

Mental health access still far away for many

Susanne Cervenka, @scervenka 10:11 a.m. EDT May 27, 2014

<http://www.app.com/story/news/health/2014/05/27/nj-mental-health-access/9622211/>



Kristen Heckerth, 30, of Whiting says she owes her psychiatrist her life. She pays him \$285 for a visit and gets a \$100 reimbursement. (Photo: David Gard/Correspondent)

Kristen Heckerth credits the care she gets from her psychiatrist for allowing her to once again work full-time, obtain her degree and become engaged to the love of her life.

"I honestly probably wouldn't be alive if I didn't find him," said the 30-year-old, who drives from her home the Whiting section of Manchester to Yardley, Pennsylvania, to treat her schizo-affective disorder. "I

owe that man my life."

Heckerth also pays for her care out-of-pocket at \$285 per visit because her doctor, like many, doesn't accept insurance. Her insurance will reimburse her for about \$100.

She doesn't expect much to change as federal health care reforms start to kick in. It's a worry many mental health care advocates have as the new health care law gives greater access to those with mental illness.

The reforms put mental health care on equal footing with physical health care. That means, at least in theory, that those who need psychological care can get it. But there's also a potential more patients are heading into a system that already has too few doctors and clinics to treat them.

"There's a promise of better coverage, but there's a fear, with more people on the market, there will be even more competition," said Phil Lubitz, an associate director with NAMI New Jersey, a statewide organization that advocates for people with severe mental illness. "There's a potential for a real problem."

The solution, mental health professionals and advocates say, is boosting the number of mental health providers, offering incentives to encourage medical students to pursue specialty fields and improving the reimbursement they get from Medicaid.

One look at the shortfall: an additional 300,000 New Jerseyans will get health coverage under an expansion of Medicaid through the Affordable Care Act. About one in four people have mental health disorders, advocates say.

The New Jersey Psychological Association surveyed its 2,000 members to see how many psychologists are available to handle new patients. Only eight psychologists accept Medicaid payments and are willing to take on new patients, it found.

Another 1,000 psychologists are not members of NJPA, however. Dr. Barry Helfmann, director of professional affairs for the group, said he suspects the rates of non-members would be about the same.

"If you are under Medicaid and are looking to receive outpatient mental health care, you are unlikely to find one," he said.

Dr. Russell Holstein, a Long Branch psychologist who also researches access issues, found similar shortfalls when he tried to help a Medicaid patient who contacted him for care.

The state's provider website lists 22 psychologists in Monmouth County, of which it says 21 are accepting new patients.

Holstein, the one doctor who was listed as not accepting patients, called those psychologists and found that only one was willing to accept the new patient. Her office, however, is in Middlesex County.

Another would take Medicaid patients only if they are minors and suffering from eating disorders.

Helfmann points to reimbursement rates that he said are among the lowest in the country as the reason doctors won't accept patients covered by Medicaid.

New Jersey's Medicaid system pays most psychologists \$36 for a 45-minute visit. Those that have a certain type of certification earn \$42 per 45-minute visit, according to the New Jersey Department of Human Services, which administers the state's Medicaid program.

Helfmann said his private practice, based in Springfield, would lose anywhere from \$25 to \$30 per visit on just overhead costs — not counting any payment toward the doctor's time — if it accepted Medicaid patients.

By comparison, Medicare, the federal health insurance program that largely serves Americans 65 and older, pays about \$90 for the same service, Helfmann said.

A review of doctor websites, however, show psychologists charge rates of \$150 to \$200 per visit, with initial appointments often costing more. Insurance pays anywhere from less than \$70 to \$120.

DHS spokeswoman Nicole Brossoie said in an email that the state is expanding Medicaid to childless adults, offering additional substance abuse services and offering reimbursement for

telepsychiatry — doctors who see patients using videoconferencing — in an effort to improve access for Medicaid clients.

DHS is also working on a rate study, which she said will provide evidence for moving reimbursements from higher-cost settings to community treatment.

The department is also planning to set up an administrative services organization with the goal of reducing emergency and institutional treatment and increasing community-based care.

The situation isn't much better for individuals with private insurance.

People seeking mental health care from a provider in their insurance network often encounter "phantom networks" — lists of providers who don't actually accept their insurance, accept the insurance but aren't taking new patients, or, surprisingly more often than one would expect, are dead.

Up to 55 percent of New Jersey psychologists don't participate with managed-care panels, Helfmann said. Insured patients searching for care shouldn't find them listed as "in-network" doctors.

But Helfmann, who was last on a panel 20 years ago, still gets calls from patients with that insurance who tell him he is listed as being in the network.

"(Insurance companies) present a panel because that's how they sell their benefits. They are nowhere near accurate," he said. "They are illusionary."

Holstein researched the private insurance mental health care provider networks in Monmouth and Ocean counties in 2003. Anywhere from 26 percent to 72 percent of the psychologists and psychiatrists on those lists actually participated in the plan and were accepting new patients.

Among his findings were a Loch Arbour psychiatrist who was listed, but had been dead for several years, and a dentist.

"If you have insurance and you want to see a psychiatrist, you end up at the facility funded to see Medicaid patients," he said. "When you get there, you don't get to choose your psychiatrist. And there are long waiting times."

Part of the problem is stigma, Holstein said.

"People won't go to their employers and say, 'Hey, this health care you got us, I can't find a shrink,'" he said.

Another part is the shortfall in the number of psychiatrists and psychologists generally — and for child psychiatrists specifically.

Half of lifetime cases of mental illness start by age 14 and three quarters start by age 24.

But often, it can take eight to 10 years from the first symptom of a mental illness until the time a person gets treatment, said Dr. Debra Koss, a child and adolescent psychiatrist and a member of the American Academy of Child and Adolescent Psychiatry.

Part of the problem is there are fewer doctors becoming child psychiatrists, a specialty that requires two additional years of training before a doctor can practice, said Koss, who is also a past president of the New Jersey Council of Child and Adolescent Psychiatry.

"Students are coming out with extraordinary debt, \$150,000 to \$180,000 in medical school debt," she said. "What we see are some students are going the route of other specialties where there is less training and a lower amount of debt."

New Jersey and the country overall could boost child psychiatrists numbers for communities in need by offering loan-forgiveness programs where doctors who commit to working in under-served areas have their medical school bills reduced based on the length of time they work in those communities, Koss said.

It's almost ironic — for all the heartbreak it caused — superstorm Sandy is one of the few areas where access to mental health is readily available.

A number of organizations, like the Mental Health Association of Monmouth County, received grant and other funding to not only treat mental health concerns that arose in the wake of the storm, but also to provide preventative services.

"I don't think we've ever seen this many resources put into mental health," said Wendy DePedro, executive director of Mental Health Association of Monmouth County.

That allows agencies like hers to push the idea of getting mental health care early.

"We can also use it as a platform for everyone to still seek out traditional mental health services. We have a unique opportunity to discuss mental health," she said.

Susanne Cervenka: 732-643-4229; scervenka@app.com.