

Managing Your Mental Health With Or Without Insurance Coverage

by *Transamerica Center for Health Studies* (NAPSA)—Mental health is synonymous with mental wellness. At some point many people will struggle with their mental health. Just like caring for physical health occasionally requires a visit with a physician, caring for mental health may require visiting a mental health professional and, of course, figuring out a way to pay for it.

Insurance Coverage and Payment Options

When a person is unable to manage daily activities such as maintaining fulfilling relationships, working productively, coping with the stresses of life, or even recognizing one's own potential, he or she may be struggling to stay mentally healthy—whether he or she is able to recognize it or not.

If a person has health insurance, it may be helpful to consult with a primary care doctor who could make referrals to local services. When individuals do not have a primary care doctor, they can also use their insurer's website or call center to locate mental health professionals for treatment.

- Individuals who have insurance through an employer should check the Summary of Benefits and Coverage for information on covered mental health and behavioral services. The Transamerica Center for Health Studies (TCHS) Consumer Healthcare Survey found that 54 percent of respondents have access to employer-sponsored programs for mental health or substance abuse, but only 21 percent of employees were enrolled in these programs.
- The Affordable Care Act requires health insurance purchased through the state Exchange to cover mental health, substance use disorder services and behavioral treatment for current or pre-existing conditions.
- Poor access to and treatment for mental health can be debilitating for veterans. VA Care is provided at government-owned facilities for veterans only, while TRICARE is the government-provided insurance plan for active-duty or retired service members (and their dependents) at pri-



Numerous programs are available to help uninsured Americans who struggle with mental health issues.

vate and public facilities, or military health clinics and hospitals. The VA also offers Service-Connected Disability Compensation, which provides a tax-free monthly benefit for veterans who are at least 10 percent disabled because of injuries or diseases that were incurred in or aggravated during active duty, active duty for training or inactive duty training.

- Medicare is a government-funded program that covers almost every senior citizen in the United States. Medicare Part B covers a free yearly depression screening, mental health counseling or therapy visits, as well as outpatient services such as individual and group psychotherapy. The costs and drugs covered with Medicare Part D Prescription Drug Plan will vary by plan, but almost all drugs classified as antidepressants, antipsychotics and anti-convulsants are required to be covered.

Options for the Uninsured

According to a 2017 report from Mental Health America, more than 7.5 million people with a mental illness are uninsured. Paying for mental health services without insurance can be costly, but there are some options available, including:

- **Medicaid**—A joint federal and state program that provides free or low-cost health coverage for disabled persons, low-income adults, and pregnant women. Every state implements its own guidelines, so coverage may vary. For years, Medicaid has been the largest payer of mental health-related services in the United States.

- **Children's Health Insurance Program (CHIP)**—In 2017, an estimated 9.4 million children were covered under CHIP, funded jointly by states and the federal government for uninsured children up to age 19. Like Medicaid, CHIP guidelines are also implemented by each state, so eligibility for coverage may vary.

In addition, there are many facilities and centers that provide services for those with mental health and or substance use disorder needs at a lower cost or work within a patient's insurance policy:

- **Mental Health America** affiliate locations are nonprofit organizations found in 41 states that help patients navigate the mental health system, providing education, support services and rehabilitation services.
- The **Substance Abuse & Mental Health Services Administration** features a behavioral health treatment facilities locator where you can specify the kind of behavioral health services you are looking for, your insurance type (e.g., Medicaid, Medicare, etc.) and payment ability (e.g., sliding scale fee, cash, etc.).
- With more than 1,000 **National Alliance on Mental Illness (NAMI)** affiliate locations and state organizations, NAMI lists free resources and educational programs.
- **Certified Community Behavioral Health Clinics** receive Medicaid reimbursement for their mental health and substance use disorder services, including 24-hour crisis care, care coordination, evidence-based practices and integrated physical care. These facilities are currently available in eight states: Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon and Pennsylvania.

For more information, including the Exchange guide and State-by-State Medicaid Guide, visit the TCHS website (www.TransamericaCenterforHealthStudies.org). Transamerica Center for Health Studies is a national nonprofit dedicated to researching health care issues facing employers and consumers today.