



# BARRIERS TO BEHAVIORAL HEALTH CARE

Consumer Insights Reveal Low Engagement  
and Unmet Needs Persist

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The health care system has witnessed a dramatic shift in the appreciation of the integral role that behavioral health plays in driving overall health outcomes and cost. Common mental health conditions such as depression and anxiety are prevalent among working-age adults and associated with worse physical health and impaired work productivity.<sup>1,2</sup> Patients and providers alike are recognizing the tight interplay between emotional and physical health which for far too long have been addressed using a siloed approach. As a result, tackling behavioral health is increasingly seen as a top strategic priority for health plans, hospital systems, and employers. The health care industry is now being called on to develop systems that incentivize evidence-based, integrated, and cost-effective behavioral health treatment.<sup>3</sup>

## THE COST OF BEHAVIORAL HEALTH CONDITIONS<sup>1</sup>

From higher medical resource utilization to lost working days, the costs associated with major depressive disorder alone are significant



DIRECT HEALTH CARE COSTS

**\$293 billion**



WORKPLACE COSTS

**\$193.2 billion**

Despite these advances, significant gaps remain. National data indicate only modest increases in the use of mental health services in the past decade.<sup>4</sup> Half of adults in the United States (U.S.) who are diagnosed with common mental health conditions still do not receive treatment, and many never get diagnosed at all.<sup>5,6</sup> As might be expected, individuals with health insurance coverage are more likely to utilize mental health services than those with no insurance, though cost remains a notable barrier, especially for those with private insurance.<sup>7</sup> Ten years after the Mental Health Parity and Addiction Equity Act was signed into law, the health care industry continues to struggle to meet modern day challenges of access and barriers to mental health care.

To better understand contemporary behavioral health treatment patterns and barriers to care among working-age adults, AbleTo, Inc. conducted a survey of a nationally drawn sample of U.S. adults with employer-sponsored health insurance and clinically significant behavioral health symptoms. The survey insights mapped to three key themes: 1) having employer-sponsored health insurance may not be sufficient to guarantee treatment for behavioral health conditions, 2) individuals with medical conditions frequently go undiagnosed and untreated for behavioral health comorbidities, and 3) concerns about cost and stigma remain the major barriers to seeking mental health treatment. These findings indicate that there is substantially more work to be done to open up pathways into mental health assessment and care.

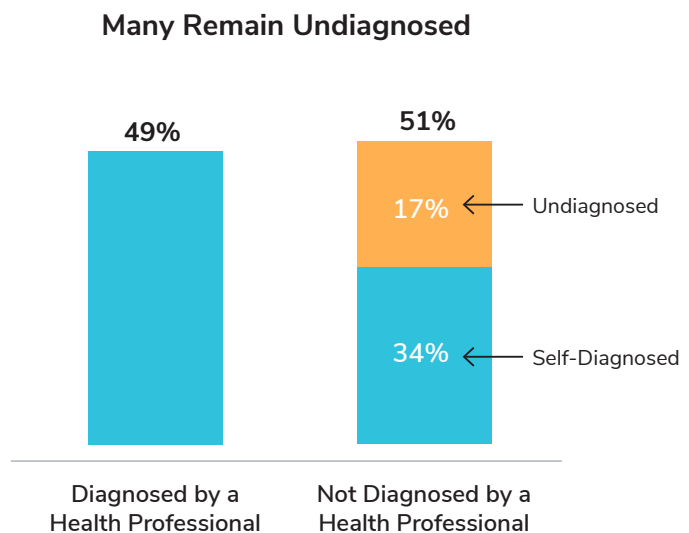
## INSURANCE COVERAGE ALONE IS NOT ENOUGH

Having access to employer-sponsored health insurance does not ensure diagnosis or treatment of behavioral health conditions. By design, all survey respondents included in the analysis had elevated DASS-

## ABOUT THE SURVEY

- Online survey conducted between December 1, 2016 and January 30, 2017
- A sample population of men and women aged 25 and older
- All respondents were members of an employer-sponsored health insurance plan
- Standardized survey questions were utilized to ascertain participant characteristics, psychiatric and medical history, current behavioral health symptoms, and current behavioral health care utilization and barriers to care
- Screening for behavioral health conditions comprised assessment for clinically elevated depression, anxiety, and/or stress symptoms as measured by the Depression Anxiety Stress Scales 21<sup>8</sup>
- 665 (23%) had elevated symptom scores and were included in the sample
- Almost two-thirds of respondents were under age 50, and more than half were living with one or more chronic medical condition

21 scores indicating active behavioral health symptoms at the time of the survey. Overall, only about half (49%) of respondents in this symptomatic sample reported that they had been previously told by a doctor or other health professional that they had anxiety, depression, or stress. Among those who had not formally been diagnosed, more than two out of three indicated that they considered themselves as having one or more behavioral health condition. Interestingly, a meaningful portion (17%) had neither been diagnosed by a professional nor considered themselves to have depression, anxiety, or stress. Taken together, these findings indicate that a substantial proportion of symptomatic adults remain undiagnosed, even as many recognize themselves that they have a behavioral health issue. A reasonable proportion of symptomatic patients remained undiagnosed and had no recognition of an underlying behavioral health issue.



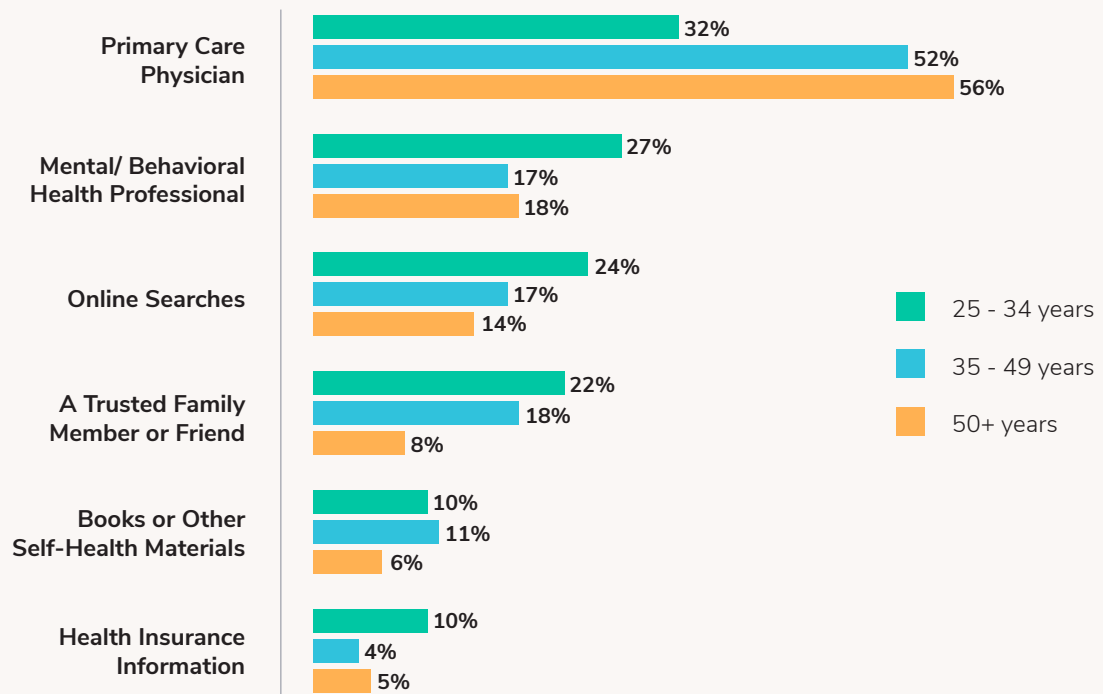
Even fewer individuals in this symptomatic sample reported that they were currently receiving treatment for a behavioral health condition (26%); those who were previously diagnosed with a behavioral health condition were far more likely to report treatment than those not previously diagnosed, but close to half reported no current treatment at all (52% vs. 2%;  $p < .001$ ).

This low treatment rate is consistent with national data showing approximately 43.1% of adults with any mental illness received treatment in the past year, and that this number may be lower when the sample is limited to adults with private health insurance.<sup>9, 10</sup> The relatively higher treatment rate among diagnosed individuals seen in this sample compared to national statistics could be because the survey specifically queried about anxiety, depression, or stress diagnosis (versus any mental health diagnosis), or the fact that the sample was actively symptomatic. Among those who were diagnosed, the strikingly low treatment rate indicates a tremendous opportunity to improve identification of individuals at risk. Taken together, these findings suggest that there remains a significant gap in diagnosis and treatment of behavioral health issues in an at-risk population despite having employer-sponsored health insurance.

## PHYSICAL HEALTH AND BEHAVIORAL HEALTH REMAIN SILOED

Not surprisingly, survey respondents with greater prevalence of medical issues were more likely to report being previously diagnosed with a behavioral health condition though more than half still remained

**Where Respondents Would Go First if They Were Seeking Help for Anxiety, Depression, or Stress By Age Group\***



\* = Respondents could select >1 response

undiagnosed. And for those who had been officially diagnosed with depression, anxiety or stress by a medical professional, two thirds were still not receiving any treatment at all.

The survey data corroborated existing knowledge about commonly used avenues for seeking help with behavioral health concerns such as via primary care providers, mental/behavioral health professionals, and online resources.<sup>11</sup> Primary care physicians remained the most common resource where an individual might go first if he or she was seeking help, though still only about half of individuals responded they would first seek help via a primary care physician. Furthermore, there were clear generational differences with younger individuals age 25-34 years significantly less likely to seek diagnosis and treatment first through a primary care physician compared with survey respondents age 50 years or more (32% versus 56%), and more likely than older respondents to seek information from online resources or from trusted friends and family.

This suggests that a 'one-size-fits-all' approach to engagement and treatment may not work and that there is an opportunity to increase awareness through a diversified approach to helping individuals get the care they need when they need it. Over the past several years, there has been an influx of innovative and promising solutions to identify, engage, and treat individuals with medical and behavioral health conditions. Employers and health plans are increasingly aware of the need to address behavioral health as part of overall health. As a result, many are increasing efforts to inform employees and members about the importance of addressing behavioral health and are making a broader suite of resources available to employees, adopting technology-enabled solutions to identify individuals at risk and engage them in high-quality virtual behavioral health care.<sup>12</sup>

## **COST AND STIGMA REMAIN PRIMARY BARRIERS TO MENTAL HEALTH TREATMENT**

Symptomatic individuals may not actively seek or receive diagnosis and treatment for behavioral health conditions for a multitude of reasons. Our survey showed that cost and stigma remain the primary barriers to seeking help for behavioral health conditions, in addition to the fact that individuals may not even recognize the need to seek care. More than one in four respondents (27%) listed worry that treatment would be too expensive as one of the top three barriers to treatment seeking. This might seem counterintuitive given that all respondents had employer-provided health insurance and these individuals are typically known to have higher family income level versus those with public or no insurance.<sup>13</sup> This finding is consistent with National Comorbidity Survey-Replication (NCS-R) sample data where financial concerns were the most frequently endorsed structural barrier cited for not seeking treatment. These results are also consistent with research showing a rise in cost barriers to mental health care among individuals with private insurance.<sup>7, 14</sup> Survey respondents confirm that perceived financial barriers to treatment seeking remain present among insured employees.

A second top-cited barrier to seeking mental health treatment included concerns about stigma or the fear of being labeled. Prevalence of this well-established barrier to mental health treatment in a contemporary

## Why Consumers Aren't Seeking Treatment

Perceived Barriers	% Selected*
Treatment is too expensive (inability to pay)	27%
The stigma or society's attitude toward mental health	25%
Fear of being labeled	25%
Unsure if condition is severe enough to need treatment	25%
The stigma of thinking something is wrong with me	24%
Fear of having to take medication	20%
No time to seek help, go to counseling, etc.	18%
Unsure if therapy is covered by health insurance	17%
Fear of revealing personal problems to doctor or therapist	16%
Most treatments aren't very effective	13%

\* Percentage represents percent of 665 respondents who listed this barrier as one of the top 3 barriers to treatment seeking.

employer-insured sample further underscores a place for increased education about common mental health symptoms and indications for treatment as well as an improved culture around mental health. Stigma is a complex and multifaceted issue.<sup>15</sup> As a result, the burden of overcoming the barrier of stigma falls not only on the person with behavioral health needs, but also on society more broadly. There is a real opportunity for all stakeholders to come together to improve behavioral health literacy, educate about the high prevalence of behavioral health conditions, and the negative impact of not sufficiently addressing behavioral health needs for employees and others.

### FOCUSING ON THE OPPORTUNITIES TO IMPROVE ACCESS

These survey results underscore the ongoing and significant challenges we face including the under-identification, under-treatment and multiple perceived barriers to behavioral health care. Data from this sample highlight the opportunity to do better to improve access to care, integrate physical and mental health, and focus on overcoming barriers that prevent individuals from seeking help when they need it most.

## ABOUT

AbleTo, Inc. is a market leader in providing technology-enabled behavioral health solutions. AbleTo has been treating patients for six years and improves patient outcomes and lowers costs by providing treatment that integrates behavioral and medical health care. AbleTo's structured therapy programs strengthen medical recovery and self-care among members with chronic or complex clinical needs. AbleTo analytics, coupled with our multi-channel engagement platform, identify and engage members with unmet, often undiagnosed, behavioral health needs. A proprietary platform connects individuals and their care teams with AbleTo licensed providers nationwide who deliver weekly sessions by phone or video supported by an integrated digital experience. AbleTo programs are

clinically proven to improve both behavioral health and medical outcomes while lowering overall spending for higher-cost, higher-risk members. AbleTo's investors include .406 Ventures, Sandbox Industries, HLM Venture Partners, Horizon Healthcare Services, Inc., Bain Capital Ventures, and Aetna Ventures. Follow AbleTo on LinkedIn and Twitter (@AbleTo\_Health).

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