
CHEAT SHEET

Behavioral Health

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Key takeaways

- Behavioral health encompasses people’s psychological well-being and ability to function in everyday life. Behavioral health conditions include mental health disorders and substance use disorders. There is a growing body of evidence that links behavioral health to physical health.
- Despite high and growing demand, access to reliable behavioral health services is a challenge. Provider shortages, stigma, and limited reimbursement create significant barriers to timely, cost-effective behavioral health care.
- Gaps in behavioral health services negatively impact clinical outcomes, health care utilization, and total cost of care.

What is it?

Behavioral health encompasses people's psychological well-being and ability to function in everyday life. Behavioral health conditions include mental health disorders and substance use disorders. Counselors, social workers, therapists, specialized nurses or nurse practitioners, psychologists, and psychiatrists help manage patients' behavioral health needs. Treatment includes therapy, counseling, and medication.

Low-acuity behavioral health needs are the most common. Patients with low-acuity behavioral health needs are able to function socially and professionally without ongoing support, but they benefit from early identification and prevention. Patients with moderate-acuity behavioral health needs often have trouble functioning socially and professionally. They require low-intensity, ongoing support to improve functioning, facilitate self-management, and prevent symptom escalation. Patients with severe and persistent behavioral health needs require constant support to allow for semi-independent functioning.

Historically, behavioral health has been funded, structured, and researched separately from other clinical conditions. However, policy makers, payers, and health systems are increasingly recognizing that behavioral health is as an essential part of physical health and population health. In recent years, there has been an increased focus on aligning behavioral health with other health services.

Why does it matter?

Improving behavioral health has the potential to significantly improve clinical outcomes and health care costs.

Behavioral health conditions are prevalent, affecting one in four Americans in a given year. Approximately 70% of patients with a behavioral health condition have a medical comorbidity. Additionally, “deaths of despair” (from alcohol, drugs or suicide) have more than doubled since 1999. Despite the prevalence of behavioral health conditions, they often go untreated. Less than half of patients receive treatment.

Behavioral health conditions are some of the most costly comorbidities due to inappropriate care utilization and poor outcomes across conditions. Treating patients with behavioral health diagnoses costs about \$900 more per month than patients without such diagnoses. That cost differential increased 27% from 2014 to 2017. Spending on behavioral health services is projected to reach roughly \$280 billion in 2020—5.5% of total health care spending.

Behavioral health is too costly to ignore

\$875

Average increase in per member per month costs for patients with a behavioral health diagnosis

Source: “Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health,” SAMHSA, <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report/>; “Behavioral Health Barometer: United States, Volume 5,” SAMHSA, <https://www.samhsa.gov/data/report/behavioral-health-barometer-united-states-volume-5>; Hassan A, “Deaths From Drugs and Suicide Reach a Record in the U.S.,” The New York Times, <https://www.nytimes.com/2019/03/07/us/deaths-drugs-suicide-record.html>; “Mortality in the United States, 2017,” Centers for Disease Control and Prevention, <https://www.cdc.gov/nchs/products/databriefs/db328.htm>; Melek SP, et al., “Potential economic impact of integrated medical-behavioral healthcare: Updated projections for 2017,” <https://www.milliman.com/en/insight/potential-economic-impact-of-integrated-medical-behavioral-healthcare-updated-projections>; Johnson SR and Meyer H, “Behavioral Health: Fixing a System in Crisis,” Modern Healthcare, <https://www.modernhealthcare.com/reports/behavioral-health/#/>; Physician Executive Council interviews and analysis.

How does it work?

A comprehensive behavioral health care strategy addresses common barriers across low-, medium-, and high-acuity behavioral health patients. Effective patient management ensures care continuity across proactive identification, brief intervention, episodic treatment, and longitudinal care.

However, status quo approaches to address behavioral health needs are often inadequate and fragmented. Common challenges include:

1. Provider shortages limit access to reliable treatment.
2. Even when services are available, patients can be reluctant to use them. Patients often cite concerns such as high costs, stigma, unfamiliarity with access points, and limited time to go to appointments. These concerns prevent providers from engaging with patients before their needs become severe.
3. Insurance coverage for behavioral health remains inconsistent. Even when individuals seemingly have covered benefits, private insurance denial rates for mental health care are twice that of medical care.

Source: "Mental Health Care Health Professional Shortage Areas (HPSAs)," Kaiser Family Foundation; Bastampillai T, et al., "Increase in US Suicide Rates and the Critical Decline in Psychiatric Beds," JAMA, 316, no. 24 (2016): 2591-2592; Park-Lee E, et al., "Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2015 National Survey on Drug Use and Health," SAMHSA; Cummings JR, "Rates of Psychiatrists' Participation in Health Insurance Networks," JAMA, 313, no. 2 (2015): 190-191; Honberg R, et al., "A Long Road Ahead: Achieving True Parity in Mental Health and Substance Use Care," NAMI; Physician Executive Council interviews and analysis.

Conversations you should be having

01 Determine how consistently your organization screens for behavioral health needs across the care continuum.

02 Figure out the points in the patient journey where uncoordinated care prevents clinicians from engaging with patients.

03 Ask the clinicians where they encounter a high volume of behavioral health needs, but feel they cannot address those needs.

04 Pinpoint the gaps in behavioral health care that you need to fill by developing services or forming partnerships.

After assessing behavioral health access in their market, health systems often start where they experience highest patient demand for initial treatment: primary care and the emergency department. 

Related resources

 RESEARCH REPORT
Behavioral Health Access Playbook
advisory.com/BHAccessPlaybook

 RESEARCH REPORT
Behavioral Health Management Guide
advisory.com/BHManagementGuide

 RESEARCH REPORT
Addressing Avoidable ED
Utilization Primer Series
advisory.com/avoidableEDprimerseries

 RESEARCH REPORT
The Field Guide for Defining Providers' Role
in Addressing Social Determinants of Health
advisory.com/SDOHFieldGuide

Physician Executive Council

Project Director

Clare Wirth

wirthcl@advisory.com

202-266-6823

Program Leadership

Megan Clark

Sarah Evans

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