

Behavioral Health Equity

Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders. Unfortunately, federal law prohibits states from using Medicaid to pay for care provided in "institutions for mental disease" (IMDs), which are psychiatric hospitals or other residential treatment facilities that have more than 16 beds. This discriminatory exclusion has been in place since Medicaid's enactment in 1965, and has resulted in unequal coverage of mental health care.

Behavioral Health Equity and Race

- + Only one-in-three African Americans who need mental health care receives it.¹
- + Compared with non-Hispanic whites, African Americans with any mental illness have lower rates of any mental health service use including prescriptions medications and outpatient services, but higher use of inpatient services.¹
- + Compared with whites, African Americans are less likely to receive guideline-consistent care, less frequently included in research, and more likely to use emergency rooms or primary care (rather than mental health specialists).¹
- + Compared with the general population, African Americans are less likely to be offered either evidence-based medication therapy or psychotherapy.¹
- + African Americans with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races.¹

According to the nonprofit organization **Mental Health America**, Florida ranked 49th out of 51 states (ranking includes the District of Columbia) in access to mental health care.² Despite recent efforts to improve mental health services for African Americans and other minority groups, barriers remain regarding access to and quality of care. The barriers include stigma associated with mental illness; distrust of the health care system; lack of providers from diverse racial/ethnic backgrounds; lack of culturally competent providers; lack of insurance, and underinsurance.¹

Behavioral Health Equity and Gender

Recent research has identified disparities between women and men in regard to risk, prevalence, presentation, course, and treatment of mental disorders.

- + Twice as many women experience depression in their lifetime than men. Approximately 1 in 9 women 18 and older have had at least one major depressive episode in the past year.³
- + Compared with men, women are twice as likely to experience PTSD. Women are more likely to have hypervigilance, feel depressed, and have trouble feeling emotions.³
- + Women are twice as likely as men to experience generalized anxiety disorder or panic disorder.³

Women disproportionately experience the following risk factors for common mental disorders than men.

- + Women earn less than men. Women who are full-time workers earn about one-fourth less than male counterparts in a given year.³
- + The poverty rate for women aged 18 to 64 is 14.2% compared with 10.5% for men. For women aged 65 and older the poverty rate is 10.3%, compared with 7.0% for men.³
- + About 1 in 3 women have experienced sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime.³
- + An estimated 65% of caregivers are women. Female caregivers may spend as much as 50% more time providing care than male caregivers.³

Key barriers to mental health treatment for women include economic barriers – lack of insurance/cost; lack of awareness about mental health issues treatment options, and available services; stigma associated with mental illness; lack of time/related support (time off work, child care, transportation); lack of appropriate intervention strategies including integration of mental health and primary health care services.³

Behavioral Health Equity and Substance Use Treatment

People of color are more likely to be uninsured and face barriers to accessing care.⁴ Researchers have also documented greater unmet need for alcoholism, SUD treatment, and mental health care among Black and Hispanic adults relative to non-Hispanic adults.⁴ Drug overdose data highlight significant disparities between different racial groups.⁵

- ✦ From 2019 to 2020, U.S. drug overdose death rates increased the highest for Black (44%) and American Indian/Alaskan Native (AI/AN) people (39%) compared to White (22%) and Hispanic people (21%).⁵
- ✦ The rate of drug overdose deaths was almost 7 times higher among Black males aged 65 years or older compared to White males aged 65 years or older in 2020.⁵
- ✦ Evidence of prior substance use treatment in those that died from a drug overdose between 2019 to 2020 was lowest among Black (8.3%), Hispanic (10.2%), and AI/AN people (10.7%). The highest proportion with prior substance use treatment was among White people (16%).⁵
- ✦ Opioid overdose rates were higher among Black and AI/AN people in areas with more opioid treatment program availability than areas with low opioid treatment availability in 2020.⁵
- ✦ In Florida, the drug overdose death rate for Black people increased 53% compared to 39% for White people from 2019 to 2020.⁶
- ✦ In Florida, lack of Medicaid expansion presents a significant barrier to accessing mental health and substance use treatment for vulnerable women and minorities.⁴

Florida communities of color are disproportionately represented in the Medicaid coverage gap. A recent study projects that from 2016 to 2018, more than 2,770 Floridians died prematurely because the state has not expanded Medicaid. Multiple studies also show the substantial benefits of Medicaid expansion for treating people with SUD and saving their lives. Medicaid expansion has been associated with:

- ✦ A reduction in opioid overdose deaths, particularly from heroin and synthetic opioids.⁴
- ✦ Greater access to medication assisted treatment (MAT) – the gold standard for treatment of OUD.⁴
- ✦ A dramatic reduction in uninsured opioid-related hospitalizations from 13.4 percent in 2013 (the year before expansion took effect) to just 2.9 percent two years later.⁴
- ✦ An 18 percent increase in opioid admissions to specialty treatment facilities, nearly all of which was driven by an increase in admissions from Medicaid beneficiaries.⁴

Parity

One of the most impactful public policy advances in the last 15 years for substance use disorder treatment was passage of the **Mental Health Parity and Addiction Equity Act (Parity)**. It was intended to eliminate discrimination by insurers against those with substance use disorder and mental health issues. While the Federal Government ultimately has authority for enforcement, it was delegated to the states in the Affordable Care Act. This federal initiative needs enforcement at the state level by enacting legislation that would require Parity for those needing treatment for substance use disorders.

- ✦ An estimated 53 million U.S. adults experienced a mental illness in 2020 and of those, approximately 46% received treatment.⁷
- ✦ 43.7 million U.S. people aged 12 or older in 2021 needed substance use treatment in the past year.⁸
- ✦ 106,699 drug overdose deaths occurred in the U.S. in 2021.⁹
- ✦ In 2020, 45,979 Americans died by suicide and there were an additional 1.2 million suicide attempts. Suicide is the 12th leading cause of death in the U.S.¹⁰

Sources

¹ American Psychiatric Association. Mental Health Disparities: African-Americans. Accessed from: <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts> ² Mental Health America. State of Mental Health in America. Accessed from: <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf> ³ American Psychiatric Association. Mental Health Disparities: Women's Mental Health. Accessed from <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts> ⁴ Florida Policy Institute. Expanding Medicaid Would Reduce Disparities in Access to Life-Saving Substance Use Disorder Treatment in Communities of Color. Accessed from: https://uploads.ssi.webflow.com/5cd5801dfdf7e5927800fb7f/5e8bc6ac19cf6077c48423c6_Medex_Communities_of_Color_SUD_FINAL.pdf ⁵ CDC. Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics – 25 States and the District of Columbia, 2019–2020. Retrieved from https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm?s_cid=mm7129e2_w#suggestedcitation ⁶ FADAA. Drug Overdose Deaths by Race in the U.S. and Florida. Retrieved from https://cdn.ymaws.com/www.fadaa.org/resource/resmgr/Opioid_Disparities_DCFapprov.pdf ⁷ NAMI. Mental Health by the Numbers. Accessed from <https://www.nami.org/mhstats> ⁸ SAMHSA. Highlights for the 2021 National Survey on Drug Use and Health. Retrieved from <https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFRHHighlights092722.pdf> ⁹ CDC. National Center for Health Statistics. Accessed from <https://www.cdc.gov/nchs/products/databriefs/db457.htm#:~:text=System%2C%20Mortality%20File.-,Summary,increase%20from%2017.1%20to%2019.6> ¹⁰ American Foundation for Suicide Prevention. Accessed from <https://afsp.org/suicide-statistics/>