substance Abuse and Mental Health Services Administration

Mental health problems often co-occur with substance use issues. An estimated 25 to 33 percent of pregnant women with opioid use disorder have a mental health illness comorbidity, with depression and anxiety being especially common.[5] Substance use during pregnancy can have numerous negative health effects on fetal and maternal outcomes including stillbirth, miscarriage, neonatal abstinence syndrome, and fetal alcohol syndrome, along with other developmental or social-emotional delays for the child. Women using substances during pregnancy are at a higher risk of experiencing domestic violence, food insecurity, and not getting adequate prenatal care. Very few services exist to provide substance use treatment to pregnant or parenting women, resulting in little access to intervention services for pregnant women in Minnesota.[6]

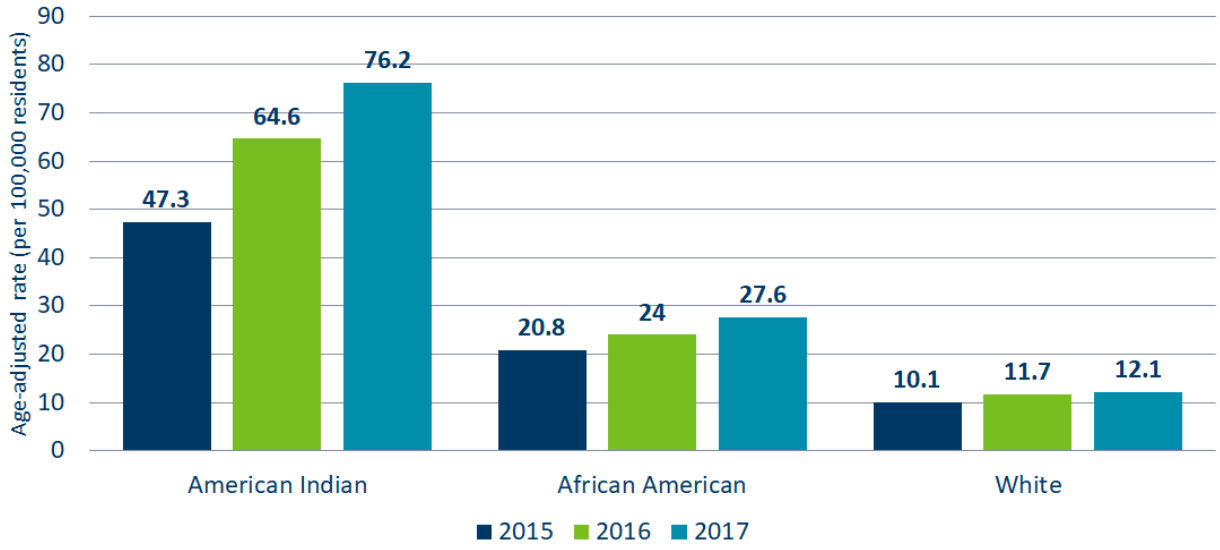
> *"There are so many people struggling with mental health problems. When they need help either there isn't someone available, or there is a long waiting list. Then it is too late."- Needs Assessment Discovery Survey Respondent*

Postpartum depression is common in the state with 28 percent of Minnesota mothers reporting less than optimal health following birth.[7] In Minnesota, access to behavioral health resources in rural areas is limited and can further impact feelings of isolation experienced among parents.

Focus on Health Equity

Minnesota is home to significant disparities in overdose deaths by race (see Figure 2). In 2017, American Indians were more than six times as likely to die from a drug overdose as non-Hispanic whites. History of stigmatization, social inequality, and racism confound these disparities along with the large geographic variation in access to treatment and lifesaving interventions.

Figure 2. Drug Overdose Mortality Rates by Race in Minnesota, 2015-2017



Source: Minnesota Death Certificates, Injury and Violence Prevention Section, Minnesota Department of Health

A recent analysis by Child Trends using the National Survey on Drug Use and Health data shows that only a small percentage of youth who report pain reliever abuse or dependence receive addiction treatment.[8] Youth of color, which includes black, Hispanic, American Indian, Native Hawaiian/Pacific Islander, Asian, and multiracial youth, are significantly less likely than their white peers to receive

treatment. Youth of color are also less likely to be insured, screened for substance use, and referred to treatment by clinical providers.[8] There are also barriers rooted in our state and nation's oppressive racial history - "in the black community, substance use has historically been addressed through the criminal justice system, rather than via treatment provision which could discourage black youth from seeking treatment."[8] Additionally, people of color are less likely to work with a behavioral health professional that is of their same race or ethnicity, which can impact accessibility to culturally responsive care and potentially result in provider discrimination.[9]

Rural residents also experience barriers to accessing behavioral health services such as having to travel farther to clinics and waiting to receive services due to a shortage of psychiatrists. From 2011 to 2015, only 53 percent of adults 18 or older with a mental health illness living in Minnesota received services when they were needed (see Figure 1).[10] In 2016, the National Alliance on Mental Illness reported that mental health prescribers and providers are more likely to be out-of-network, resulting in higher out of pocket costs for patients.[10] The population least likely to have access to behavioral health services are those involved in the criminal justice system, which is of great concern as mental health and substance use disorders are very common among the incarcerated population with an estimated quarter of inmates experiencing a serious mental illness and half of inmates experiencing substance use.[11]

> *"Depression and anxiety take the lives of many in our area. Having mental health resources available to people would help with addiction problems."- Needs Assessment Discovery Survey Respondent*

The lack of clinics currently accepting new patients and accepting Medical Assistance is felt acutely among underserved communities, including adolescents, the elderly, and people of color. Health Professional Shortage Areas (HPSAs), defined as geographic, population, or facility areas with a shortage of healthcare providers are designated by the Health Resources & Services Administration (HRSA).

As of 2016, 70 counties out of the 87 total counties in Minnesota were designated as Mental Health Professional Shortage Areas.[12]

Disparities in access to behavioral health treatment are seen among young people, with white adolescents being more likely than adolescents of color to receive treatment for substance use, although substance use treatment for adolescents, regardless of race, remains rare.[13] The Minnesota Community Measurement Report found that there are disproportionately low rates of screening for depression among adolescents in rural clinics (61%) compared to urban clinics (84%). American Indian or Alaska Native adolescents living in Minnesota are the least likely to be screened for depression with only 59% of these adolescents being screened compared to 79% of white adolescents. [14]

Additional Considerations

Discovery Survey Results

In the summer of 2018, Minnesota's Title V Maternal and Child Health Needs Assessment distributed a Discovery Survey asking people living in Minnesota, "What are the biggest unmet needs of women, children, and families in your community?" More than 2,700 people responded. The 9th most commonly mentioned theme was behavioral health. Behavioral health includes the prevention and treatment of mental illness, substance use, and other addictions. This theme was mentioned 263 times in the survey, with call outs for specific populations like adolescents and those living in greater Minnesota, and for specific services such as crisis care, inpatient and residential programs, options for women who are

pregnant and/or have children, and the continued integration of behavioral health into schools, employment and traditional medical care.

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation– which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

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