

ISSUE BRIEF

**ADDRESSING GAPS IN MENTAL HEALTH  
SERVICES FOR OLDER ADULTS**

MAY 2021



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## Executive summary

Many older adults experience mental health challenges for a variety of reasons. The burden of living with one or more chronic diseases can impact patients' physical and emotional well-being. One study showed that older adults with chronic health conditions are 62 percent more likely to experience depressive symptoms than seniors without these conditions.<sup>1</sup> As family members, neighbors, and friends pass away, older adults can experience profound grief and social isolation, as well as physical symptoms like trouble sleeping and loss of appetite.<sup>2</sup> The cumulative effects of physical and psychological challenges contribute to mental illness in older adults. Although many adults first experience mental illness when they are older, others can develop these conditions earlier in life, carrying their mental health challenges throughout adulthood.

Access to appropriate mental health treatment is critical for older adults' health and well-being, yet seniors' ability to secure mental health services is often impeded or blocked entirely by out-of-pocket costs and lack of access to appropriate healthcare professionals. For example, while Medicare covers a wide array of mental health services, coverage can have specific requirements and result in additional out-of-pocket costs for beneficiaries. Only certain types of mental health professionals can be reimbursed through Medicare, limiting the options available to beneficiaries in need of mental health-related services. In some cases, there is a lifetime limit on services, rather than a limit based on a benefit period. Additionally, there are very few opportunities for co-pay assistance in the mental health space for Medicare beneficiaries.

This issue brief provides an overview of mental health conditions in older adults, the challenges seniors face accessing needed treatment, and strategies to improve access for Medicare beneficiaries.

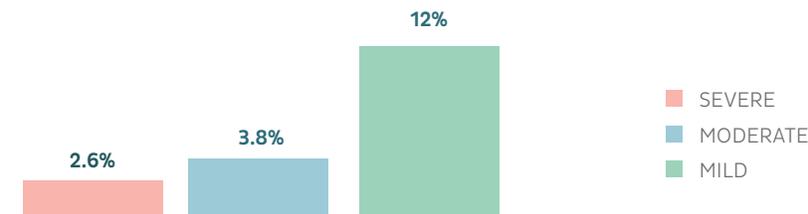


# I. PREVALENCE AND TREATMENT OF MENTAL HEALTH CONDITIONS IN OLDER ADULTS

## Mental health conditions are common among seniors

There are many types of mental illness, and some of these are common among older adults. Recent data from the Centers for Disease Control and Prevention indicates that 18.4 percent of adults aged 65 and over reported having symptoms of depression in the past two weeks.

PERCENTAGE OF REPORTED DEPRESSION IN ADULTS AGED 65 AND OLDER, 2021<sup>3</sup>



Other mental and cognitive health conditions such as Alzheimer's disease and schizophrenia add to the burden of mental health challenges among older adults.

The impact of mental illness on older adults' well-being is a serious matter: suicide rates are highest in older adults, especially among men aged 75 and older.<sup>4,5</sup> The importance of ensuring that older adults have access to affordable mental health services and supports cannot be overstated.

## Mental health conditions are diverse and vary considerably in severity and duration

Mental illness is a broad term that encompasses a wide array of health conditions ranging from mild, short-term concerns that resolve on their own to very severe illnesses that last many years and can require inpatient treatment. There are more than 200 classified types of mental illness.<sup>6</sup> These are grouped into categories, several of which are described below.<sup>7</sup>

**Anxiety disorders:** Although many people experience temporary worry or fear when doing things like meeting new people or going to a new place, people with anxiety disorders experience these feelings frequently. Their anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities and relationships. Anxiety disorders include conditions such as panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, and generalized anxiety disorder.

**Mood disorders:** For most people, feelings of sadness, irritability, or “the blues,” occur from time to time and they pass quickly. But for people with mood disorders, these feelings last for extended periods of time, and the feelings can be severe and disrupt normal functioning. Depression and bipolar disorder are two types of mood disorders. Depression is relatively common among older adults, often causing severe symptoms that affect how patients feel, think, and how they respond to daily activities such as sleeping, eating, and working. Although bipolar disorder—a treatable mental health condition marked by extreme changes in mood—affects less than one percent of older adults, seniors with mania represent between five and 20 percent of all patients who need acute treatment for affective disorders.<sup>8,9</sup> This underscores the impact of serious mental health conditions among older adults.

**Schizophrenia and psychotic disorders:** Schizophrenia is a spectrum of serious neuro-psychiatric brain diseases in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily life. People with schizophrenia typically require lifelong treatment. Early treatment may help improve long-term prognosis and get symptoms under control before serious complications develop.<sup>10</sup>

**Dementia:** Dementia is characterized by changes in cognition, as well as a decrease in memory and motor function. Alzheimer’s disease is one form of dementia, but head injuries, Parkinson’s disease, HIV, and vascular disease can also cause dementia. Screening, diagnosis, and therapy for these conditions varies, emphasizing the importance of early detection and prompt treatment.

## **Mental health conditions are treated with a wide array of medications and services**

Just as there are many types of mental health conditions, there are also a wide range of treatments and treatment settings for these conditions. For some people with very serious mental health challenges, such as schizophrenia and severe mood disorders, an inpatient hospital stay may be needed. For people with sustained, but less severe mental illness, outpatient psychotherapy is a common mode of treatment.

Psychotherapy is a general term for treating mental health problems by talking with a psychiatrist, psychologist, or other mental health provider.<sup>11,12</sup> Psychotherapy can be one-on-one between a patient and a therapist, or it can take place in groups that are facilitated by a therapist.

Some patients receive both psychotherapy and pharmacologic therapy to treat their illness. However, because health professionals’ credentials are tied to the ability to prescribe medications, some patients with mental illness see one provider for psychotherapy and another who is licensed to prescribe the medication they need to manage their illness.

## Many types of healthcare professionals provide mental health services

Medicare coverage for mental health services is linked to the credentials and training of the person who provides the services and a mental health professional's credentials are often tied to the state in which they deliver services. As noted above, the ability to write prescriptions is important in mental health treatment because medication often complements other forms of therapy.

Psychologists, counselors, clinicians, therapists, peer counselors, and clinical social workers provide mental health services, but they are not licensed to write prescriptions for medications that may be needed to complement a patient's treatment plan. Psychiatrists, primary care physicians, pediatricians, psychiatric or mental health nurse practitioners, and psychiatric pharmacists may provide mental health services and they are also licensed to write prescriptions. In many cases, however, primary care physicians manage patient's mental health conditions.<sup>13</sup>

## Medicare coverage for mental health services

**Medicare coverage by type of provider and setting:** Medicare covers mental health services that are provided by physicians, clinical psychologists, clinical social workers, nurse practitioners, clinical nurse specialists, and physician assistants. These professionals are subject to specific qualifications that are linked to their eligibility to bill Medicare for mental health services.<sup>14</sup> For example, clinical social workers must have a master's- or doctoral-level degree, two years of supervised clinical work, and licensure or certification as a social worker in the state in which services are delivered. Clinicians must be enrolled in the Medicare program as a provider to bill and be reimbursed by Medicare.<sup>15</sup>

Medicare covers mental health services that are provided in several settings:

- **Private practices and hospital outpatient departments** deliver therapy in a conventional office setting or from a home office.
- **Community or county mental health centers** often provide services when referral to a private therapist is not possible. These delivery settings are operated by local governments, and an array of services can be delivered.
- **Substance abuse treatment centers** deliver mental health services to people who have concurrent substance abuse and mental health challenges.
- **Telehealth service platforms** allow mental health professionals to deliver treatment virtually. These methods include simple telephone calls as well as video calls using smart phones and personal computer applications such as Zoom and similar technologies. The COVID-19 pandemic drove sudden and widespread increases in the use of telehealth services, including mental health services.

**Medicare coverage by type of service:** Medicare covers 38 types of mental health services.<sup>16</sup> These include inpatient and outpatient services, services aimed at both diagnosis and treatment, as well as services that target patients as well as families and caregivers. Although Medicare covers a wide array of mental health services, coverage can be linked to specific requirements.

For example, although Medicare covers an annual depression screening, coverage stipulates a screening can only take up to 15 minutes, and only when staff-assisted depression care clinical staff are available and can assure an accurate diagnosis, effective treatment, and follow-up. At a minimum, this refers to clinical staff in the primary care setting who can advise the physician of screening results and coordinate referrals to treatment, so staffing must be in place for a beneficiary to even consider having a screening that Medicare will cover. Beneficiaries are also responsible for out-of-pocket costs for their mental health care after a depression screening, including co-pays and coinsurance for most services.



## II. BARRIERS TO OLDER ADULTS' ACCESS TO MENTAL HEALTH SERVICES

Numerous factors prevent older adults from accessing needed mental health services and mental health service professionals. These include patient-level factors, outdated Medicare reimbursement policies, a shortage of mental health professionals, and inflexible care delivery models.

### Patient-level factors

Several patient-level issues can create insurmountable barriers between an older adult who needs mental health services and her ability to access them.

**Burdensome out-of-pocket costs:** Although Medicare covers certain inpatient and outpatient mental health services and medications, patients can still incur considerable out-of-pocket treatment costs in the form of co-pays and coinsurance. For some seniors, these costs hinder access to needed care. Many Medicare beneficiaries seek out charitable financial assistance for their chronic and serious conditions, but there are very few programs available for mental health conditions.

**Transportation:** Limited access to transportation for needed mental healthcare visits hinders older adults' ability to access these services. Transportation to appointments is not generally covered by Original Medicare (Part A and Part B), but some Medicare Advantage plans may cover transportation to appointments, including mental health appointments.<sup>17</sup>

**Stigma:** For many older adults, mental illness may be stigmatized or not be perceived as a real health problem that warrants professional treatment. There is a need to encourage seniors to talk with their healthcare team about mental health concerns so that screening for mental illness can occur if needed.

**Geographic location:** Older adults who live in rural areas may find it especially difficult to find mental health service providers in their area. These geographic considerations may force some seniors to seek care out of network, incurring considerable out-of-pocket costs. Although telehealth addresses some issues for rural seniors, not all services are covered, and some covered services are only approved through the end of the COVID-19 public health emergency.

## Outdated and inflexible Medicare reimbursement policies and out-of-pocket penalties

**Limited coverage of telehealth services:** Historically, Medicare covered mental health services delivered via telehealth technology for only a small subset of rural beneficiaries—and those beneficiaries needed to receive their telemedicine services at select healthcare facilities, not at home. The COVID-19 public health emergency led to broader coverage of telehealth services under Medicare, including certain types of mental health services. Although some of these telehealth services have become permanent, many others remain temporary and will expire at the end of the pandemic.

### **High out-of-pocket costs for prescription medications in Medicare Part D:**

The wide array of mental health conditions that older people can experience is accompanied by a relatively large number of prescription medications that can be used to treat these conditions. Medicare Part D plans are required to cover six “protected” drug classes, and these include antidepressants and antipsychotics, drugs that are often used to treat severe mental illness.<sup>18,19</sup> However, even among drugs that are covered by Part D drug plans, out-of-pocket costs can hinder access to needed prescription medications to treat a mental health condition.

### **Lack of reimbursement for certain mental health service providers:**

Medicare places certain limits on the types of professionals that are eligible for reimbursement and the circumstances under which covered professionals must practice to be eligible for reimbursement. For example, Medicare does not reimburse licensed professional counselors. However, Congress is considering legislation that would cover these professionals under Medicare.<sup>20</sup>

For clinical psychologists to be reimbursed by Medicare in outpatient rehabilitation facilities, partial hospitalization programs, and other treatment settings outside a psychologist’s own office, they are required to be supervised by a psychiatrist—a barrier in the many regions with psychiatrist shortages. Congress is also considering legislation that will amend these eligibility requirements.<sup>21</sup>

Peer counselors are another category of mental health professional that is not eligible for reimbursement under current Medicare policy, but legislation has also been introduced to cover services provided by these professionals.<sup>22</sup>

### **Medicare Advantage networks that force seniors out of network for mental healthcare:**

Medicare Advantage beneficiaries must stay in-network to avoid higher out-of-pocket costs linked to out-of-network service. However, Medicare Advantage beneficiaries—especially those in rural areas—often lack access to in-network mental health providers and must turn to higher cost out-of-network care. One study of 20 counties showed that Medicare Advantage networks included only 23 percent of psychiatrists in a county—lower than all other medical specialties—and another study showed that Medicare Advantage beneficiaries received about 30 percent of their mental health services outside their networks.<sup>23</sup>

## Shortage of mental health professionals

### **Reimbursement and billing policies that fail to attract psychiatrists to Medicare:**

As of September 2020, more than 119 million Americans lived in a mental health services Health Professional Shortage Area (HPSA). In these areas, 6,464 additional psychiatrists would be needed to remove the HPSA designation.<sup>24</sup>

As a medical specialty, psychiatrists are less likely to accept insurance than other physician specialties, and the percentage accepting insurance has declined over time. Low rates of Medicare acceptance among psychiatrists are driven by the combination of high demand for psychiatric care and low supply of psychiatrists. This allows many psychiatrists to take cash-only patients who can pay high rates for their services. In addition, a relatively large share of psychiatrists have solo practices with limited billing infrastructure, which can impact a psychiatrist's ability to participate in Medicare reimbursement.<sup>25</sup>

**Insufficient supply of other mental health professionals:** HPSA designations are based solely on psychiatrists and do not reflect the scarcity of other mental health providers such as clinical psychologists, clinical social workers, psychiatric nurse specialists, peer counselors, and marriage and family therapists. If these other mental health professionals were considered, the number of health professionals needed in HPSAs to meet demand would increase by the thousands. Not surprisingly, rural areas are often among the hardest hit by shortfalls in mental health professionals.<sup>26</sup> This is one reason that rural seniors with Medicare Advantage plans incur high out-of-pocket costs for mental health services when they are forced to seek care outside of their networks.

### **Lack of coverage for some mental health services**

Medicare does not cover key mental health services such as psychiatric rehabilitation, peer support services, or assertive community treatment–specialized care delivered by an integrated care team. Medicare beneficiaries are also limited to 190 days of in-patient psychiatric hospital care in their lifetime, a much stricter limit than the 90-day-per-benefit-period limit on general medical hospitalizations.

### **Inflexible, uncoordinated delivery models**

Traditional mental health delivery models do not integrate the many services and supports that are needed to successfully treat people with severe mental illness. New delivery models that include telemedicine, peer support, and other services that fully integrate mental health into other care streams are needed to address the needs of these patients. Integrated care can help address fragmented service delivery with a team-based approach that brings behavioral health providers into general medical settings like primary care, and adds general medical care to behavioral health treatment. Integrated care must involve the entire treatment community, with all providers following evidence-based protocols that are informed by timely access to patient information and team-based practices that treat the whole person.

### III. STRATEGIES TO IMPROVE MEDICARE BENEFICIARIES' ACCESS TO MENTAL HEALTH TREATMENT

Ensuring adequate access to mental health treatment must consider the many aspects of mental health, including access to appropriate medications as well as mental health professionals who can deliver needed services. There are several strategies that can help older adults get the care they need.

#### **Optimize awareness and use of federal, state, and local resources**

The federal government offers resources for identifying mental health providers and finding low-cost healthcare services.

[The Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) offers general information on mental health and assistance in locating treatment services. SAMHSA also has a treatment referral helpline (1-800-662-HELP) and a [behavioral health treatment locator](#) on its website that can be searched by location.

[The Health Resources and Services Administration \(HRSA\)](#) works to improve access to healthcare, and its website has information on finding affordable healthcare, including health centers that offer care on a sliding fee scale.

[The Centers for Medicare & Medicaid Services \(CMS\)](#) has information on its website about benefits and eligibility for mental health programs and how to enroll.

[The National Library of Medicine \(NLM\) MedlinePlus](#): NLM's website has [directories](#) and lists of [organizations](#) that can help in identifying a health practitioner, including mental health services providers.

The websites of state and county governments may also have information about mental health services that are available locally.

#### **Promote awareness of advocacy and professional organizations**

Advocacy and professional organizations can be a good source of information when looking for a mental health provider. They often have information on finding a mental health professional on their website, and some have practitioner locators on their websites. Examples include but are not limited to:

[Anxiety and Depression Association of America](#)

[Depression and Bipolar Support Alliance](#)

[Mental Health America](#)

[National Alliance on Mental Illness](#)

[Schizophrenia & Psychosis Action Alliance](#)

In addition to these patient-oriented resources, there are also longer-term strategies that can help ensure that older adults can access needed mental health treatment.

### **Maintain access to medications to treat mental health conditions**

Medicare Part D plans are required to cover six “protected” drug classes, and these include antidepressants and antipsychotics, drugs that are often used to treat severe mental illness.<sup>27,28</sup> It is imperative that requirements for Part D drug plans to cover these drugs are maintained.

However, even when Part D drug plans cover prescription medications, out-of-pocket costs can put treatment out of reach for patients, especially those who need costly drugs and who are not eligible for Medicare’s Low Income Subsidy Program. These costs can be minimized by ensuring that people with mental illness have access to effective medications that are not on specialty tiers, that out-of-pocket costs are distributed evenly throughout the year, and that there is an annual cap on out-of-pocket spending under Part D.

### **Promote screening for mental illness and availability of psychosocial treatment that addresses the emotional and cognitive changes of aging**

Mental health conditions such as dementia increase markedly with age, and depression and suicide are also known to occur disproportionately in older adults. These conditions should be identified and treated like other health conditions. To achieve this goal, older adults must be screened for mental illness when signs and symptoms are present, and seniors must be able to access clinically appropriate treatments in both community and congregate care settings.

### **Supporting broad coverage of telehealth for delivery of mental health services after the COVID-19 pandemic**

The COVID-19 pandemic resulted in a decision by the Centers for Medicare and Medicaid Services to expand coverage for mental health services that are delivered by telehealth technologies. Although coverage of some of these services has become permanent, other service streams remain temporary during the public health emergency.<sup>29</sup> The pandemic provided an opportunity to demonstrate that expansion of telehealth service delivery “meets patients where they are.” This was especially important for older adults due to the sudden and prolonged social isolation they were forced to endure.

### **Supporting the integration of primary care and mental health care**

Primary care providers have long had a disproportionate level of responsibility for providing mental health care, and most people prefer to receive their mental health care in a primary care setting. Historically, however, primary care physicians could not bill for time involved in coordinating or consulting with behavioral healthcare providers or case managers. Although some billing codes have been introduced to help encourage coordination between primary and mental health care, much more can be done to increase primary care providers’ capacity to address behavioral health conditions and increase team-based coordination between primary care and behavioral health providers.

**Address the impact of mental health provider shortages on out-of-pocket costs**

The well-documented shortage of mental health providers in rural areas and in some Medicare Advantage Plans can prevent older adults from accessing needed services or they can force patients to go out of their networks and incur high out-of-pocket costs when they seek needed treatments. Policymakers should consider legislation that extends reimbursement to licensed professional counselors as well as policies that allow patients to access needed services via telehealth if local access to mental health professionals is not available.



## Conclusion

Mental health conditions are common in the lives of Medicare beneficiaries. Barriers to treatment are unfortunately also common, with out-of-pocket prescription costs and limited access leading a long list of hindrances. A shortage of professionals, a limit on approved types of care and professionals who can offer it, and a lack of coverage for certain services are large issues. Even when beneficiaries can access treatment, the lack of charitable financial assistance means that most of the cost-sharing falls to the patient. Congress is currently considering legislation that would expand mental health access, but this is only one step toward equitable access to mental health services for all who require them.



The PAN Foundation is an independent, national 501 (c)(3) organization dedicated to helping underinsured people with life-threatening, chronic, and rare diseases get the medications and treatments they need by assisting with their out-of-pocket costs and advocating for improved access and affordability.

For more information about this Issue Brief, contact Amy Niles, Executive Vice President, at [aniles@panfoundation.org](mailto:aniles@panfoundation.org).

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