



Accessing Mental Health Care in Washington: Findings from Statewide Survey

Report by the National Alliance on Mental Illness Washington

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Partners

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Executive Summary

Three key elements to accessing mental health care in Washington state are finding the right provider, getting care within the appropriate time, and being able to afford it.

These key elements were greatly expressed by respondents' experiences via a recent survey that the National Alliance on Mental Illness (NAMI) Washington, in collaboration with our partners, sent out seeking to learn more about Washingtonians' experiences with accessing mental health services in our state.

Major challenges to accessing mental health care reported by survey respondents were:

- It took too long to get the right mental health care (inclusive of in times of crisis).
- Finding the right provider to meet the person's needs (especially in rural areas and finding BIPOC providers) was often very challenging.
- Cost and insurance adequately covering the needed service were often significant barriers.

What did respondents say was most helpful in gaining access to mental health care? Overwhelmingly, respondents stated that insurance covering the needed service was one of the most critical aspects to gaining access to care.

Respondents also wrote about what successful access to mental health care would look like. In sum, successful access was often described as:

- Getting to care that is the right fit, at the right time, and is affordable
- Being able to easily navigate the system and select high quality services that are person-centered and culturally responsive across the entire continuum of care in each region of our state

Accessing Mental Health Care in Washington: Findings from Statewide Survey

There have been major advances for mental health care in Washington, especially within the last few years. However, people in our state continue to face tremendous difficulties in accessing affordable mental health care at the right time that meets their specific needs. The findings in this report identify what survey respondents see as major barriers to accessing mental health in Washington, what has been helpful to gain access to care, and what successful mental health care access looks like. Overall, respondents expressed that finding the right provider, within the appropriate time, that they could afford were the key elements to accessing mental health care.

Method

A google form survey was sent out via email in English on August 6th, 2021 to the National Alliance on Mental Illness (NAMI) Washington community members. The survey was also circulated in NAMI Washington's Enews and by partner organizations within their respective networks. The survey closed on August 29th, 2021. The survey was composed of 18 questions with two optional questions included. The survey questions addressed: what prompted people to seek mental health care, what services people were looking for, if they were able to access the needed services, and the challenges as well as helpful aspects to accessing mental health care in Washington state. Completing the survey was voluntary, and crisis and additional mental health resources were listed at the end of the survey.

Respondents

110 individuals filled out the survey during the month of August 2021. 48 survey respondents filled out the survey in relation to access care for themselves. 62 people filled out the survey as someone helping to seek care for someone else. 50 of the respondents seeking access to care for someone else were family members, three were partners/former partners, three were friends, five were mental health providers, and one did not have a personal relationship with the person they were filling out the survey for. People needing to access care in this survey identified with varying demographics.

- People represented in this survey were geographically spread out across Washington communities from being located on the peninsula, in the Puget sound areas, and east of the Cascades. 39% of people were in suburban areas, 37% of people were in urban areas, and 21% of people were in rural areas. See Figure 4.
- Individuals represented in this survey were white/Caucasian (73%), two or more races/ethnicities (12%) inclusive of people who identify as American Indian or Alaska Native and Hispanic/Latinx/Spanish descent, Black/African American (5%), Asian/Asian American (3%), and Native Hawaiian or Pacific Islander (1%). See Figure 5.
- Individuals represented in this survey identified as Female (56%), Male (33%), Gender Fluid/Non-Binary (4%), and Two or more identities selected (3%). See Figure 6.
- People in each age group were also represented in the survey results. See Figure 7.

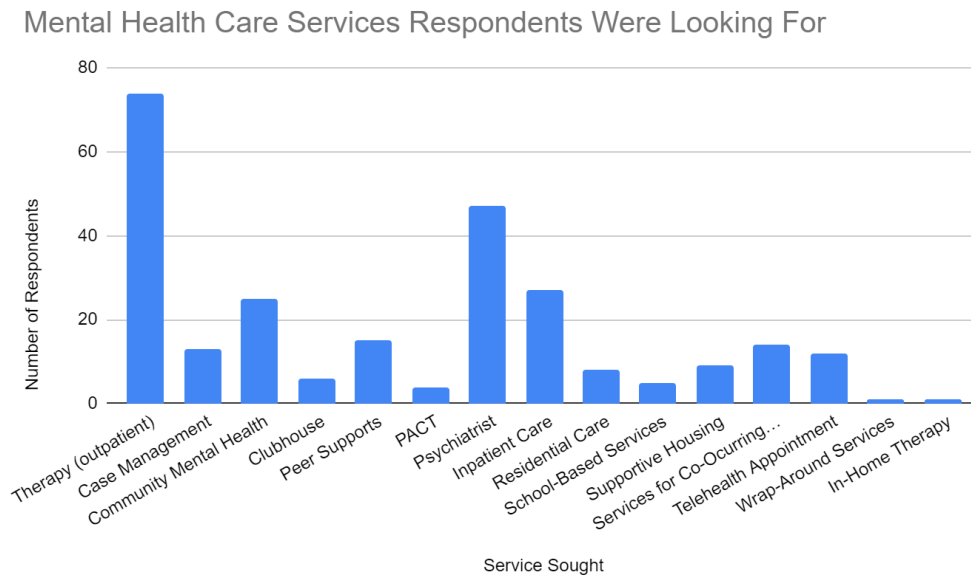
Findings

Respondents reported initially seeking mental health care for symptoms of a mental health condition such as disruptions in thinking, feeling, mood, daily functioning, and/or relating to others (58%), a crisis

defined as a situation that risked harm to oneself or others and/or prevented one from daily functioning (37%), and general support (4%).

Largely, respondents (67%) reported that they were looking for outpatient counseling or therapy. Many respondents (42%) also reported wanting to access a psychiatrist followed by wanting to access inpatient care (25%) and community mental health services (23%). Figure 1. depicts the number of respondents seeking initial care by mental health service area.

Figure 1.



Whether respondents were able to access the mental health care they were seeking or not was nearly split. 55% of respondents reported accessing the care they were looking for. Many of the respondents that reported that they were able to access the service they were looking for did so with many caveats ranging from accessing the service after a timeline that was inappropriate for their need, a great amount of effort or self-advocacy, partially accessing needed services, or access being very costly. The large majority of respondents (88%) felt that the time it took them to get to treatment was too long to meet their needs.

In asking respondents what helped them to access mental health care, insurance covering the needed service was the most selected answer. Yet, adequate coverage, finding the right provider/service in-network, and cost of care all presented as major access barriers for respondents. 43% of respondents reported having public insurance and 38% of respondents had private insurance. Additionally, respondents in the survey also reported having both public and private insurance, were unsure of their insurance, or did not have insurance. Three respondents reported receiving care from Veterans Affairs. Of the respondents with only public insurance, 57% reported that their needed mental health care was covered by their insurance. Of the respondents with only private insurance, 71% report that their needed mental health care was covered. Table 1. summarizes the type of insurance respondents had and

whether their needed service was covered, not covered, or if they were not able to access the care that they needed.

Table 1.

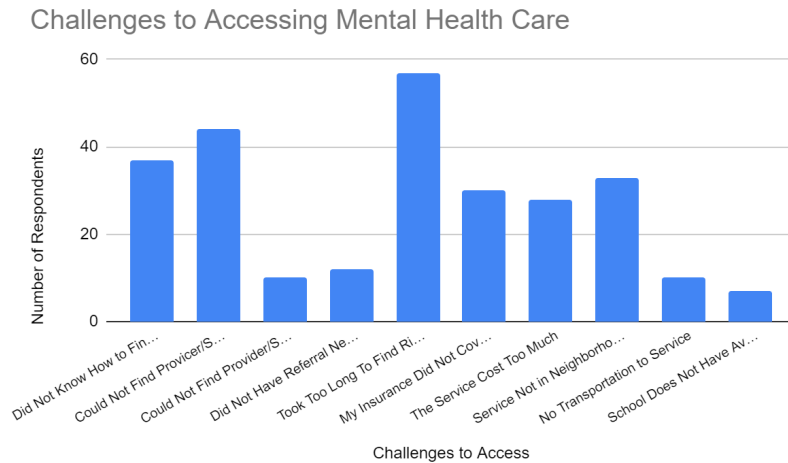
| Insurance Type | Number of Respondents | | |
|----------------|-----------------------|---------------------|---------------------------------|
| | Service Covered | Service Not Covered | Not Able To Get The Care Needed |
| Public | 27 | 10 | 10 |
| Private | 30 | 7 | 5 |
| Both | 1 | 1 | 1 |
| Unsure | 4 | 3 | 5 |
| NA | 0 | 2 | 0 |

Many respondents raised major caveats when they indicated that their services were covered. For multiple respondents that reported that their insurance covered their service, they often reported that coverage was partial, out of pocket costs were a great burden, and often had costly expenses to get the appropriate care they needed. One respondent wrote that they finally received coverage from their private insurer after self-advocating with the Office of the Insurance Commissioner. Another respondent reported that they were eventually able to access covered services but the services were not available in their home county as there was a lack of providers who accept Apple Health. Finally, multiple respondents noted that they had been on private insurance and weren't able to access coverage for a service until they qualified for public insurance.

Challenges to Accessing Mental Health Care

The most frequently reported challenge to accessing mental health care was that it took too long to get the right mental health care. Many respondents reported long wait times to get into services even during times of crisis such as waiting for a Designated Crisis Responder (DCR) evaluation. The long wait times appeared linked to the second most frequent challenge identified by respondents: finding a provider that met their needs. Many respondents commented that it seemed that there were not enough providers, especially in rural areas of Washington, that there were not enough Black, Indigenous, and People of Color (BIPOC) providers, that providers often had long wait lists, or that they could not find providers accepting public insurance. Multiple comments from respondents noted that the provider they saw could not meet their needs and this challenge was augmented when it was hard to know what to ask for. Knowing how to find the right service or provider was another frequently reported barrier for access. Services not being in one's neighborhood or community was also frequently reported as a barrier to access. Finally, the cost of the service and insurance not covering a service were both notable barriers. Multiple survey respondents commented on the challenge of finding a provider that fit their needs and was affordable or in-network. Figure 2. summarizes the number of respondents that reported each challenge as a part of their experience accessing mental health care in Washington.

Figure 2.

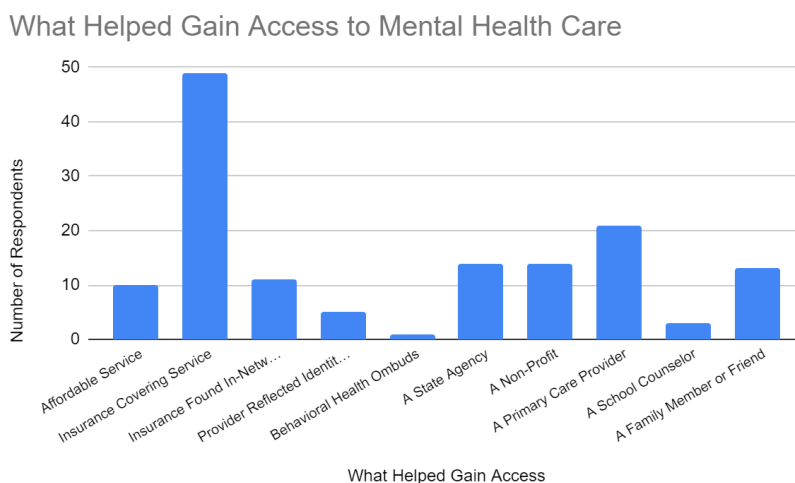


Additionally, respondents wrote that insurance did not cover enough of the cost and left them with a greatly burdensome expense or that they had to find their needed service out of state. Other barriers noted were experiences with the emergency room, challenges with accessing care across county jurisdictions, and providers not acknowledging co-occurring conditions. Multiple respondents also wrote that they were not able to access care until a mental health crisis occurred.

What Helped With Accessing Mental Health Care

As mentioned earlier, survey respondents most frequently reported that insurance covering their needed service was the most helpful thing for them to gain access to mental health care. The second most selected aspect was a Primary Care Provider helping someone to gain access, though this option was chosen much less frequently. Figure 3. summarizes the number of respondents that reported which aspect of accessing care was helpful in their experience.

Figure 3.



Respondents also noted the Emergency Room, Veterans Affairs, Psychology Today, and Telehealth services were helpful. Multiple respondents reported that they felt alone and relied on their own research and self-advocacy to get to the service that they needed.

Successful Access and Services Needed

Major themes that survey respondents identified as what successful access to mental health care would look like were:

- One central point of access to find the appropriate care and also having no wrong door for entry
- Person-centered, comprehensive care and integration with primary care
- Culturally responsive mental health care and feeling understood by their provider
- Ability to get to services across the entire continuum of care at the right time
- Getting to care that is affordable, navigable, timely, ethical, effective, and high quality

Examples of what some respondents wrote were:

“Easy to find care that is culturally relevant AND covered by insurance, short wait time”

“Affordable, accessible, all insurance accepted! Timely!”

“Successful access to mental health care is affordable and culturally responsive care that is available when you need it. It encompasses all needs, including spiritual, cultural, physical and holistic health.”

“Successful access means more than a quick fix or limited number of sessions covered by insurance. It means having an ongoing support system for as many years as it takes to get and stay well and be able to afford medication and treatment.”

Respondents identified needing greater access to:

- A (resounding) larger mental health care workforce and BIPOC providers accessible in every part of the state as well as providers that are culturally and linguistically responsive, providers that understand the specific needs of youth and people with developmental disabilities, and providers that are trained in evidence-based modalities
- Timely crisis response and access to the right bed for crisis stays at the right time
- One database to search if providers in their area have availability and take their insurance
- Adequate stays in residential and inpatient settings to promote wellbeing and not cycling
- Outpatient options, such as Intensive Outpatient Programs (IOP) or Partial Hospitalization Programs (PHP), especially in rural areas of Washington
- Supportive housing
- Clubhouses

Youth Specific Services and Experiences

Youth needing mental health care were represented in the survey responses; 5% of youth in need of mental health care were younger than 13 and 8% were 13-17 years old. The survey respondents were all family members of youth needing care. 53% of respondents were seeking care due to the young person being in crisis and 47% were seeking care due to symptoms of a mental health condition.

The majority of respondents reported needing access to a psychiatrist (66%) and counseling or therapy (outpatient) (60%). Family members also largely reported needing to access crisis response services (40%) and wrap-around services (40%). Multiple respondents wrote that needed wrap-around services, an individualized system of care and support in the home and community settings, were not accessible. If respondents were able to access wrap-around services, they reported that it took too long to access or that they weren't accessible due to income limits and had to lose income to gain access for their child.

The mental health services that were needed were reported as difficult to access. Overwhelmingly, 80% of the survey respondents reported not being able to access the mental health service needed for their young person. Time to access services appeared to be a major challenge. No respondent felt like the time it took to access the mental health service they received was appropriate to meet the young person's needs. One survey respondent wrote:

"It took over a year for my child to receive the care necessary. She wasn't supported as needed due to the fact most of the wrap around services weren't available due to income limits. I had to hit rock bottom with income before services became available."

Respondents also raised challenges with insurance covering the young person's needed mental health services. Multiple respondents reported that access to evidence-based treatment, covered by insurance, was hard to find - especially in the eastern part of the state. Most of the respondents had private insurance and 70% of these respondents reported that the services they received were covered by their carrier. Two of the survey respondents reported having public insurance; one was not able to access the services needed and the other reported that their carrier did not cover the service needed. One respondent wrote:

"When I had Microsoft insurance mostly [services were covered], but when we had limited employer insurance it's been difficult."

Another respondent wrote:

"It feels impossible to find a provider who meets my child's needs AND is also on our insurance network. We have had to go out of network, which is a HUGE expense for our family."

The biggest barrier to access, that nearly all (70%) respondents reported, was that they could not find the right provider or service. Overwhelmingly, respondents shared that there didn't seem to be enough mental health providers in general, providers that were able to meet their child's needs such as having a dual diagnosis, and access to providers with shared identities such as being BIPOC and LGBTQ+.

40% of respondents reported that they did not know how to find the right provider or service and another barrier was that 40% of respondents noted that the care or service needed was not in their neighborhood or community.

Other challenges reported were the young person's school did not have mental health services that they could go to, lack of transportation, lack of child care, racism in medical settings, unable to find a provider who reflected language and/or identity preferences and needs, and not having a needed referral.

What did respondents say was helpful in accessing services for youth?

Insurance covering the service was also one of the top items that helped with getting youth mental health care. Yet, it was also reported that sometimes coverage did not go far enough. For example, ensuring coverage for local quality PHP, IOP, and Residential care for longer than 21 days was reported to be something that would make a huge impact. Primary care providers and non-profit organizations were also reported to be largely helpful in gaining access to care.

Respondents raised that access to in-home therapy, DBT, CBT for psychosis early on, and emergency mental health care were all sorely needed services for their child's needs but were hard to access. Notably, respondents wrote that access to crisis services alone were not sufficient. Additionally, more integrated mental health and primary care as well as more mental health providers in schools who can take individualized approaches with students was needed.

When asked what successful access to mental health care would look like, many respondents echoed the major themes reported in the survey. Successful access would mean adequate insurance covered for the right kind of care and being able to access care in a timely way for the young person's needs. Examples of what some respondents wrote successful access would like are:

"Having choices to find the right fit versus finding anyone taking new patients who will bill insurance."

"I need to know what is available, and then I need to be able to afford it. It should also be quick to enter."

"Finding appropriate and evidence based treatment that is covered by insurance that can be initiated within 30 days for non urgent cases, and within 48 hours or less for crisis services. providers need to be culturally responsive, diverse, and well versed in their theory and practice."

Conclusion

Washington state has made incredible strides in improving access to mental health care. And we also have critical work ahead to improve access for Washingtonians. Based on the experiences reported from respondents in this survey, the following are three major takeaways that could strengthen access to mental health care in Washington.

1. Expand and support the mental health care workforce so that providers are accessible in every part of the state, are representative of the clients they serve, are culturally and linguistically responsive, are trained to meet the specific needs of the client, and are trained in evidence-based modalities.
2. Streamline points of access to mental health care so that providers and services are easy to find and can be accessed quickly when needed.
3. Ensure affordability and coverage of care and evidence-based services for the adequate period of time needed.

Appendix

Figure 4.

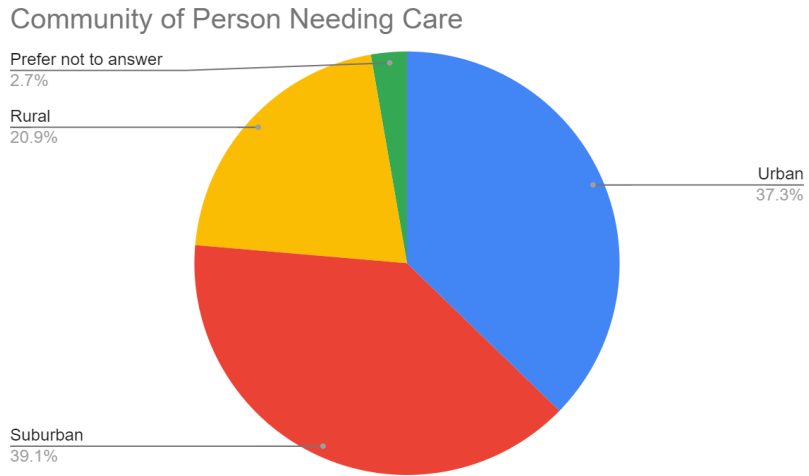


Figure 5.

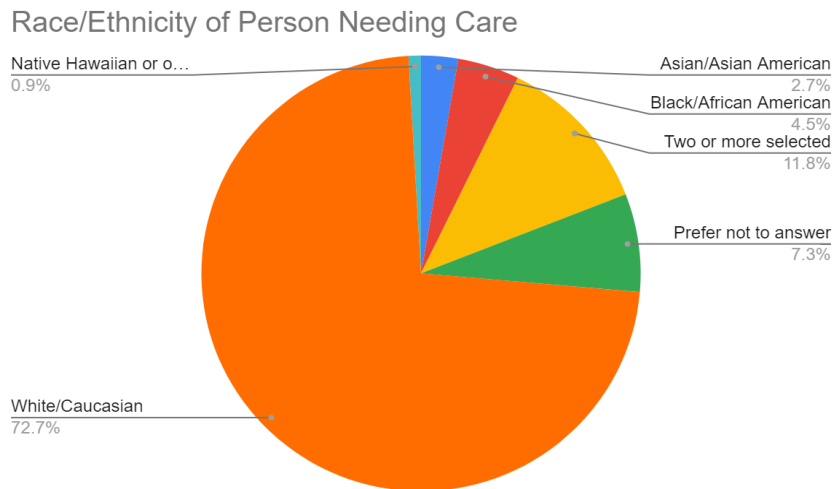


Figure 6.

Gender of Person Needing Care

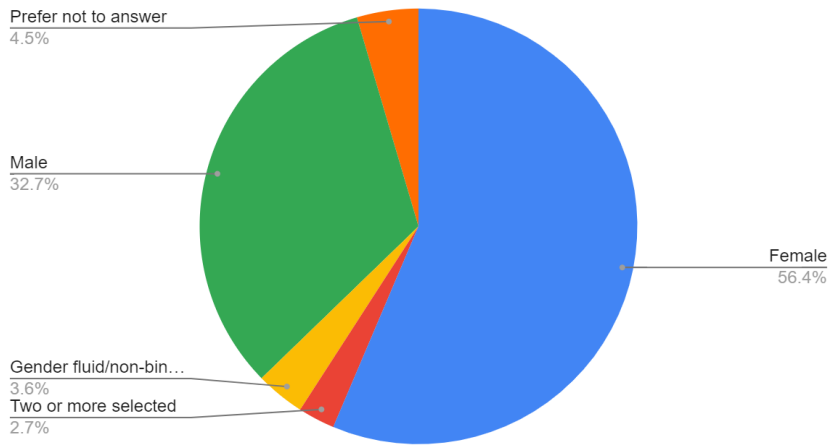


Figure 7.

Age of Person Needing Care

