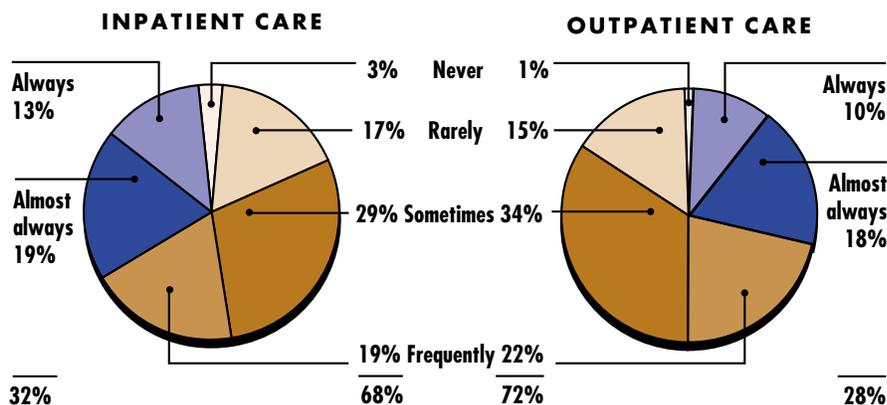


## PRIMARY CARE PHYSICIANS' ASSESSMENT OF AVAILABILITY OF HIGH-QUALITY MENTAL HEALTH SERVICES

Proportion reporting how often they are able to obtain high-quality mental health services for their patients when medically necessary



Community Tracking Study

## PRIMARY CARE PHYSICIANS CONCERNED ABOUT PATIENTS' ACCESS TO MENTAL HEALTH SERVICES

by Miriam Shuchman, State University of New York-Buffalo, and Robert F. St. Peter, Center for Studying Health System Change

Many Americans lack access to mental health care even when their primary care physicians believe it is medically necessary. According to a survey conducted by the Center for Studying Health System Change, more than two out of three primary care physicians report that they cannot always or almost always obtain needed high-quality mental health care for their patients.

### MENTAL HEALTH CARE DIFFICULT TO GET

When asked to rate their ability to obtain a broad range of services deemed medically necessary for their patients, physicians report that high-quality mental health care is more difficult to get than other services included in the survey. This finding is particularly striking because it is based on responses from primary care physicians—such as family practitioners, internists and pediatricians—rather than from mental health specialists.

Sixty-eight percent of primary care physicians

nationwide say they cannot always or almost always obtain high-quality inpatient mental health care for their patients, compared with 36 percent of primary care physicians reporting the same level of difficulty obtaining non-emergency medical hospitalizations. (See bar graph on page 2.)

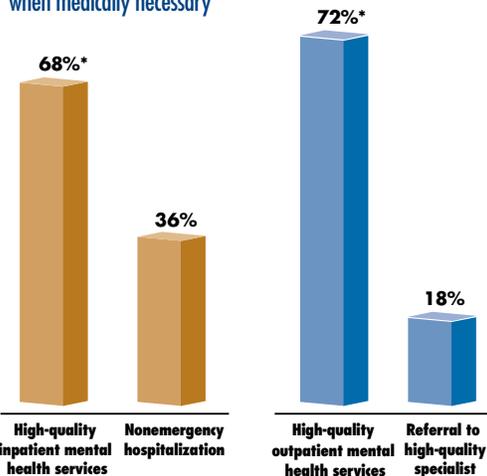
Access to high-quality inpatient mental health care is especially difficult in some metropolitan areas. (See table on page 2.) For example, 81 percent of primary care physicians in Phoenix and 77 percent in Syracuse indicate that they cannot always or almost always obtain high-quality inpatient mental health care for their patients who need it. In addition, primary care physicians practicing in non-metropolitan areas are more likely (76 percent) than those in metropolitan areas (67 percent) to report such difficulty.

The survey also found that 72 percent of primary care physicians nationwide say that they cannot always or almost always obtain high-quality outpatient mental health services. This is four times the percent who report that they cannot always or almost always obtain referrals to

This Data Bulletin presents preliminary findings from the Physician Survey conducted in 1996 and 1997 as part of the Community Tracking Study. It is a nationally representative telephone survey of non-federal, patient care physicians (excluding certain specialties—e.g., radiology, anesthesiology, pathology). The survey included 9,264 physicians, of whom 5,160 are primary care physicians. All comparisons and differences described in the text are statistically significant at the  $p < 0.05$  level.

## MENTAL HEALTH SERVICES MORE DIFFICULT TO OBTAIN THAN OTHER SERVICES

Primary care physicians reporting that they cannot always or almost always obtain selected services for their patients when medically necessary



\* Proportions are significantly different.  
Community Tracking Study

high-quality medical specialists. Primary care physicians in Seattle (81 percent), Lansing (80 percent) and Syracuse (80 percent) are more likely to report difficulty obtaining high-quality outpatient mental health services.

Even in Miami, where primary care physicians are less likely to report difficulty, more than half

report that they cannot always or almost always obtain high-quality inpatient (58 percent) and outpatient (61 percent) mental health services.

## IMPLICATIONS OF FINDINGS

Why should needed high-quality mental health services be so much harder for primary care physicians to obtain for patients than other medical services? The factors at work may include an overall shortage of mental health facilities and specialists, or an uneven distribution of these services. This may explain the higher proportion of difficulties reported by primary care physicians caring for patients in non-metropolitan areas. The widespread initiation of managed care behavioral health programs also could affect the availability of mental health care. Another explanation may be that health insurance policies typically do not cover mental illness to the same extent as physical illness.

There is an active debate between those calling for parity—equivalent insurance coverage for physical and mental health care—and those arguing that current limitations on mental health coverage are necessary to prevent runaway costs. Laws addressing parity have been enacted recently by Congress and several state legislatures, but they are limited in scope and unlikely to resolve the debate. The Center will continue to track changes in physicians' ability to obtain mental health care and other medical services for their patients.

## AVAILABILITY OF HIGH-QUALITY MENTAL HEALTH SERVICES BY COMMUNITY

	Primary care physicians reporting that they cannot always or almost always obtain <b>inpatient</b> mental health care for their patients when medically necessary	Primary care physicians reporting that they cannot always or almost always obtain <b>outpatient</b> mental health care for their patients when medically necessary
<b>Boston, Mass.</b>	63%	70%
<b>Cleveland, Ohio</b>	67	70
<b>Greenville, S.C.</b>	59	65
<b>Indianapolis, Ind.</b>	67	79*
<b>Lansing, Mich.</b>	74*	80*
<b>Little Rock, Ark.</b>	68	75
<b>Miami, Fla.</b>	58*	61*
<b>Newark, N.J.</b>	67	71
<b>Orange County, Calif.</b>	70	72
<b>Phoenix, Ariz.</b>	81*	76
<b>Seattle, Wash.</b>	76*	81*
<b>Syracuse, N.Y.</b>	77*	80*
<b>Metropolitan areas over 200,000 pop.</b>	67	71
<b>United States</b>	68	72

\*Site value is significantly different from mean for metropolitan areas over 200,000 population.

Community Tracking Study

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