Assessing the Access and Affordability of Mental Healthcare Services for Adolescents in the United States

Eliana Soccio
Wilton High School

Abstract

Adolescent mental health is a worsening crisis in the United States. Adding to the problem is the ability of parents and caregivers to find timely and affordable mental healthcare services for this population, one that is vulnerable to suicide, substance abuse and other devastating outcomes due to mental health issues. This research project evaluates the access and affordability of outpatient mental healthcare services for adolescents in the U.S., as well as possible causes and solutions for identified mental healthcare delivery issues. An anonymous survey developed by the author was distributed and completed specifically by parents and caregivers in the U.S., who have sought mental healthcare services for adolescents between 10-19 years of age. Survey results indicate that there are indeed problems within the insurance and medical professional industry with regard to parity between timely and affordable access to mental healthcare services compared to services for physical medical healthcare for adolescents. This causes additional stress for parents and caregivers seeking critical help for their children, while the child's mental health status declines during this time. One could argue that ethically, access to mental healthcare should not be any more difficult or costly to families than access to physical medical healthcare.

Keywords: Healthcare Delivery, Healthcare Insurance, Healthcare Ethics/Policy, Mental Health

Introduction

Adolescent mental health in the U.S. has reached a critical point where many teens and children are struggling with disorders, and cannot find the help they need. The country's leading experts in pediatric health consider this crisis to be so alarming that they have declared it a national emergency. Recognizing that one in six children aged 6 to 17 have been diagnosed with a mental health disorder, the adolescent population in our country needs urgent help (Kuntz, 2022).

Sadly, COVID-19 made the the national adolescent mental health crisis worse. When COVID-19 hit the United States, the effects were not only physical, they were mental as well. Data shows that in 2020, the percentage of emergency room visits for mental health issues rose by 24% for children between the ages of five and eleven and 31% for adolescents aged 12-17 compared to 2019, before the pandemic (Shivaram, 2021). In addition, in April 2022, Economist Impact surveyed 1,100 parents of adolescents and found that nearly 80% of the respondents reported new or increased signs of mental health issues. The CDC also reports that more than 37% of high school students experienced poor mental health most of the time or always between January and June of 2021, during the time of the pandemic (The Economist Group, 2022). From these findings, one can see how critical it is for adolescents to receive timely and affordable healthcare. However, recent research shows that nearly half of the 60 million children and adults who are

diagnosed with a disorder are untreated for their illness. (National Alliance on Mental Illness [NAMI], 2017). According to Georgetown University's McCourt School of Public Policy, approximately 1 in 5 (over 14 million) children and adolescents in the U.S. have mental health problems (Georgetown University McCourt School of Public Policy , n.d.). This does not correlate with the amount of adolescents getting proper treatment, as only 13.6% of U.S. children between ages 5-17 (in 2019) have received mental health treatment in the last 12 months (Zablotsky, 2023). This is a vulnerable population as adolescents with mental health issues are at increased risk for suicide, substance abuse and lower graduation rates (Georgetown University McCourt School of Public Policy, n.d.).

Clearly, based on these findings, there is an issue with adolescents receiving the urgent help they need. Access to mental healthcare should not be any more difficult or costly to families than access to physical medical healthcare. Evidence has shown that physical health services are significantly easier to find than mental health services (Henderson, Evans-Lacko, Thornicroft, 2013). In fact, in 2008, the Mental Health Parity and Addiction Equity Act (MHPAEA) was passed with this concept in mind. It states that health plans and health insurance issuers cannot provide less favorable benefits for mental health and addiction disorders than medical/surgical benefits. This includes parity of both quantitative insurance benefits (e.g., deductibles) and non-quantitative insurance benefits, such as prior authorization and quality of network lists. However, the effectiveness of this law is questionable.

In 2019, Milliman published a report that used insurance claims from 2013-2017 to evaluate parity of non-quantitative benefits associated with behavioral/mental healthcare services and physical healthcare services (medical/surgical) (Melek et al, 2019). The study found that disparity for out-of-network behavioral health office visits relative to medical/surgical primary care office visits increased from 500% more likely in 2003 to 540% more likely in 2017. In addition, in 2017, 17.2% of behavioral office visits were to an out-of-network provider, compared to 3.2% for primary care providers and 4.3% for medical/surgical specialists, such as cardiologists. This would seem to indicate that in-network provider lists for behavioral health are of less quality than primary care and medical/surgical in-network lists. This is a non-quantitative benefit the MHPAEA is supposed to enforce for parity. Another significant finding of the Milliman study is that as of 2017, primary care in-network reimbursement rates were 23.8% higher than behavioral reimbursements, which is an increase from 20.8% higher in 2015. The study concludes that the findings show that disparities exist in both network use and provider reimbursement level when comparing behavioral health to medical/surgical healthcare.

Another recent study evaluated the effects of MHPAEA on the use of outpatient and clinic-based mental health services and spending on those services with data from the 2005-2013 Medical Expenditure Panel Survey (Drake et al, 2019). The results of this study found that the MHPAEA was not significantly associated with changes in the likelihood of using mental health services, the amount of mental health services used, or total or out-of-pocket spending for mental health services, all outcomes the law was supposed to improve. Based on this evidence, regardless of federal law, it is apparent that there is significant inequality between the delivery of mental healthcare services compared to physical healthcare.

The main purpose of this research and survey is to evaluate the scope of the struggles that everyday parents and caregivers endure when trying to find mental health services for their adolescent and to identify possible areas of opportunities to improve the process. While this

national emergency is progressing, it is extremely important that we address the difficulties and obstacles of finding mental healthcare. Without proper action, many teens will continue to suffer without any mental health help. The aim is to assess the access, affordability and parity of outpatient mental health services for adolescents in the U.S. from the unique standpoint of parents and caregivers.

Background

Many ordinary families in the United States have similar stories regarding the difficulties encountered in acquiring mental healthcare. The review of these studies will explore important barriers in accessing timely and affordable mental healthcare. Barriers need to be examined in more detail in order to address and improve the mental healthcare delivery issues. Many studies, including the ones discussed in this section, are tailored to adults with a gap in data and knowledge specifically for adolescents.

One of the most commonly referenced barriers to timely and affordable mental healthcare in the United States is a severe shortage of psychiatrists. In a study conducted by the Association of American Medical Colleges (AAMC) in 2022, less than one-third of the population (28%) lives in an area with enough practicing psychiatrists, while 129.6 million live in designated mental health care health professional shortage areas (Modi, 2022). An analysis by Satiani et al from 2018 projected a contraction of the psychiatrist workforce through 2024 to a projected low of 38, 821, which is equal to a shortage of between 14,280 and 31,091 psychiatrists (Satiani et al, 2018). In addition, approximately 55% of US counties have no psychiatrists, and 77% report a severe shortage. A finding that is even more alarming, is that the demand for psychiatrists will surpass supply by 25% in 2025 (Kuntz, 2022).

This data represents the entire psychiatrist population and does not consider whether these providers see children and adolescents. The shortage for children and adolescent psychiatry services is even worse. The American Academy of Child and Adolescent Psychiatry (AACAP) states that there are only about 10,500 practicing child and adolescent psychiatrists in the United States, compared to the approximately 38,000 that treat the overall population from the Satiani study mentioned above (American Academy of Child and Adolescent Psychiatry [AACAP], 2022). The same AACAP report estimates that the country needs 47 child psychiatrists per 100,000. However, their recent data shows a national average of only 14 child and adolescent psychiatrists per 100,000 children (AACAP,2022).

These shortages lead to adolescents not receiving the timely and critical mental healthcare care that they need and deserve. A recent study showed wait times of two months and over to see a psychiatrist and that is for the entire population, not adolescents specifically (Sun et al, 2023). In the same study, 948 psychiatrists were sampled in five states across the country between May and July of 2022. Only 18.5% of psychiatrists were available to see new patients and the median wait time was 67 days for in-person appointments and 43 days for telehealth appointments. More than half said they were not accepting new patients (Sun et al, 2023). Again, this is data for the general population and not specifically adolescents. The wait times for adolescents to see a psychiatrist may be longer, considering the reduced number of psychiatrists that see this population. However, recent research within the last nine years specifically regarding adolescents receiving timely mental healthcare could not be found.

There are many causes for this shortage of psychiatric mental healthcare services. A 2018 report from the National Council for Mental Wellbeing titled *The Psychiatric Shortage: Causes and Solutions* highlights causes such as physician burnout, an aging workforce, poor insurance reimbursement and time- consuming paperwork (National Council for Mental Wellbeing, 2018). Clearly, expanding the mental healthcare workforce is critical for improvement in timely and appropriate quality of care.

Another common barrier to timely and affordable outpatient mental healthcare mentioned in previous research is insurance issues, resulting in high cost of care. Even insured individuals deal with lack of available providers, inadequate coverage from insurance, expensive out of pocket costs, and insufficient care. The AAMC study reported that among adults 18 and older, 30% who suffered from mental illness reported not receiving care because their insurance either did not pay them enough or did not reimburse them at all (Modi, 2022). In addition, data from The National Council for Mental Wellbeing showed that 42% of the population saw cost and poor insurance coverage as the top barriers for accessing mental healthcare. Twenty-five percent of the survey respondents also reported having to choose between getting mental health treatment and paying for daily necessities (The National Council for Mental Wellbeing, 2018).

One of the main issues with the lack of appropriate and affordable insurance coverage for mental healthcare is the low number of psychiatrists and counselors that accept insurance. A 2014 study found that only 55% of psychiatrists accept private insurance while 89% of physicians in other specialties accepted private insurance (Bishop, Press et al, 2014). This creates network inadequacy, another issue the MHPAEA is supposed to monitor and improve. Health plans are mandated to have an adequate amount of in-network providers on lists across all specialties. However, with the low number of psychiatrists and counselors accepting insurance, parity between in-network lists for mental healthcare specialists compared to other medical specialties make it very difficult to have comparable in-network lists of providers. Patients seeking in-network mental healthcare providers often encounter "ghost" or "phantom" providers meaning that the directory of professionals was not accepting new patients, are not actually "in- network" or do not exist at all. Data shared in the AAMC study showed that in Oregon's Medicaid managed care organization, 67% of mental health prescribers and 59% of mental health non-prescribers were ghost or phantom providers who would not see those patients (Modi, 2022).

With such network inadequacy for mental healthcare specialties, this also leads to long waits times with mental healthcare providers who do participate in accepting insurance. In a 2015 study, 360 psychiatrists on BlueCross BlueShield's in-network provider list and were unable to make appointments with almost 75% of them (Rapfogel, 2022). The main reason for this is low reimbursement rates from insurance companies. Many mental health professionals receive 13% to 20% lower reimbursement than non-psychiatric medical doctors (Modi, 2022). In addition, psychiatrists mention excessive prior authorizations as a reason why they do not take private insurance. In fact, the NAMI study found that patients were more than twice as likely to be denied by their private insurer for mental healthcare based on medical necessity compared to other medical care (NAMI, 2017). This leads to the psychiatrist billing patients for the denied claims, making their job even more difficult. This leaves many mental health professionals with no choice but to not accept private insurance.

This lack of insurance coverage leads to very high out-of-pocket costs for patients, which most people cannot afford. Because of in-network inadequacy, many individuals are expected to

search for out-of-network care, which is significantly more expensive due to a lower percentage of coverage rates and most have to meet a different and much larger out-of-network deductible before any costs are covered, compared to their in-network benefits. A study conducted by Leah Kuntz and published in Psychiatric Times in 2022 highlights that someone with major depression could spend an average of $10,836 per year, and with the median household income for families in 2020 being $67,521, this poses a clear financial burden for average families (Kuntz, 2022).

Again, data specifically related to adolescents and mental health insurance coverage/network inadequacy is lacking, even though 95% of youth in the U.S. have either private or public insurance (United States Census Bureau, 2021). It could be inferred that network inadequacy and insurance shortcomings are higher in this population compared to adults, again due to the lower number of psychiatrists treating this age group and also the increased treatment complexities of adolescent mental health issues.

The last barrier examined centers around a lack of awareness of where to go for mental health help, as well as a lack of support provided by possible resources. The National Council for Mental Wellbeing found that twenty-nine percent of the population did not seek mental health treatment for themselves or a loved one due to not knowing where to go (National Council for Mental Wellbeing, 2018). In addition, schools and pediatricians are resources specific to adolescents, however, research has found that these are areas where support may be sub-par. A 2022 Pew Research Center survey found that only about half of U.S. public schools offer mental health assessments and even less offer treatment services (Schaeffer, 2022) . Schools are mandated by the Individuals with Disabilities Education Act (IDEA) to provide help to students who have serious emotional and mental health issues, however, parents and advocates report that children are not receiving adequate mental health services through school systems (Georgetown University McCourt School of Public Policy, n.d.). Pediatricians would also be an obvious resource for support, however, the research indicating specifically how much support pediatricians provide to adolescents and their caregivers for mental healthcare services remains limited.

To summarize the previous research, it is not surprising that parents and caregivers are having trouble finding mental healthcare services for their child. Between insurance complexities, physician shortages, the expense of care, and the lack of awareness and resources, the average American family could easily find themselves in a crisis. Interestingly, many studies are tailored to adults with a gap in data and knowledge specifically for the access, affordability and barriers of mental healthcare for adolescents. This lack of information and data is significant considering that timely and affordable healthcare for adolescents could be even more difficult to obtain compared to adults due to increased barriers, such as a lower number of psychiatrists treating adolescents in an already established shortage. It is clear that studies and data relating specifically to adolescents is limited and needs to be explored further, considering the increased vulnerability of this population. There were no publicly accessible surveys that could be found that were completed only by parents and caregivers who had sought outpatient mental healthcare services for an adolescent. Obtaining detailed information from parents and caregivers who have personally experienced the process is of utmost importance in being able to identify, address and improve issues for this at-risk population.

Methods

In order to assess the research goal, a survey was used to capture the attitudes of U.S. families. The intention is to capture the information on the process that guardians of adolescents undertake when seeking outpatient mental health care. An anonymous survey developed by the author of this project using Survey Hero was distributed and completed by parents and caregivers in the United States, who have sought outpatient mental healthcare services (ex. Counselor, Psychiatrist) for adolescents between 10-19 years of age. It was necessary that the survey reached the correct audience, and also that it reached enough people to be able to have a suitable sample size.

In order to gain insight on the full experience, it was important to collect both qualitative and quantitative data. Using questions that would prompt quantitative data would allow a look at the experience by the numbers. This gave the researcher a general understanding of what caregivers experienced to acquire outpatient mental healthcare for the adolescents. Qualitative data were also collected, because it was impactful to see the specifics of the experience considering that everyone's situations are different, having different challenges and obstacles.

Taking the target audience into account, the most effective method to implement the survey was through social media. With many parents using Facebook, the researcher chose Facebook specifically to reach different caregivers of adolescents. The researcher asked multiple people to share the survey on their page and to also create a post that encouraged others to share. By asking several people in different areas of the United States to share the survey to their large networks of Facebook contacts of varying demographics, the survey reached a large distribution of the population of the country. The survey was also shared in numerous Facebook groups specifically for parents of children with mental healthcare issues. In the post explaining the survey, the purpose was outlined so that families understood the cause and the urgency to share. Through social media, the survey reached many different parents/caregivers in various geographical areas and of a wide range of demographics. Social media makes completing the survey accessible and easy to share.

The use of non-probability sampling was critical in order to deliver better results than if probability sampling was involved. Non-probability sampling was used because the knowledge and experience of parents/caregivers whom had sought mental healthcare services for an adolescent was needed in order to answer the research question. In addition, using non-probability sampling via social media made it easier to reach targeted sample members not constrained by physical geography. The type of non-probability sampling employed includes self-selection, purposive and expert sampling. Self-selection sampling is commonly used in medical and psychological research in order to reach a sample of participants who meet specific criteria related to the research question. Expert and purposive sampling was included in order to reach respondents with the demonstrable experience of acquiring mental healthcare services for adolescents. Snowball sampling would also apply to this research project due to numerous targeted sample members sharing the survey after responding themselves.

In order to collect the quantitative results, the survey prompted the respondent with questions that could be useful to see the part of a whole, and compare each statistic with one another to grasp the most popular answer and experience. Therefore, it was clear what the general consensus was in terms of topics like insurance, accessibility, and affordability. These results

provided a sufficient baseline to important issues and highlight just how many caregivers face these problems.

Following the quantitative data collection, the survey gave respondents an option to put additional thoughts and experiences into a textbox. Through this textbox question, this allowed calculations of trends that were not able to be asked through a closed ended/specific question. These qualitative trends were important for going beyond the initial issues that were presented and learning about different individual experiences.

These two methods allowed sufficient answers to respond to the research question. Nowadays, social media is an incredible way to share and promote content to a diverse audience which is why this method was chosen. Therefore, social media allowed the spread of our survey to many different states and families. Although our sample size is sufficient, one challenge that was encountered was that the implementation was slow. The solution to this was getting many different accounts to post it, so then it had better chances at reaching a wider and larger audience.

The survey collected results from 14 states across the United States, and yielded a total of 50 responses. Of the responses, 28% were citizens of Connecticut, 26% Maryland, 8% North Carolina, 8% from Florida, 6% Pennsylvania, 4% California, 4% Indiana, 4% Texas, 2% New Mexico, Illinois, Ohio, New Jersey, South Carolina, and Delaware. As far as insurance type, 92% of respondents used private insurance (e.g., Cigna, Aetna) and 8% of respondents were under public insurance such as Medicaid. The survey was created for caregivers who sought outpatient mental healthcare for their adolescent between the age of 10-19, 100% of respondents had fallen under this category. The answers collected came from everyday families who reside in the United States, and provided answers to questions about the difficulty of finding care, insurance networks, comparison of physical with mental health provider lists, affordability, stress levels, and finally respondents were asked to add additional information in the text box to help this research.

Results

Figure 1 below represents the difficulty of finding mental health services for adolescents. Figure 1 refers to “If yes to above question”, which was a question confirming that respondents had sought outpatient mental healthcare services for adolescent between the ages of 10-19 years of age. Respondents were asked to choose a difficulty of their experience- not difficult, difficult, or very difficult. As one can see from the table, the majority of the responses consisted of Difficult or Very Difficult, a combined 74%. Forty-six percent of respondents considered the experience difficult, 28% considered the experience very difficult, and 26% thought of the search as not difficult.

Figures 2 and 3 below show the difficulty of finding in network care, and if in the end respondents were able to find an in network mental health provider for their child. Table 2 specifically asked what the caregivers would rate the difficulty of finding an in-network provider. Eighty-one percent of respondents rated finding an in-network provider either difficult or very difficult. Fifty-two percent of caregivers responded Difficult, 29.73% Very difficult, and 18.92% Not Difficult.

FIGURE 1

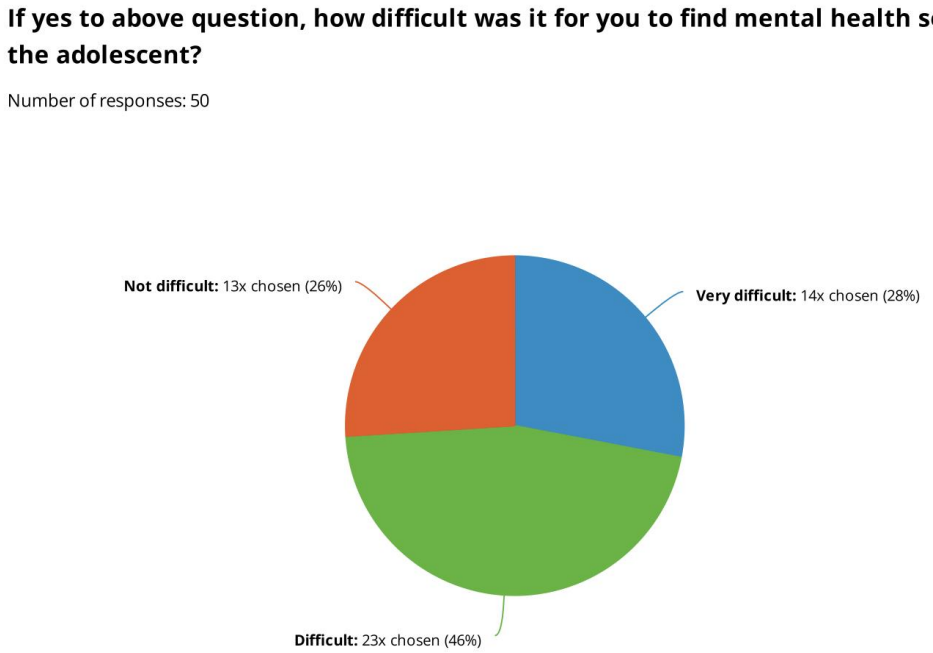


FIGURE 2

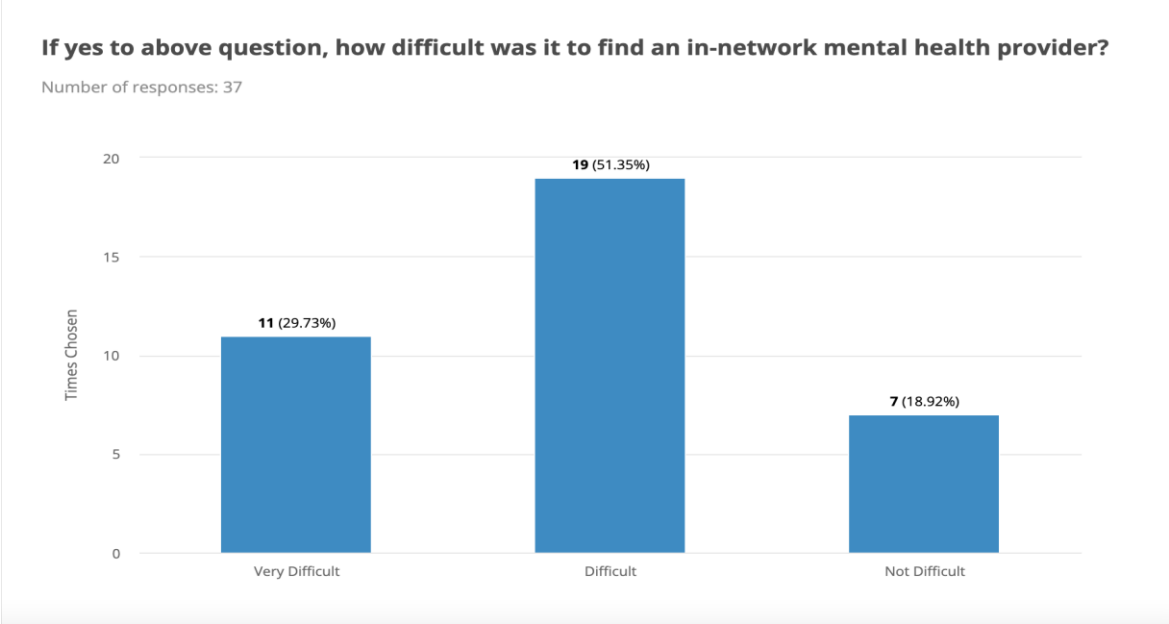


FIGURE 3

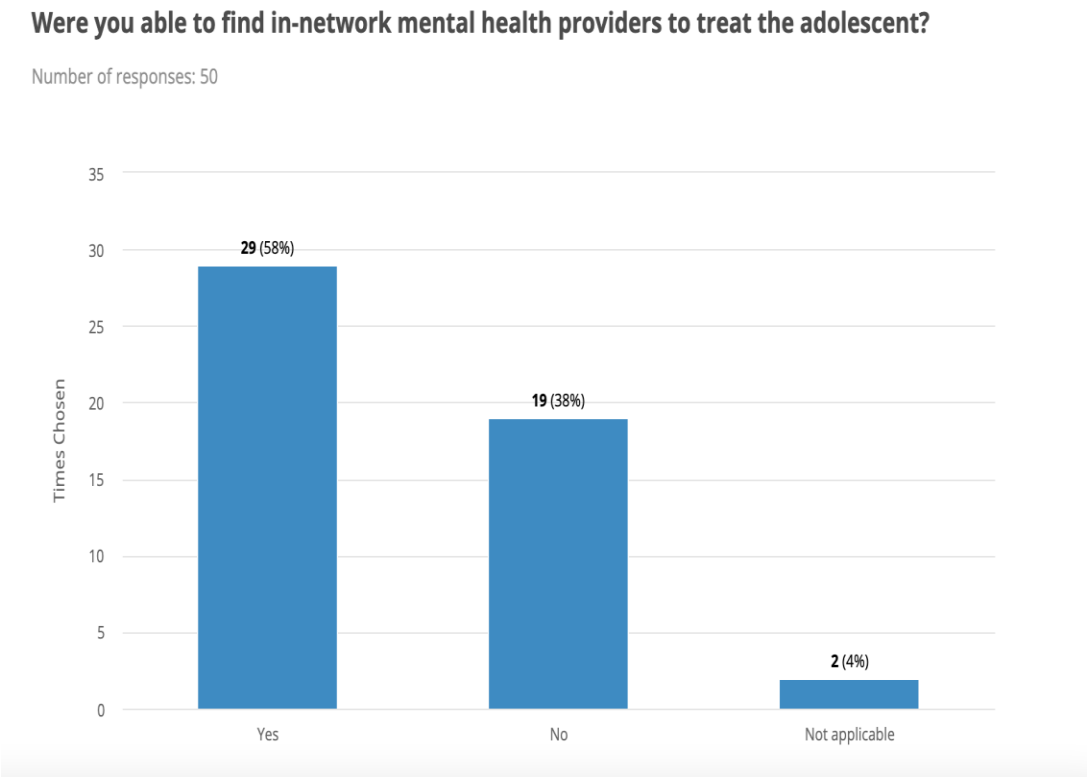


Figure 3 shows how many of respondents were able to find an in-network provider compared to how many could not. Fifty-eight percent responded that they did find an in-network provider for their child, while 38% answered that they did not find an in-network provider for their adolescent.

After asking about insurance networks, the survey prompted the question of whether in the respondent's experience, is/was the list of in-network mental health providers for adolescents as robust as for other medical specialties you have sought out, such as the same number of providers and accepting new patients. Figure 4 compares these answers, showing that 68% answered with No, 24% with N/A or Don't Know, and only 8% answering Yes.

Next the survey asked whether the caregiver had to pay out-of-pocket to treat their adolescent. As seen in Figure 5, out of the fifty responses 66% had chosen Yes, and 30% had chosen No. The answer of Yes had over double the responses of No.

FIGURE 4

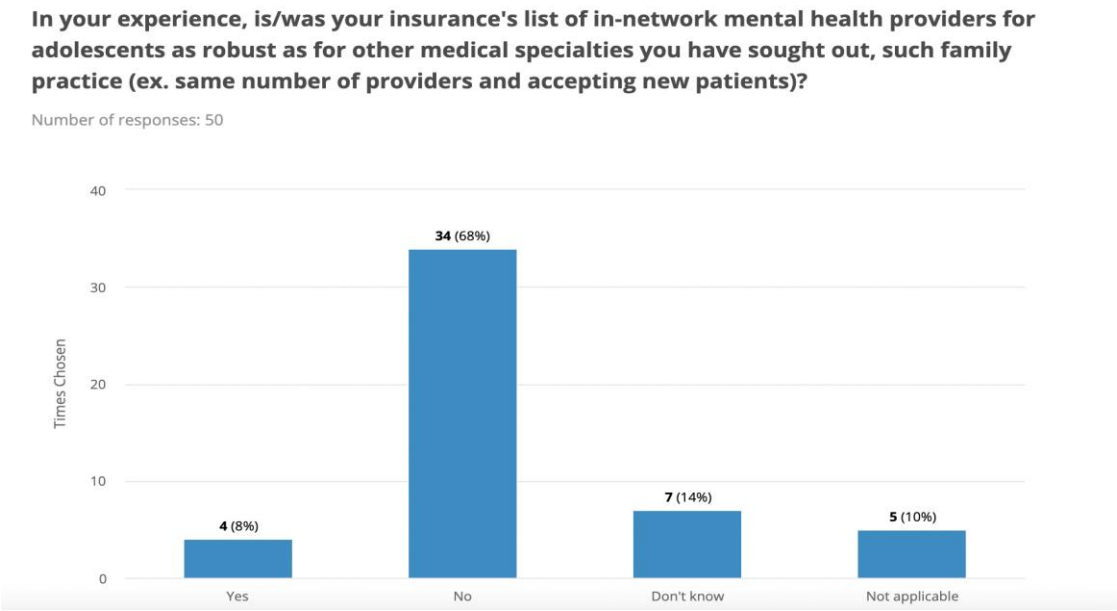
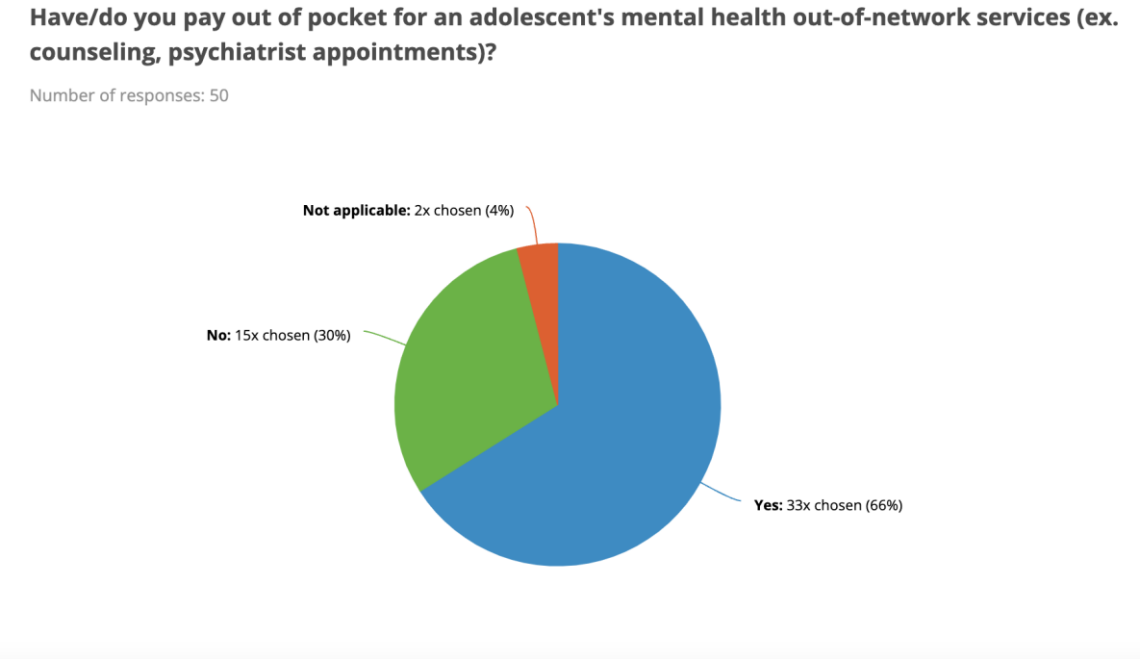


FIGURE 5



It is also important to highlight results regarding support and resources parents/caregivers received in their searches for outpatient mental healthcare services for their adolescent. When

asked if they received support and resources from the adolescent's school when seeking out mental health medical providers, 56% said No, while only 30% responded Yes and 14% could not say. In addition, participants were questioned if they received adequate support from the adolescent's pediatrician for their mental health needs (e.g., treatment of mental health issue, medicine prescription or referrals to mental health specialists). Fifty-eight percent answered that they did not receive adequate support, while 26% said Yes and 16% could not say. Finally, in regards to support and resources, the survey asked respondents if the town they lived in provides resources to help caregivers/parents find mental healthcare services for adolescents. Thirty-two percent did not know, while 24% said No and 44% chose Yes.

Qualitative Data

Next the survey prompted questions that would be considered qualitative, factors the respondent could not measure but could answer with their thoughts and feelings towards the overall experience of finding mental health care. These factors include stress levels, opinion questions surveying how significant the researched issues are, and finally the respondents were given a text box to provide any additional information they found pertinent to their experiences with seeking mental healthcare services for the adolescent.

Figure 6 provides information towards the adolescents progressing condition as the search continued, displayed in a pie chart. Fifty-eight percent of the respondents reported that their child's mental health worsened as they looked for help, 34% responded that their mental health did not worsen, and 8% did not report an answer.

FIGURE 6

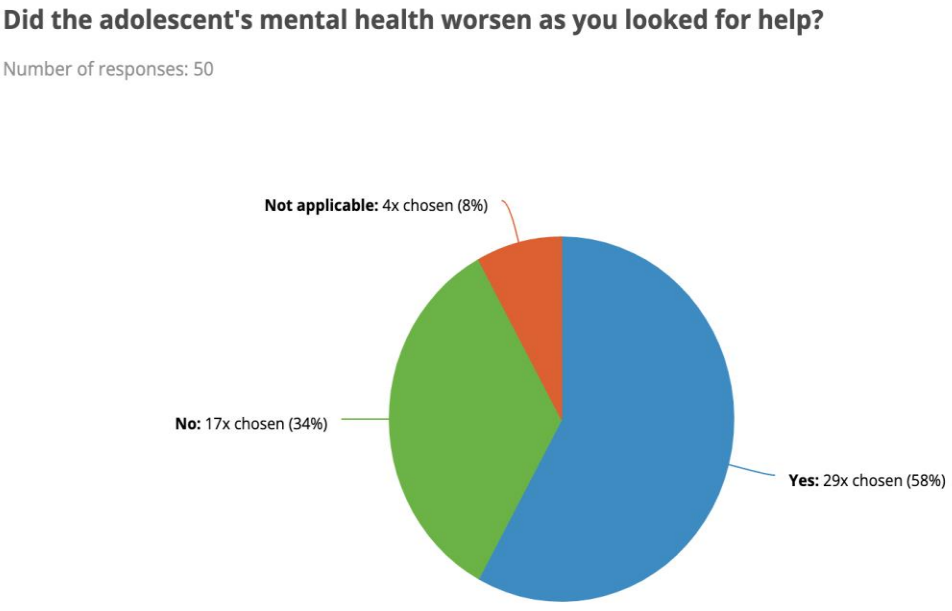
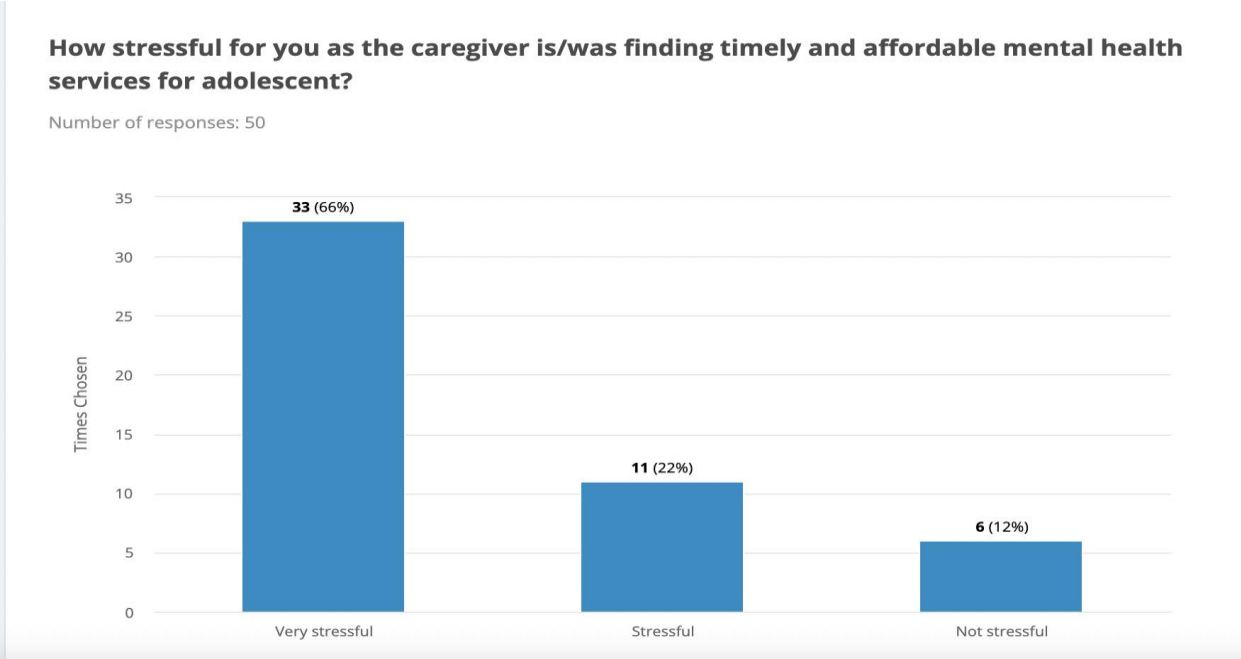


Figure 7 displays how stressful it was for the caregiver to find timely and affordable outpatient mental healthcare for their child. The survey asked guardians to rate the stress they experienced during this time. The majority of respondents (66%) answered Very Stressful. Respondents reporting any sort of stress was at a combined 88%, with 12% Not Stressful.

FIGURE 7



The next section of the survey asked several opinion questions about how the respondent would rate the urgency of issues in the United States and how major they considered these issues. First, the survey addressed the shortage of psychiatrists and mental health professionals. Next, the survey asked about the number of providers who took insurance and whether they believed it was a major problem. Lastly, participants were asked to rate the ability of adolescents in the United States to receive timely and affordable mental healthcare.

Figure 8 below asked "How big is a problem, if at all, is a shortage of mental health providers for adolescents in the US?" As one can see from the table, 92% responded that it is either a major or significant problem.

Figure 9 represents insurance issues pertaining to mental health care. Respondents were asked to again rate how large of an issue this is for the country. The majority again said a major problem at 76%, with 16% saying Significant Problem, Minor problem 4%, 2% Not a Problem, and 2% responding with Cannot Say.

Figure 10 shows that 86% rated the ability of adolescents in the U.S. to receive timely and affordable mental healthcare a 1-or-2-star rating (out of 5), when compared to physical medical care.

FIGURE 8

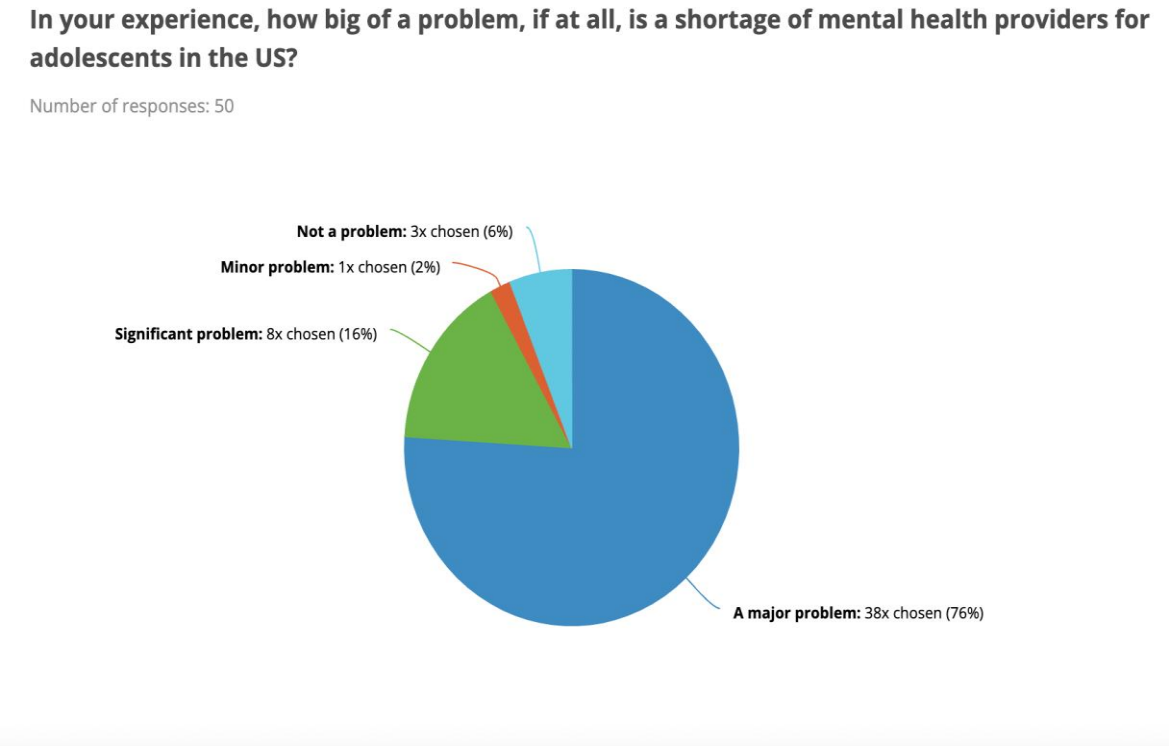


FIGURE 9

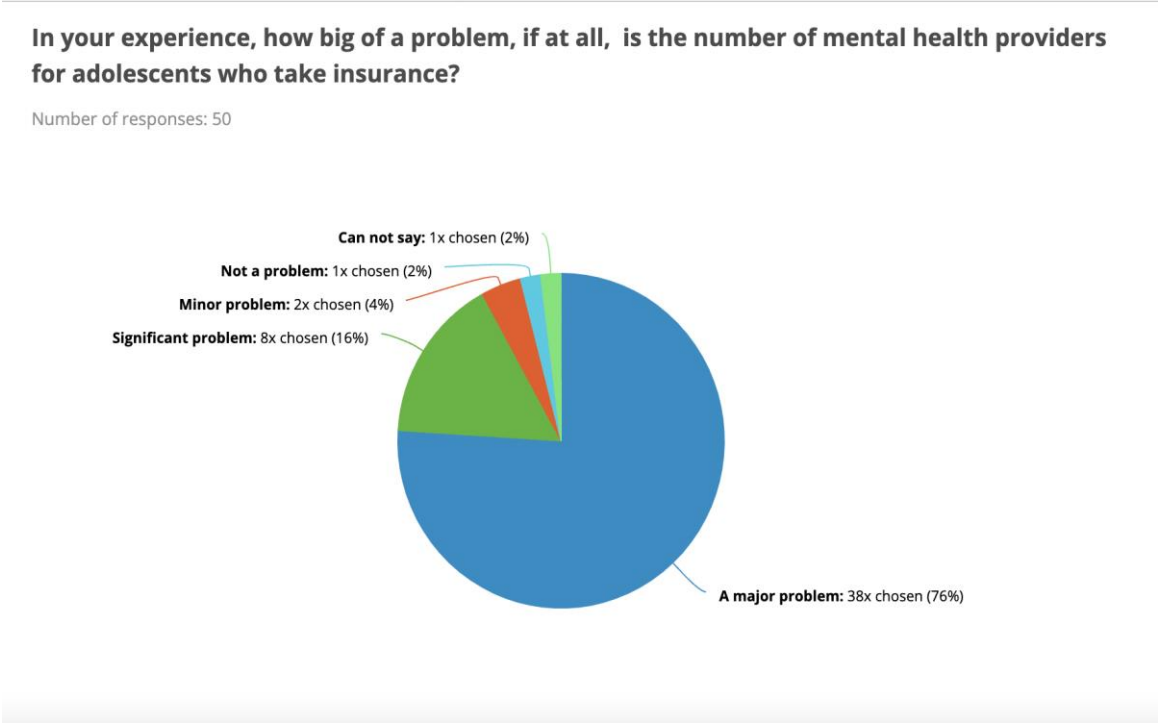
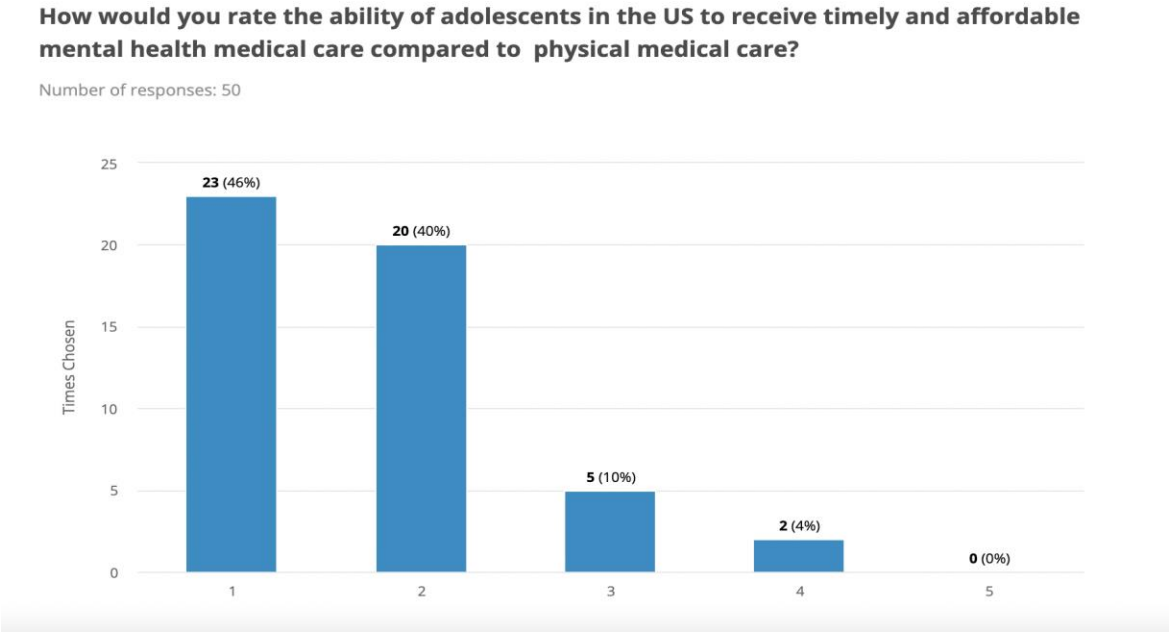


FIGURE 10



Next was the textbox that many respondents answered. Many themes including wrong diagnoses, unhelpful treatment, insurance not covering costs, and high out of pocket costs were mentioned. Twenty-nine percent of responses mentioned availability as an issue and 35% mentioned that they either had to make sacrifices for their family or that they struggled financially finding care. In addition, 23% mentioned a long wait time and long drive.

Discussion

The data collected show the true experience of finding outpatient mental healthcare in the United States for adolescents. The struggle is more severe than many people may think and the difficulty truly does impact the overall mental health crisis, a national emergency. Bringing awareness to this pressing issue will be a step forward towards making sure that the adolescents in our country are properly cared for, instead of continually being ignored by the systems put in place. These results give insight into what caregivers have to go through when finding care for their child, and one can conclude that the process is not as accessible or affordable as it should be. Mental health is just as critical as physical health, but the systems put in place do not treat this issue as important.

A key finding in these results is how difficult it is to find outpatient mental healthcare services for adolescents. With 74% finding it either very difficult or difficult, it is clear that this issue goes further than how many cases there are, but how we create a system sufficient and convenient enough for adolescents to receive care. As stated before, many adolescents do not receive care because of how strenuous this process is. Another extremely important takeaway would be how the stress passes onto the caregiver. Mental health is already a national emergency, and the process of finding mental health care is only worsening this crisis by inevitably passing

onto the guardian. Many caregivers have had to sacrifice necessities in their life in order to afford or access care for their child. This leaves parents in a detrimental situation, having to focus on spending time searching for their child's mental healthcare versus being able to prioritize other critical commitments like work productivity and the care of other family members. Finally, the opinions gathered from people who had a first-hand experience showed us that the United States is not doing a sufficient job at providing mental health care for adolescents, and that many would consider it a major problem. These findings give us key data as to how the systems have failed families all over the country, and the impact the overall process has on not only the child, but the caregiver.

These findings try to fill in gaps from previous research. Research that was reviewed was mainly tailored towards adults or only the incidence of adolescent mental health issues instead of the quality of mental healthcare that they are receiving. However, these findings aligned with the overall ideas in the study by the Association of American Medical Colleges (AAMC) that was previously discussed (Modi, 2022). However, the AAMC data consisted of the entire population, where the situation could be even more dire for the specific population of adolescents. The findings of this research compared to the AAMC study highlight the extent of the barriers put in place in mental health care specifically for adolescents. The numbers gathered are a direct result of barriers such as lack of available providers, insufficient coverage from insurance, out-of-pocket costs, and quality of care as the AAMC studied. While most of the numbers supported precedent research, there were also some unexpected results as well.

An unexpected result was the amount of people who were able to find an in-network provider. Fifty-eight percent of respondents responded "Yes" when asked if they were able to find an in-network mental health care provider. This was contrary to the Association of American Medical Colleges (AAMC) report in 2022 (AAMC, 2022). Between ghost providers and inaccurate lists, this number was quite interesting. However, what was then observed was the extreme difficulty of finding this in-network provider, which showed that 81% responded was a very difficult or difficult process, which means it could have taken the parent/caregiver many hours- or even weeks or months to find this in-network provider. In relation to this, it is important to highlight that 68% of respondents said that their insurance's list of in-network mental health providers for adolescents was not as robust as for other specialties they have sought care from. In addition, 66% answered that they have had to pay for out-of-network mental healthcare services for their adolescent. This indicates insurance shortcomings and network inadequacy for adolescents, issues that needs to be addressed for improvement.

There have been some solutions initiated to help with these insurance barriers. For example, Illinois implemented the requirement for insurers to charge no more to a patient for out-of-network mental healthcare services than for in-network services if the patient makes a "good faith effort" to access in-network care that is timely and within a certain drive time (Rapfogel, 2022). Of course, regulations such as this need to be enforced, an issue that has reduced the effectiveness of parity acts and laws. However, if regulation such as this proves to be successful at improving network inadequacy for mental healthcare, a push should be made to expand nationwide. Also, obviously in order to obtain parity between mental and physical healthcare in-network lists, insurance companies must change the way they compensate psychiatrists and counselors so that more mental health care providers accept insurance and want to be in-network with these insurance carriers. Insurance companies should first prioritize increasing reimbursement

rates and eliminating prior authorizations, particularly with a focus first on psychiatrists that treat adolescents. Another solution also mentioned that may sway some psychiatrists to join networks involve reimbursing tele-mental health visits at the same rate as in-person visits, since it is not imperative that psychiatry appointments are in-person. In addition, insurers can reimburse mental healthcare providers for time spent communicating with other healthcare professionals, parents and schools, communication that is important but time consuming in the treatment of adolescents (O'Connor, American Psychiatric Association, 2020). On the other side, it is also the responsibility of mental healthcare professionals to have the goal of increasing mental healthcare access and affordability for adolescents and work to partner with these insurers who are trying to make improvements.

Another compelling section of the results is the support and resources provided to parents/caregivers and whether they are aware of these resources. If the goal is to make mental healthcare more easily accessible to adolescents, these results reveal possible opportunities for improvement. For example, the majority of respondents said that they did not receive support and resources from their adolescent's school when their child needed care from mental healthcare providers. Generally, most of the focus from schools has been on prevention and identification of mental health issues, but not support and resources once those issues have been identified by the schools. This would seem to be an efficient place to provide more support and resources, considering the amount of time adolescents spend in school. An idea would be to have schools assign a specific person that can help parents with acquiring mental healthcare services. They could provide a continuously updated list of local providers and specialists that are accepting new patients without an extended wait time and that accept private insurance. This school contact's information could be well distributed in weekly school newsletters and communication to parents. Schools could also create and promote a campaign within the school district that sends out a one-page "mental healthcare search" protocol with local resources that can parents can access quickly if needed.

Aligned closely with local schools would be resources that the specific town provides. A United States Conference of Mayors (USCM) study reported that 82% of cities and U.S. towns have developed new initiatives or programs to address growing needs for mental healthcare services within their communities (USCM, 2023). However, 32% of respondents in this research reported not knowing if their town provides support and resources, while 24% said that their town does not provide resources/support. Clearly, towns need to do a better job of promoting the support they provide. Another possible solution to this would be for more states/towns to incorporate a hub-and-spoke model for student mental health, such as New Jersey's recently implemented New Jersey Statewide Student Support Services Program. While it's too early to analyze the effectiveness of this model, it was designed to have to the capacity to connect schools, students and their parent/caregivers with other community services, both clinical and non- clinical, bringing two main stakeholders together to collaborate on the behalf of the mental health of students (State of New Jersey Department of Children and Families, 2023). A program such as this instituted across the nation could also help with the shortage of mental healthcare providers.

The results also indicate that Pediatricians could be an opportunity to improve the ease of access to mental healthcare services for adolescents. Again, much focus has been on identification by pediatricians of mental health issues in their patients, but not on actual treatment and support of those issues. However, Pediatricians can also support parents/caregivers by creating and giving

them a list of local specialist mental health providers who can see their child in a timely and affordable manner. Pediatricians could also compensate for the lack of child/adolescent psychiatrists by treating certain mental health issues. Pediatricians have been reluctant to treat most mental health issues personally due to a lack of training and experience. They would need specialized training to treat mental health issues and provide adequate care, however, this could help significantly with the shortage of psychiatrists. Training programs, such as the REACH Institute, have been created to help with this. The REACH Institute offers evidence-based training courses for pediatricians that includes medication management and counseling, areas pediatricians have been hesitant to focus on within their practice.

While this research provided sufficient comprehension into the experience of finding mental health care for an adolescent and areas where improvement needs to be made, there are some factors that could have made the research more robust. For example, there were not many responses gathered from Southern or Mid-West States, whose shortages are significantly worse than in the North (Mental Health America, 2022). Having that data would allow us to have geographical variety, and would make our data more accurate when depicting the "American Experience" of finding mental health care. Another weakness that one might find in the research is finding specific care for specific needs. It needs to be accounted for that finding care for some disorders would be more difficult than finding care for others. Some patients need a very specific sort of care, for example autism or PTSD.

In addition, the survey was created only for caregivers and parents who have sought mental healthcare services for an adolescent versus the entire population, which technically exposes the results to sampling and selection bias. However, based on the purpose of the research of assessing the access and affordability of mental healthcare services for adolescents in the U.S., it is important to the validity of the data that the respondents experienced the process of acquiring those services personally. For instance, how could a respondent adequately answer a question regarding the difficulty of finding an in-network mental health provider if they had never tried to do so? The goal of the research was not to discover the percentage of the general population who has sought mental healthcare services for an adolescent, but to evaluate the actual process. The respondents were asked to confirm that they have sought mental healthcare services for an adolescent in the beginning of the survey.

Conclusions & Implications

The data acquired through this research are important because it reveals the other side of mental healthcare services and how they fail our caregivers and adolescents. They should not have to encounter a significant amount of stress, have to make sacrifices to keep their children safe and have to pay extremely high out of pocket costs to provide mental healthcare services for their child. As discussed previously, studies have shown that physical health is treated with significantly more care than mental health and this is further reinforced with the results from this research in regards specifically to adolescents, a very vulnerable population of the country.

The awareness of these issues is critical to finding solutions and creating a more efficient system for the children of America. This research highlights healthcare delivery issues, including the shortage of psychiatrists, accessibility, affordability plus the impacts that come along with these concerns. The goal was to evaluate and assess these problems to understand and spread

awareness about what these families are going through and how it affects not only the child, but also the caregiver as well. These findings make it clear that collaboration between all stakeholders involved is crucial and should be a priority within all communities to improve the access and affordability issues surrounding mental healthcare for adolescents in the United States.

The findings of this initial, exploratory pilot study suggest additional and broadened research to examine the scope of this problem further. Possible ways to accomplish this are to collect a larger quantity of data so more robust statistics can be employed and to collect demographic information (e.g., gender, income, race), which will enable sub-analyses to determine those who need greater access to mental healthcare services. In addition, a more in-depth study can also expand survey responses from those with limited access to computers. This could be done by possibly partnering with public libraries and large mental healthcare facilities across the nation.

References

American Academy of Child & Adolescent Psychiatry (AACAP). (2022, May 4). *Severe Shortage of Child and Adolescent Psychiatrists Illustrated in AACP Workforce Maps* [Press Release].https://www.aacap.org/aacap/zLatest_News/Severe_Shortage_Child_Adolescent_Psychiatrists_Illustrated_AACAP_Workforce_Maps.aspx

Bishop TF, Press MJ, Keyhani S, Pincus HA. Acceptance of insurance by psychiatrists and the implications for access to mental health care. *JAMA Psychiatry*. 2014;71(2):176-181. doi:10.1001/jamapsychiatry.2013.2862

Drake, C., Busch, S., Golberstein, E. (2019). The Effects of Federal Parity on Mental Health Services Use and Spending: Evidence from the Medical Expenditure Panel Survey. *Psychiatric Services*, 70(4), 287-293. https://ps.psychiatryonline.org/doi/epdf/10.1176/appi.ps.201800313

Georgetown University: McCourt School of Public Policy. (n.d.) *Child and Adolescent Mental Health Services: Whose Responsibility is it to ensure care?*. https://hpi.georgetown.edu/mentalhealth/

Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American journal of public health*, *103*(5), 777–780. https://doi.org/10.2105/AJPH.2012.301056

Kuntz, Leah. (2022, April 1). Psychiatric Care in the US: Are We Facing a Crisis? *Psychiatric Times, 39*(2),2-4. https://www.psychiatrictimes.com/view/psychiatric-care-in-the-us-are-we-facing-a-crisis

Melek, S. Davenport, S., Gray, T.J. (2019). Addiction and Mental Health vs. Physical Health: Widening Disparities of In-Network Use and Provider Reimbursement. *Milliman Research Report.* https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p

Mental Health America. *Ranking the States 2022*. (2022). https://mhanational.org/issues/2022/ranking-states

Modi, Hemangi. (2022, October 10). Exploring Barriers to Mental Health Care in the U.S. *Association of American Medical Colleges* https://www.aamc.org/advocacy-policy/aamc-research-and-action-institute/barriers-mental-health-care

Mykyta, L., Keisler-Starkey, K., Bunch, L. Uninsured Rate of U.S. Children Fell to 5.0% in 2021.

(2022, Sept 13). *United States Census Bureau.* https://www.census.gov/library/stories/2022/09/uninsured-rate-of-children-declines.html

National Alliance on Mental Illness (NAMI). (2017, Nov). *The Doctor is Out: Continuing Disparities in Access to Mental and Physical Healthcare.* https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/The-Doctor-is-Out/DoctorIsOut

National Council for Mental Wellbeing. (2018, Mar). *Psychiatric Shortage: Causes and Solutions.* https://www.thenationalcouncil.org/resources/psychiatric-shortage-causes-and-solutions/?gad=1&gclid=CjwKCAjwrranBhAEEiwAzbhNtcowScrlo2uiC3sGbSIAmtPV8_W5pd2A95BHYulzijJUmuGvK1lF1RoCdJ8QAvD_BwE

O'Connor, K., (2022, Nov 3). Some Insurers Working to Encourage Psychiatrists to Join Their Networks. *American Psychiatric Association.* https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2020.11a11

Rapfogel, N. (2022, May 26). The Behavioral Health Care Affordability Problem. *American Progress.* https://www.americanprogress.org/article/the-behavioral-health-care-affordability-problem/ - :~:text=By creating pathways for affordable,health care access and affordability.

Schaeffer, K. (2022, Aug 10). Just over half of U.S. public schools offer mental health assessments for students; fewer offer treatment. *Pew Research Center.* https://www.pewresearch.org/short-reads/2022/08/10/just-over-half-of-u-s-public-schools-offer-mental-health-assessments-for-students-fewer-offer-treatment/

Shivaram, D. (2021, October 20). Pediatricians say the mental health crisis among kids has become a national emergency. *NPR.* https://www.npr.org/2021/10/20/1047624943/pediatricians-call-mental-health-crisis-among-kids-a-national-emergency

State of New Jersey Department of Children and Families. (2023). *NJ Statewide Student Support Services.* https://www.nj.gov/dcf/nj4s.html

Sun, C., Correll, C., Trestman, R., Lin, Y., Xie, H., Hankey, M., Uymatiao, R., Patel, R., Metsutnan, V., McDaid, E., Saha, A., Kuo, C., Lewis, P., Bhatt, S., Lipphard, L., Kablinger, A. (2023). Low Availability, long wait times, and high geographic disparity of psychiatric outpatient care in the US. *General Hospital Psychiatry.*, 84, 12-17 https://doi.org/10.1016/j.genhosppsych.2023.05.012

The Economist Group. (n.d.) *Sounding the Alarm: Parent Perceptions of Teen Mental Health in the US.* https://impact.economist.com/perspectives/sites/default/files/sounding_the_alarm_parent_perceptions_of_teen_mental_health_in_the_us_final3.pdf

The United States Conference of Mayors (USCM). (2023, June). *The Mental Health Crisis in America's Cities and Their Response to It.* https://www.usmayors.org/wp-content/uploads/2023/06/USCM-Mental-Health-Survey-2023.pdf

Zablotsky, B., & Ng, A. (2023, June 13). Data brief 472: Mental health treatment among children aged 5-17 years: United states, 2021. *National Center for Health Statistics (U.S.).* https://doi.org/10.15620/cdc:128144