



**Spring Sale  
On Now**

**1st Month Free**

Subscribe Now  
([http://offers.livingstondaily.com/specialoffer?  
gps-  
source=BENBmar&utm\\_medium=nanobar&utm\\_source=bounce-  
exchange&utm\\_campaign=SPRING18-  
ADS](http://offers.livingstondaily.com/specialoffer?gps-source=BENBmar&utm_medium=nanobar&utm_source=bounce-exchange&utm_campaign=SPRING18-ADS))

## MacKenzie: Mental, behavioral health crisis deserves attention

Gwen MacKenzie is senior vice president of Ascension Healthcare and ministry market executive of Ascension Michigan. Published 5:30 a.m. ET Dec. 17, 2017



*(Photo: submitted photo)*

Behavioral disorders and mental illness are nearly ubiquitous in our society. According to the National Alliance on Mental Illness, more than 43 million adults experience mental illness each year. In 2013-14, 336,000 Michigan adults had serious mental illness. From 1999-2015, deaths in Michigan from drugs quadrupled to 1,981.

Ascension Michigan's emergency departments have seen a 400% increase in behavioral health patients in the past 4 years. The United States and Michigan are struggling with a mental and behavioral health crisis, and it demands a national discussion that is transparent and honest.

Ascension Michigan has one of the most sophisticated inpatient treatment facilities in the state – the Brighton Center for Recovery. Yet, the demand for mental and behavioral health services in Michigan far outstrips supply. It is not uncommon to experience a 3-4 month wait for an appointment with a psychiatrist, if you are in an area of the state that has psychiatrists.

ADVERTISEMENT



Sadly, according to the Substance Abuse and Mental Health Services Administration, nearly 60 percent of adults with a mental illness don't receive mental health services. Failure to intervene to help these individuals results in far more pain for them and much higher costs for society, which means that we need increased investment in these services now.

As Congress and state legislatures continue to struggle with the appropriate response to the crisis, they must take several crucial steps immediately in the areas of coverage, access, and care integration. Enforcement authorities must enforce the Mental Health Parity and Addiction Equity Act (MHPAEA) more robustly.

The MHPAEA broadly requires parity between coverage for mental and physical health ailments. Some health plans may use subtle mechanisms to make mental health and substance use treatment less available than treatment for physical conditions.

They may deny initial access to care, limit the length of treatment, or use "carve outs" for mental and behavioral health. Payment rates can be so low that it deters providers from taking insurance. Because the MHPAEA is enforced by multiple agencies depending on the nature of the insurance, those agencies should coordinate enforcement and become more aggressive.

Access to providers in Michigan and nationally is a serious problem. To address the need for care in the context of this shortage, systems like Ascension Michigan developed telehealth capabilities to make services available to those in need. Yet, public and private payers will often make it difficult to obtain reimbursement for telehealth services even in the crisis areas of mental and behavioral health.

Medicare will reimburse for telehealth delivery in a rural area, but not in an urban area unless it has been declared a manpower shortage area. Because of the provider shortage, it is crucial that federal, state and private payers begin to provide payment for all mental and behavioral health services.

Many clinical experts endorse the integration of mental and behavioral health experts with primary care practitioners to identify mental and behavioral issues as early as possible. To facilitate this integration, Congress needs to make crucial adjustments to the patient protections offered by 42 CFR Part 2.

Those who suffer from mental health and substance use disorders need significant privacy protection often because of the unfair stigmatization stemming from ignorance that surrounds those victimized by these conditions. Yet, the privacy requirements in 42 CFR Part 2 set requirements limiting the use and disclosure of patients' substance use records make it profoundly difficult to provide team-based care.

The inability to share information between substance abuse provider and primary care physician undermines the holistic care that patients need. Ascension Michigan supports the recommendations of the Partnership to Amend 42 CFR Part 2 to balance the need for privacy and integrated care for those suffering from mental and behavioral health disorders.

Mental and behavioral health disorders are often progressive: delaying treatment only makes matters worse for the individual, his or her family, and the rest of society. The costs of poor or delayed mental and behavioral healthcare have impacts far beyond the health system, affecting the areas of criminal justice and social services. And these costs often are incurred without addressing or treating the underlying causes.

As Ascension Michigan works to expand our behavioral and mental health services to address these national gaps of care and coverage, we need the public policy changes described above, as well as increased reimbursement and funding to facilitate our efforts to serve these most vulnerable patients.

We owe it to the thousands of Michiganders who experience mental illnesses and substance use disorders, and their families, to provide affordable healthcare access and coverage.

*Gwen MacKenzie is senior vice president of Ascension Healthcare and ministry market executive of Ascension Michigan.*

Read or Share this story: <http://ldpaa.com/2AJE4QO>



Spectacular  
performances

