

Shortcomings of Mental Health Care in North Carolina and How We Can Improve

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I. Executive Summary

North Carolina as a state does not adequately meet the needs of those who struggle with mental illness. In North Carolina, 1,490,000 people have a mental health condition, making the exceptional treatment of these conditions a priority (National Alliance on Mental Illness - North Carolina, 2021). Unfortunately, a large percentage of that population struggles to get help, showing that there is much that needs to be done in order to provide for those who need help.

When it comes to access to mental health treatment, North Carolinians from all backgrounds struggle to receive help for cost reasons, location reasons, or because of disparity issues between physical and mental health treatments.

It is important for stakeholders to work towards solutions to these problems, specifically by advocating for the expansion of Medicaid, implementing fair and affordable housing, and promoting the equitable treatment of mental and physical conditions.

Each of these ideas is a step in the right direction when it comes to providing exceptional mental health care for North Carolinians.

II. Introduction

1,490,000 adults in North Carolina have a mental health condition (National Alliance on Mental Illness - North Carolina, 2021). This number is more than 3 times the population of Raleigh alone.

With that many people affected by practices surrounding mental health, one would hope that North Carolina is adequately providing these people the help that they need. Unfortunately, this is not the case.

When it comes to access to mental health treatment, North Carolinians from all backgrounds struggle to receive help, whether it relates to cost reasons, location reasons, or disparity issues between physical and mental health treatments. Policies relating to these issues can be altered through legislation at the state level, especially when it comes to the requirements needed to get treatment and a patient's ability to meet those requirements.

The issue of access to mental health services in North Carolina is one that cannot be pushed to the side. Action must be taken in order to create a better functioning system of health for the thousands of North Carolinians who face mental illness every day.

III. Background on the Problem

Problem

North Carolina lacks in its ability to provide adequate mental healthcare for those in need specifically when it comes to reasons surrounding cost, location, and the disparity between physical and mental health treatment.

Some of the existing public services available for patients come from places like the North Carolina Department of Health and Human Services. Their specialized divisions like the

Mental Health, Developmental Disabilities, and Substance Abuse Division aid patients by overseeing services and teams like the Community Support Team, Crisis Services, and Assertive Community Treatment services. These are services that help those who are currently in crisis or live with severe and persistent mental illness (SPMI) (North Carolina Department of Health and Human Services).

A variety of private services are also available in many areas of North Carolina in order to aid those in crisis as well as those with more long-term struggles. One of the more popular resources in Raleigh is Triangle Springs (Triangle Springs).

There are also many non-profit organizations that use their resources to help those in need such as the National Alliance for Mental Illness in North Carolina. NAMI programs, such as NAMI Peer-to-Peer and Connection Recovery Support Groups, tend to focus more on education and peer support groups rather than serious treatment (National Alliance on Mental Illness - North Carolina).

Although these programs are useful, they are not all-encompassing when it comes to behavioral treatment. The expensive and specific nature of many of these services makes access difficult for those who need it most. Further, a lack of knowledge or funding for these services leads to inequitable treatment of mental health and physical health issues. It also worsens physical access to aid as institutions may be located in areas where people cannot afford to travel or live. Overall, these issues can be addressed through incremental changes in state-level legislation that makes access to existing services and future services possible.

Cost

Health care, in general, is an issue that is constantly debated in North Carolina. As lawmakers move closer to solutions concerning Medicaid expansion, mental health should be greatly considered within those solutions.

Out of the 452,000 adults in North Carolina who did not receive the mental health care they needed in 2020, 44.8% did not due to cost concerns (National Alliance on Mental Illness - North Carolina, 2021). The public services that are available focus mostly on crisis services and give most funding to those with serious conditions that pose the highest risk of hospitalization to a patient. Other than low-cost public services, the services provided by non-profits often focus more on prevention efforts and helping the families of those with mental illness. The limited number of low-cost, publicly available services leads to a neglect of particular problems people may have, putting much more stress onto them as time goes on and only proving to make the problem worse.

Because 54% of the mental health facilities in North Carolina are operated by private, for-profit organizations, the cost issue may mainly arise from the use of insurance to help pay for needed services (Substance Abuse and Mental Health Services Administration, 2020). Even with the insurance that people do have, “North Carolinians are 7x more likely to be forced

out-of-network for mental health services — making it more difficult to find care and less affordable due to higher out-of-pocket costs” (Duong, 2019; National Alliance on Mental Illness - North Carolina, 2021). This means that over half of the facilities that address mental health issues might be unattainable for the many people who are affected by mental illness. Not only that, but even if they do have the means to pay for these services, it is likely a stressor on their finances overall, making long-term care difficult as well.

Policy Recommendations

North Carolina should aim to make cost less of a barrier to mental health care. To do so, the following steps can be taken.

- **Include more mental health services in insurance plans and Medicaid.** North Carolina legislators should advocate for all types of mental health care to be included in Medicaid, private insurance plans, and employer-sponsored insurance programs. By expanding insurance policies in North Carolina to better prioritize mental health, North Carolinians will see how their government is supporting their need for mental health care (Kinsley & Brown, 2021).
- **Revise the qualifications for and process of receiving government coverage in North Carolina.** This will make it easier for North Carolinians to become insured. For those who consider cost as a barrier to mental health care, becoming insured by the state of North Carolina will help them overcome that barrier and begin prioritizing their mental health.
- **Work with community and political organizations to raise the money needed to decrease the cost barrier to mental health care.** These funds can go towards expanding existing insurance policies and getting more North Carolinians insured (Blair, 2021).
- **Advocate for more funding to be directed to employer-sponsored insurance plans.** This allows employees to gain more access to mental health care that is affordable and easy to locate and use.

Location and Housing

Even if access were to be expanded in the cost realm, there would be no point in all this work if the people who need help cannot physically access the resources. For example, 2,670,849 people in North Carolina live in a community that does not have enough mental health professionals, and further describing the problem, “27 counties in NC do not have a psychiatrist” (National Alliance on Mental Illness - North Carolina, 2021; North Carolina Institute of Medicine, 2020). The rural areas of North Carolina tend to suffer the most when it comes to access to resources overall, meaning location access is crucial in improving mental health in North Carolina.

Alongside living in a community with limited mental health resources, individuals may struggle to afford the housing that does exist in the area they live in, making it even more difficult to get access. 9,280 people in North Carolina are homeless and 1 in 7 live with a serious

mental illness, proving that affordable housing in reasonable areas should be a top priority (National Alliance on Mental Illness - North Carolina, 2021). Further, **“studies show that there is a direct link between housing quality and physical and mental health”** (Taylor, 2018). As stated by NAMI NC, “housing, in conjunction with services and supports, not only builds self-esteem but also decreases mental health symptoms and need for hospitalization” (National Alliance on Mental Illness - North Carolina). Housing is a crucial element in maintaining and improving mental health care and access, showing that we need to dedicate a considerable amount of time and effort to improving the housing of those most at risk of mental health issues.

Policy Recommendations

For North Carolinians in rural areas who do not live close to mental health care providers or for those who live in sub-par conditions, three changes can improve their access.

- **North Carolina should work to expand and improve telehealth services.** Although physical services must be improved and advocated for, the existence of telehealth makes getting access to help much easier and much more accessible than ever before. The rise of telehealth has been useful so far, but policymakers need to keep up the pace and take action to ensure the availability of telehealth for all (Evisit, 2019; North Carolina Department of Health and Human Services).
- **Lawmakers should work to enforce fair housing laws and support measures for more affordable housing in the areas that need it most.** Programs that increase access and availability of affordable housing are crucial and can positively affect people and issues other than just mental health.
- **Lawmakers should include more community members when deliberations concerning housing arise.** Allowing community members to participate will create more tailored laws that will actually have a positive impact on the issues at hand considering the people experiencing said issues will likely know the best course of action to take to solve them (Blair, 2021).

Disparity

As of October 2019, North Carolina received an F for its efforts in treating mental health in the same way it treats physical health (Duong, 2019). The state’s lack of regard for mental health in comparison to physical health further demonstrates the need for better regulation when it comes to equality in health.

There is an extremely high percentage of people who go out of network for mental health services due to the fact that the resources they have access to are not what they need. In a report that studied the use of in-network versus out-of-network behavioral or physical care between the years 2013 and 2017, **“patients were...5.1 times and 3.6 times more likely to obtain behavioral healthcare office visits out of network than primary care visits and specialty care visits, respectively”** (Davenport et al., 2019). In North Carolina specifically, there was a much higher use of out-of-network care for behavioral issues versus physical issues at 1.6% for

medical/surgical and 15.2% for behavioral (Davenport et al., 2019). These statistics demonstrate that mental health and physical health are not placed on the same level when it comes to care. Obviously, physical health is important, but mental health goes right alongside recovering from any physical problem, especially severely traumatic events, proving that it should be considered more important than it currently is.

Further, this issue may be worsened by the fact that “medical/surgical providers receive higher in-network reimbursement rates than behavioral providers for comparable services” (Davenport et al., 2019). In 2015, primary care providers were reimbursed much more than behavioral care providers at 21.2% (Davenport et al., 2019). Obviously, the specialties and skills of each provider are different, but the value of each skill is not analyzed on the same level as mental health is severely undervalued in comparison to physical health skills, both of which are extremely important on their own and in tandem.

Policy Recommendations

To aid in the creation of a more equal health system, parity laws should be in place and other actions should be taken.

- **Advocate for including behavioral treatments in more insurance plans as well as Medicaid.** This could help lessen the impact of disparity in North Carolina. It is also crucial to advocate for the expansion of Medicaid eligibility requirements to increase access to mental health services as this will allow more people to get the care they need.
- **Advocate for parity laws within the mental health and physical health system.** Although there was an attempt to pass a parity law in April of 2015, there is not a law in place in North Carolina that requires parity for physical and mental health telehealth treatment (Evisit, 2019). The attempt to pass a parity law comparing mental and physical health should be reevaluated and reconsidered.
 - The existence of telehealth could help in this area. Because telehealth does not include as much infrastructure as a typical health facility might, this could be a useful resource for those who do not have the money to pay for still expensive mental health care.

IV. Policy Recommendations/Conclusion

The issues of cost, location, and disparity each have policy recommendations on their own, but understanding the policy suggestions and how they relate to each other will aid in understanding why action concerning one item really makes a difference in multiple categories of problems.

The biggest thing lawmakers can do to help North Carolinians get access to care is to expand Medicaid. Based on a study done by the National Council for Behavioral Health, it is known that “Americans with mental health and substance abuse disorders were the single largest beneficiaries of Medicaid expansion,” making this a top priority as it directly helps the population that needs it most (Kinsley & Brown, 2021). Expanding Medicaid addresses all three

issues of cost, location, and disparity as it grants access to more people in more areas and includes more equal treatment opportunities.

The people who use Medicaid, and are therefore likely to have a mental health disorder, are also more likely to be homeless or live in poverty, making the promotion of affordable housing crucial to this cause.

Outwardly advocating for mental health care access will bring other issues in mental health to the eyes of the public, aiding in educating people about the issues that they and people they know might face on a daily basis. This will aid in creating a more balanced conversation when it comes to physical and mental health, aiding to eliminate some of the disparity between the two forms of health.

In conclusion, the policy recommendations included at the end of each section should be heeded to by stakeholders surrounding the issue of mental health care in North Carolina as each recommendation addresses an important issue and aids in the creation of a better system of treatment for those who need it most.

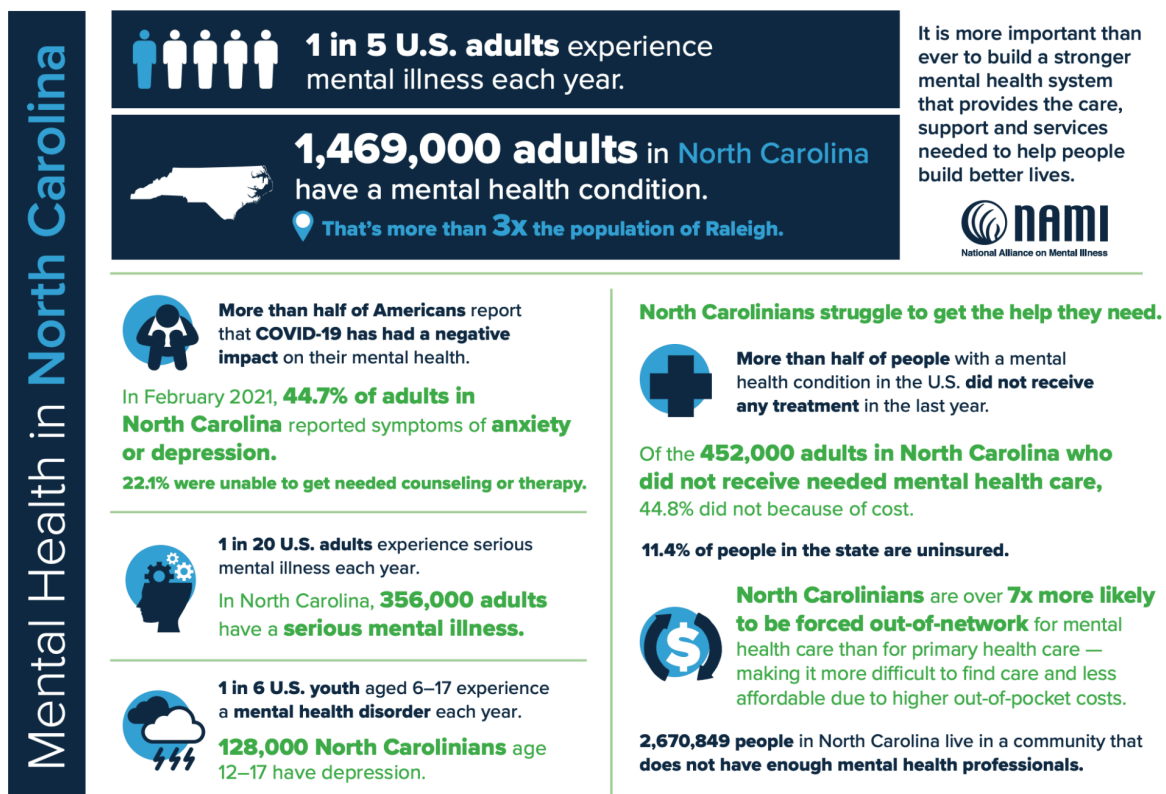


Figure 1

V. Author Biography

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VI. Further Reading

1. North Carolina gets an ‘F’ on how equally it treats mental and physical health issues
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2. Healthy North Carolina 2030: A Path Toward Health
 - a. <https://nciom.org/wp-content/uploads/2020/01/HNC-REPORT-FINAL-Spread2.pdf>
3. Increasing Access to Mental Health Services
 - a. <https://www.dukeendowment.org/story/increasing-access-to-mental-health-services>
4. NAMI NC: Public Policy Priorities
 - a. <https://naminc.org/advocacy/2021-2/>
5. American Hospital Association
 - a. <https://www.aha.org/news/blog/2021-02-05-community-partnerships-key-improving-access-mental-health-care>
6. Mental Health America: Ranking the States
 - a. <https://www.mhanational.org/issues/ranking-states>
7. NAMI NC: Programs
 - a. <https://naminc.org/programs/>
8. NC Department of Health and Human Services: Adult Mental Health Services
 - a. <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/adult-mental-health-services>
9. North Carolina Psychiatric Association: Advocacy Efforts
 - a. <https://www.ncpsychiatry.org/advocacy->
10. Open Counseling: North Carolina Mental Health Services Guide
 - a. <https://www.opencounseling.com/public-mental-health-nc>

11. Resources to Recover: Mental Health Resources in North Carolina
 - a. <https://www.rtor.org/directory/mental-health-north-carolina/>
12. The Duke Endowment: Increasing Access to Mental Health Services
 - a. <https://www.dukeendowment.org/story/increasing-access-to-mental-health-services>
13. Treatment Advocacy Center: North Carolina State Report Card
 - a. <https://www.treatmentadvocacycenter.org/grading-the-states/north-carolina>
 - b. <https://www.treatmentadvocacycenter.org/browse-by-state/north-carolina>

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