

# Many privately insured adults find their mental health network inadequate

October 27 2021, by Matthew Kristoffersen

---



Credit: Pixabay/CC0 Public Domain

A new survey analysis from a researcher at the Yale School of Public Health suggests that privately insured adults are significantly more likely to rate their mental health provider network as inadequate compared to

their medical provider network.

The finding adds more evidence to the growing body of work surrounding the decline of [mental health](#) support in the United States—especially when it comes to [specialty care](#). Historically, workforce shortages, low reimbursement and high demand for services have led some mental health providers to opt out of private insurance networks at higher rates than medical providers. Patient satisfaction has suffered as a result, the study shows.

For the survey, the researchers asked a series of questions to 728 adults across the country who received both specialty mental health and [medical care](#) in the past year about their experiences with their insurers. Participants were more than twice as likely to express dissatisfaction with their mental health provider network compared to their medical provider network.

"Ensuring adequate networks is important for mental health care access, particularly with the increase in demand for services associated with the COVID-19 crisis," said Susan Busch, Ph.D., professor at the Yale School of Public Health and the study's lead author.

The findings are published in the journal *JAMA Network Open*.

Busch went on to say that new laws passed in 2020, including the No Surprises Act, may help by requiring more accurate directories, increasing protections for patients if their providers leave their plan's network and more transparency related to compliance with federal mental health parity laws.

Interestingly, however, the researchers also found that those who received mental health treatment from a [primary care](#) provider didn't perceive the difference in availability of mental and medical providers.

They wrote in the study that this may mean mental health treatment in primary care may be able to play a bigger role in improving access in the future—or help "fill the gap" between mental health and medical care.

Study co-author Kelly Kyanko, M.D., associate professor at the NYU School of Medicine, said the results suggest that increased resources devoted to primary care providers may help insurers address deficiencies in mental health networks for health plan enrollees.

The authors noted that there are some limitations to their findings. The study describes associations and therefore cannot conclusively say whether enhancing primary care would increase patients' rating of their mental health provider [network](#). The study sample also did not include patients who tried and failed to get mental health treatment in the first place, nor did it cover adults who have Medicaid or Medicare. Still, they wrote, their findings underscore the need for more accessible mental [health](#) treatment across the country.

**More information:** Susan H. Busch et al, Assessment of Perceptions of Mental Health vs Medical Health Plan Networks Among US Adults With Private Insurance, *JAMA Network Open* (2021). [DOI: 10.1001/jamanetworkopen.2021.30770](#)

Provided by Yale University

Citation: Many privately insured adults find their mental health network inadequate (2021, October 27) retrieved 11 April 2023 from <https://medicalxpress.com/news/2021-10-privately-adults-mental-health-network.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.