

The CBHSQ Report

Short Report

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AVAILABILITY OF PAYMENT ASSISTANCE FOR MENTAL HEALTH SERVICES IN U.S. MENTAL HEALTH TREATMENT FACILITIES

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INTRODUCTION

Approximately 1 in 5 U.S. adolescents experience mental disorders with severe impairment,¹ and 1 in 5 U.S. adults (excluding adolescents) had mild to severe symptoms of mental illness in the past year.² However, every year, many adolescents and adults with mental illness go untreated.^{3,4} Recent data suggests that half of adults who felt the need for mental health treatment but did not receive it within that year reported not being able to afford treatment as a major reason for not receiving care.⁵ However, this data collection occurred before the implementation of the Affordable Care Act, so the number of adults who feel the need for treatment but do not receive it may be reduced in the future.

Mental health facilities that offer services at no charge or use a sliding-fee scale serve as a safety net for those individuals who need but cannot afford to pay for these services. Although the literature in this area is sparse, a few studies have examined the availability of free general health clinics and the organizational structure of these clinics. In general, free clinics were defined in the available studies as nonprofit entities that offer uninsured and underserved individuals access to reduced cost or free health care services.^{6,7,8} One available survey of free general health clinics found that about one-third of these clinics also offered mental health treatment.⁸ However, mental health services may be provided not just in free general health clinics, but also by specialty mental health facilities. Studies that focus on the national availability of mental health facilities that provide mental health services either for free or with payment assistance are limited. Estimates of the number of mental health facilities nationwide that provide mental health services without charge or with some financial aid are not available. This knowledge is important because the affordability of mental health services may be a factor in individuals' willingness to seek treatment, and the availability of a wide range of different health care settings for mental health service delivery may improve access to treatment.⁵ This report examines the availability of mental health treatment services provided at no charge or using a sliding-fee scale in U.S. mental health treatment facilities.



In Brief

- In 2010, about 4 in 5 mental health treatment facilities offered some form of payment assistance, either by using a sliding-fee scale or by offering services at no charge to those who cannot afford to pay.
- A majority of outpatient mental health centers (88.0 percent), multisetting mental health facilities (86.2 percent), and psychiatric hospitals (76.6 percent) offered payment assistance.
- Among residential treatment centers for adults, 69.5 percent offered payment assistance.
- Less than half of residential treatment centers for children offered payment assistance (38.3 percent).
- In rural areas, 89.0 percent of mental health treatment facilities offered payment assistance, whereas the availability of payment assistance in more urban areas ranged from 77.4 to 81.6 percent.

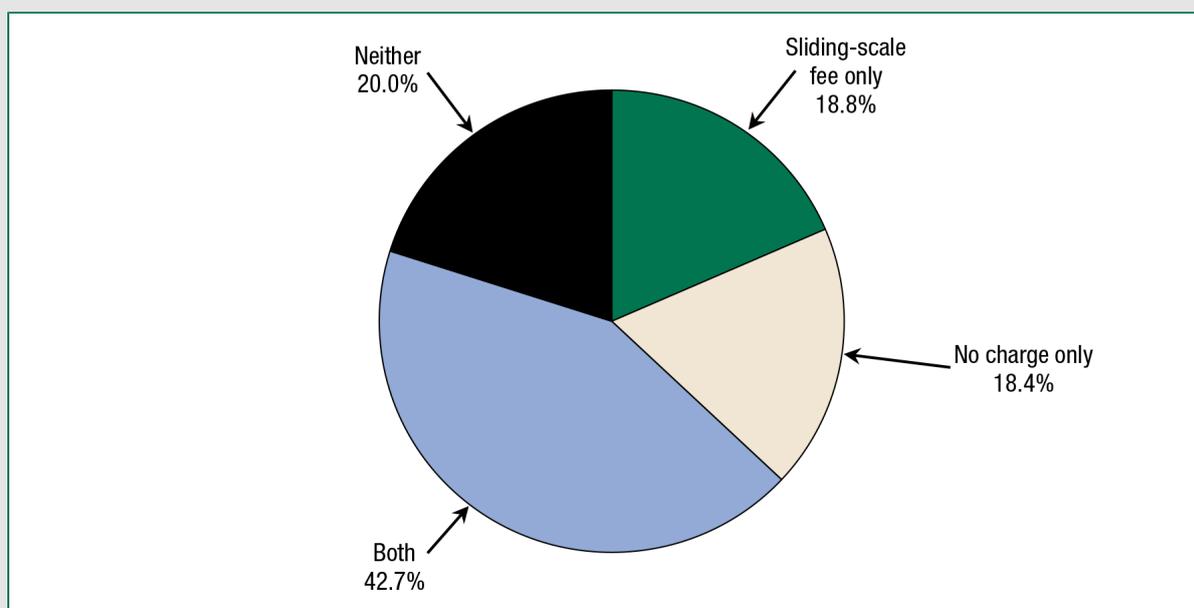
The National Mental Health Services Survey (N-MHSS) is an annual survey of all known mental health treatment facilities in the United States, both public and private. The N-MHSS is conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is designed to collect data on the location, characteristics, and use of mental health treatment facilities throughout the 50 states, the District of Columbia, and other U.S. jurisdictions.

The 2010 N-MHSS is the most recent available analytic data file and is used in this study. The final 2010 N-MHSS facility universe included 16,197 mental health treatment facilities, of which 12,186 were eligible for the survey. Of the 11,118 (91.2 percent) eligible facilities that responded to the 2010 N-MHSS, 10,374 were included in the N-MHSS main findings report and data files. The 10,374 facilities included 1,235 facilities that completed an abbreviated follow-up questionnaire (basic facility information and client counts) and 9,139 facilities that completed all sections of the questionnaire, including basic facility information, services characteristics, and client counts. This report focuses on the 8,938 facilities that completed all sections of the survey questionnaire and responded to the two items on payment assistance. Because the N-MHSS involves censuses and actual counts rather than estimates, statistical significance and confidence intervals are not applicable. The differences between proportions mentioned in the text of this report have Cohen's h effect size ≥ 0.20 , indicating that they are considered to be meaningful.

MENTAL HEALTH TREATMENT FACILITIES THAT OFFERED PAYMENT ASSISTANCE

In 2010, 18.8 percent of mental health treatment facilities offered services with a sliding-fee scale only, another 18.4 percent offered services at no charge only, and 42.7 percent offered both types of payment assistance (Figure 1). Approximately 1 in 5 facilities offered neither type of payment assistance (20.0 percent).

Figure 1. Mental health treatment facilities by type of payment assistance offered: 2010 N-MHSS



Note.—Based on 8,938 facilities that completed all sections of the survey questionnaire and responded to the two items on payment assistance.

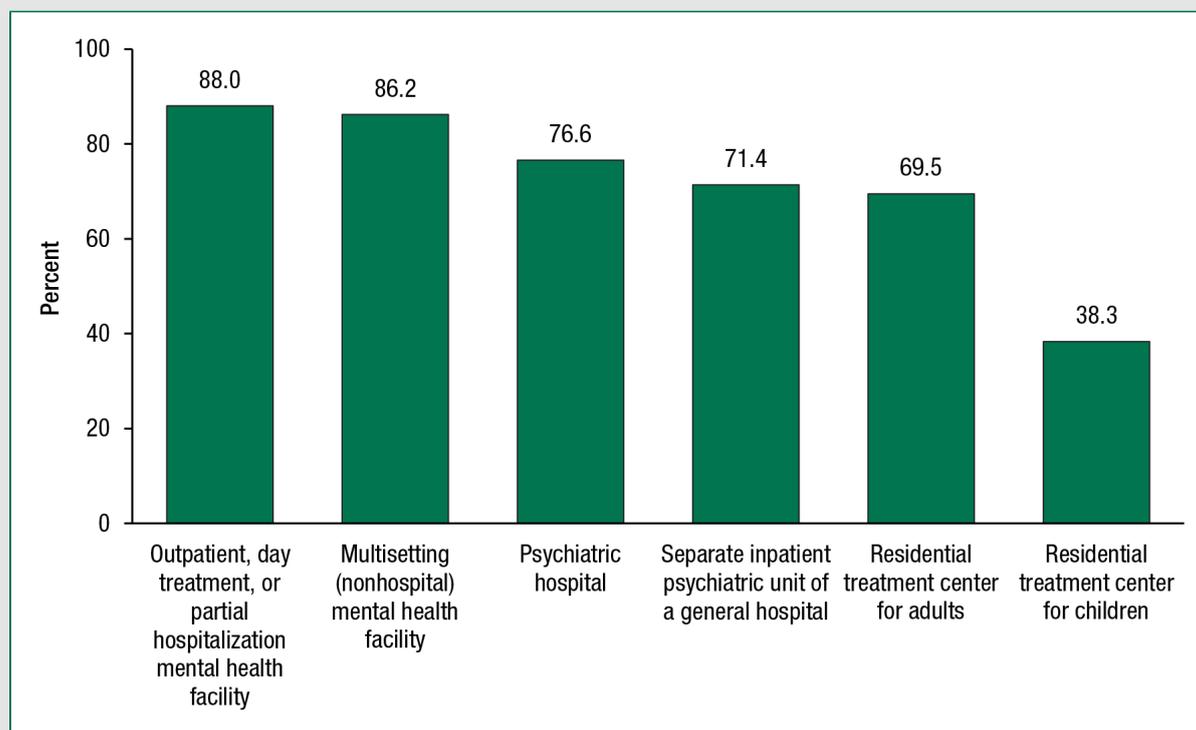
Note.—Percentages may not sum to 100.0% due to rounding.

Source: SAMHSA, National Mental Health Services Survey (N-MHSS), 2010.

DESCRIPTION OF MENTAL HEALTH TREATMENT FACILITIES THAT OFFER PAYMENT ASSISTANCE

The availability of payment assistance (i.e., services available at no charge or with a sliding-fee scale) differed by type of treatment facility. Payment assistance was offered in 88.0 percent of outpatient mental health centers, 86.2 percent of multisetting mental health facilities,⁹ 76.6 percent of psychiatric hospitals, and 71.4 percent of general hospitals with separate psychiatric units (Figure 2). Multisetting mental health facilities are “facilities that provide outpatient and residential mental health services and are not classified as a psychiatric or general hospital with a separate psychiatric unit or as residential treatment centers (RTCs).”⁹ Among residential treatment centers (RTCs) for adults, 69.5 percent offered payment assistance. In contrast, slightly more than one-third of RTCs for children offered payment assistance (38.3 percent).

Figure 2. Mental health treatment facilities offering payment assistance, by facility type: 2010 N-MHSS



Note.—Based on 8,938 facilities that completed all sections of the survey questionnaire and responded to the two items on payment assistance.

Source: SAMHSA, National Mental Health Services Survey (N-MHSS), 2010.

More than three-fourths of facilities operated by private nonprofit organizations (79.6 percent), and almost all facilities operated by state mental health agencies (94.9 percent) or local, county, or municipal governments (94.7 percent) offered payment assistance (Table 1). In contrast, about half of the facilities operated by private for-profit organizations offered payment assistance (49.6 percent). Of the facilities that offered services in Spanish or other languages, 85.4 percent provided payment assistance. Payment assistance was available across a majority of U.S. regions, but was available in more facilities located in the most rural, or “noncore,” counties (89.0 percent) than facilities located in more urban counties (range of 77.4 percent to 81.6 percent).

Table 1. Characteristics of mental health treatment facilities offering payment assistance: 2010 N-MHSS

Characteristic	Number	Percent
Facility operation		
Private for-profit organization	412	49.6
Private nonprofit organization	4,783	79.6
State mental health agency (SMHA)	612	94.9
Local, county, or municipal government	785	94.7
Other	557	89.0
Primary treatment focus		
Mental health services	5,259	78.6
Mix of mental health and substance abuse services	1,890	84.1
Other languages		
Spanish or other languages spoken by staff providing services	2,964	85.4
Age group of patients/clients accepted by facility		
Youth (aged 17 or younger)	4,602	81.0
Adults (18 to 64)	6,385	83.4
Seniors (65 or older)	5,683	84.5
Urbanicity		
Large metropolitan counties	1,682	78.3
Large fringe metro	1,327	77.4
Medium metro counties	1,287	78.6
Small metro counties	813	78.7
Microropolitan	1,103	81.6
Noncore	934	89.0
Region		
Northeast	1,562	77.4
Midwest	1,900	79.6
South	2,170	81.2
West	1,517	81.6

Note.—Based on 8,938 facilities that offered payment assistance. Facilities with unknown description were excluded from the analysis.

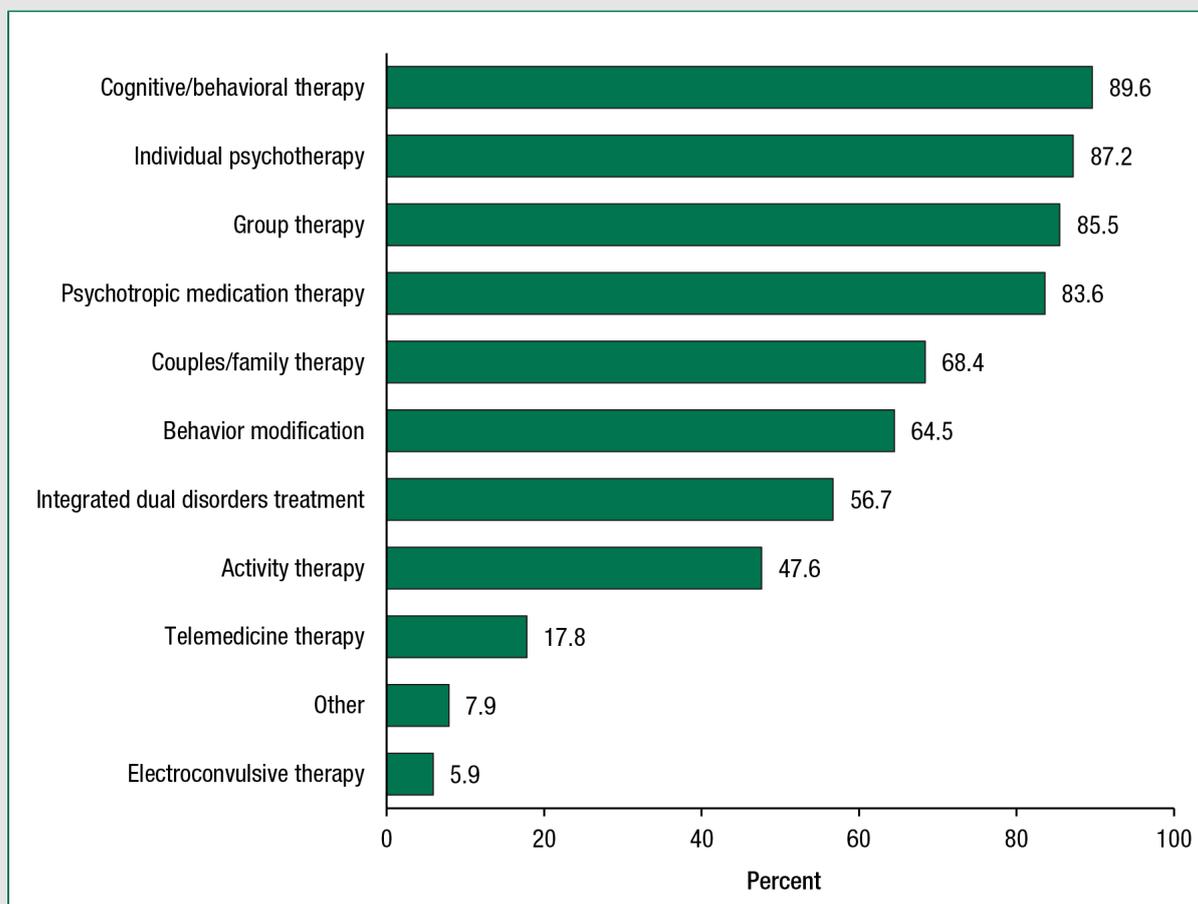
Note.—Urbanicity based on the 2006 National Center for Health Statistics Urban-Rural Classification Scheme for Counties (http://www.cdc.gov/nchs/data_access/urban_rural.htm).

Source: SAMHSA, National Mental Health Services Survey (N-MHSS), 2010.

TREATMENT APPROACHES PROVIDED IN MENTAL HEALTH TREATMENT FACILITIES THAT OFFERED PAYMENT ASSISTANCE

A majority of the facilities that offered payment assistance (either services at no charge or with a sliding-fee scale) provided cognitive/behavioral therapy (89.6 percent), individual psychotherapy (87.2 percent), group therapy (85.5 percent), and psychotropic medication therapy (83.6 percent; Figure 3). More than half of facilities that offered payment assistance provided couples/family therapy (68.4 percent), behavior modification (64.5 percent), and integrated dual disorders treatment (56.7 percent).

Figure 3. Mental health treatment approaches provided in facilities offering payment assistance: 2010 NMHSS



Note.—Based on 8,938 facilities that offered payment assistance. Facilities with unknown treatment approaches were excluded from the analysis.

Source: SAMHSA, National Mental Health Services Survey (N-MHSS), 2010.

DISCUSSION

Data from the 2010 N-MHSS indicate that about 4 in 5 mental health facilities offered payment assistance for those who cannot afford to pay, either by providing services at no charge to the client or by using a sliding-fee scale. The availability of these affordable services varied by type of facility, facility operation, and whether the facility was located in an urban or rural area. Payment assistance was less prevalent in RTCs, especially those for children, in private for-profit organizations, and in more urban areas. The relatively lower use of a sliding-fee scale or free care by facilities in urban areas compared with more rural areas may point to a possible unmet treatment need, especially in low-income communities of the inner city. Slightly more than one-third of RTCs for children offered payment assistance, which raises concerns regarding the accessibility of services for children in need of residential care who have no means of paying for treatment.

Health care reform may address some concerns regarding affordability by expanding insurance coverage for individuals and by including treatment for mental health and substance abuse as 1 of the 10 essential benefits eligible for coverage.¹⁰ The Mental Health Parity and Addiction Equity Act implemented in 2010 has also been shown to decrease out-of-pocket spending for certain mental disorders.¹¹ The greater availability of payment assistance in rural settings coincides with higher uninsured and underinsured rates noted in rural than urban areas.¹² However, as shown by a recent national survey that found cost as a major barrier for receiving mental health treatment,² availability of affordable services will remain a critical part of the mental health care delivery system along with efforts to improve the coverage and affordability of mental health services.

Individuals in need of mental health services and payment assistance may find more information using the SAMHSA's Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov/>).

END NOTES

1. Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(10), 980-989.
2. Center for Behavioral Health Statistics and Quality. (2014). *The NSDUH Report: Substance use and mental health estimates from the 2013 National Survey on Drug Use and Health: Overview of findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
3. Center for Behavioral Health Statistics and Quality. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 14-4863, NSDUH Series H-48). Rockville, MD: Substance Abuse and Mental Health Services Administration.
4. Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., Georgiades, K., Heaton, L., Swanson, S., & Olfson, M. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: Results of the National Comorbidity Survey-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry, 50*(1), 32-45.
5. Center for Behavioral Health Statistics and Quality. (2013). *The NSDUH Report: Affordability most frequent reason for not receiving mental health services*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
6. Kamimura, A., Christensen, N., Tabler, J., Ashby, J., & Olson, L. M. (2013). Patients utilizing a free clinic: Physical and mental health, health literacy, and social support. *Journal of Community Health, 38*(4), 716-723.
7. U.S. Department of Health and Human Services, Health Resources and Services Administration. (2015). HRSA Health Center Program. Retrieved from <http://bphc.hrsa.gov/>
8. Darnell, J. S. (2010). Free clinics in the United States: A nationwide survey. *Archives of Internal Medicine, 170*(11), 946-953.
9. The 2010 N-MHSS report defines multisetting facilities as those that provide residential and outpatient mental health services and are not classified as psychiatric or general hospitals with a separate psychiatric unit or residential treatment centers. You can find this report at: Substance Abuse and Mental Health Services Administration. (2014). National Mental Health Services Survey (N-MHSS): 2010. Data on Mental Health Treatment Facilities. (HHS Publication No. SMA 14-4837, BHSIS Series S-69). Rockville, MD: Substance Abuse and Mental Health Services Administration.
10. Beronio, K., Glied, S., & Frank, R. (2014). How the Affordable Care Act and Mental Health Parity and Addiction Equity Act greatly expand coverage of behavioral health care. *Journal of Behavioral Health Services & Research, 41*(4), 410-428.
11. Busch, A. B., Yoon, F., Barry, C. L., Azzone, V., Normand, S. L., Goldman, H. H., & Huskamp, H. A. (2013). The effects of mental health parity on spending and utilization for bipolar, major depression, and adjustment disorders. *American Journal of Psychiatry, 170*(2), 180-187.
12. Ziller, E. C., Anderson, N. J., & Coburn, A. F. (2010). Access to rural mental health services: Service use and out-of-pocket costs. *Journal of Rural Health, 26*(3), 214-224.

SUGGESTED CITATION

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SUMMARY

Background: Mental health treatment facilities that offer services at no cost to clients or use a sliding-fee scale are an important safety net for individuals to access needed services. This report examines the availability of uncompensated care or services using a sliding-fee scale in mental health treatment facilities. **Method:** The 2010 National Mental Health Services Survey (N-MHSS) is a survey of all known mental health treatment facilities in the United States, both public and private. Data from the 2010 N-MHSS were analyzed to assess the extent to which mental health treatment facilities in the United States offered payment assistance to those who are in need of care but who cannot afford to pay for services. Because N-MHSS is a census-type survey and collects actual counts rather than estimates, statistical significance and confidence intervals are not applicable. Differences in the proportion of facilities offering payment assistance were assessed using Cohen's h . The results described in the text have a Cohen's h effect size ≥ 0.20 , which indicates that there are meaningful differences between the groups. **Results:** About 4 in 5 mental health treatment facilities surveyed in 2010 offered services at no charge or used a sliding-fee scale for patients/clients who could not afford to pay for services. These types of payment assistance were available across a variety of facility types, including psychiatric hospitals (76.6 percent), outpatient mental health centers (88.0 percent), and multisetting mental health facilities (86.2 percent) but were offered less frequently in residential treatment centers for adults (69.5 percent). In contrast, slightly more than one-third of residential treatment centers for children offered payment assistance (38.3 percent). **Conclusion:** Availability of affordable services will remain a critical part of the mental health care delivery system along with efforts to improve the coverage and affordability of mental health services.

Keywords: Mental health services, payment assistance, sliding scale, free treatment, N-MHSS.

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KEYWORDS

Short Report, Mental Health Facility - Treatment Data, 2010, Mature Adults as Audience, Policymakers, Program Planners Administrators and Project Managers, Public Health Professionals, Public Officials, Researchers, Mental Illness, Access to Care

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The National Mental Health Services Survey (N-MHSS) is an annual survey designed to collect information from all facilities in the United States, both public and private, that provide mental health treatment. N-MHSS provides the mechanism for quantifying the dynamic character and composition of the United States mental health treatment delivery system. The objectives of N-MHSS are to collect multipurpose data that can be used to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) and state and local governments in assessing the nature and extent of services provided and in forecasting treatment resource requirements, to update SAMHSA's Inventory of Behavioral Health Services (I-BHS), to analyze general treatment services trends, and to generate the Behavioral Health Treatment Services Locator [<http://findtreatment.samhsa.gov/>].

N-MHSS is one component of the Behavioral Health Services Information System (BHSIS), maintained by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA. N-MHSS collects three types of information from facilities (1) characteristics of individual facilities such as services offered and types of treatment provided, primary focus of the facility, and payment options; (2) client count information such as counts of clients served by service type and number of beds designated for treatment; and (3) general information such as licensure, certification, or accreditation and facility website availability. In 2010, N-MHSS collected information from 10,374 facilities from all 50 states, the District of Columbia, Puerto Rico, the Federated States of Micronesia, Guam, Palau, and the Virgin Islands. **Information and data for this report are based on data reported to N-MHSS for the survey reference date April 30, 2010.**

The N-MHSS Report is prepared by the Center for Behavioral Health Statistics and Quality, SAMHSA; and RTI International, Research Triangle Park, NC.

Latest N-MHSS public use files and variable definitions:

<http://www.datafiles.samhsa.gov>

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