

Mental Health & Substance Use Treatment Utilization

2024

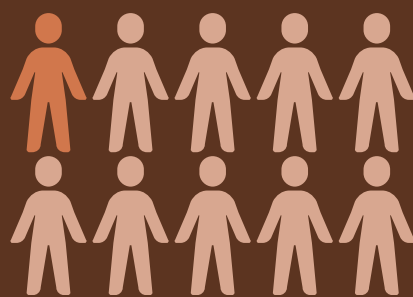
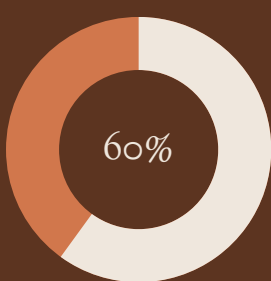
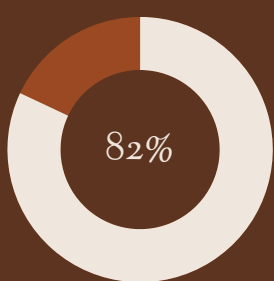
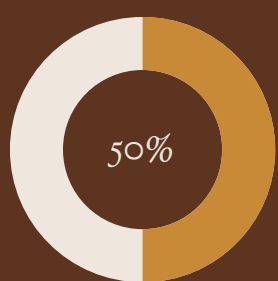
RECENT U.S. STATISTICS

Drug use at least once over 12 yrs old⁵

4 out of 5 Prescriptions are opioids⁸

Increased drinking during Covid-19⁴

1 in 10 over 12 yrs has Alcohol Use Disorder⁴



\$1.74K

Cost of the cheapest medical detoxification programs⁸

\$6K

Cost for the cheapest inpatient rehabilitation programs per month⁸

\$5K

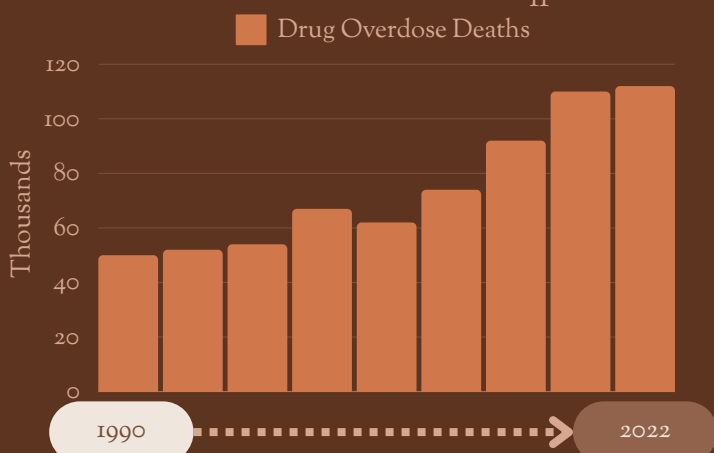
Cost of outpatient rehab for a 3 month program⁸

PROBLEM

Substance use and mental health services are fundamental aspects of healthcare, yet there are significant disparities in the utilization of many mental health services. Money and insurance coverage are some of the biggest obstacles to getting help.¹⁰ This is what the Mental Health and Substance Use Parity Act was implemented for.¹



IMPACT

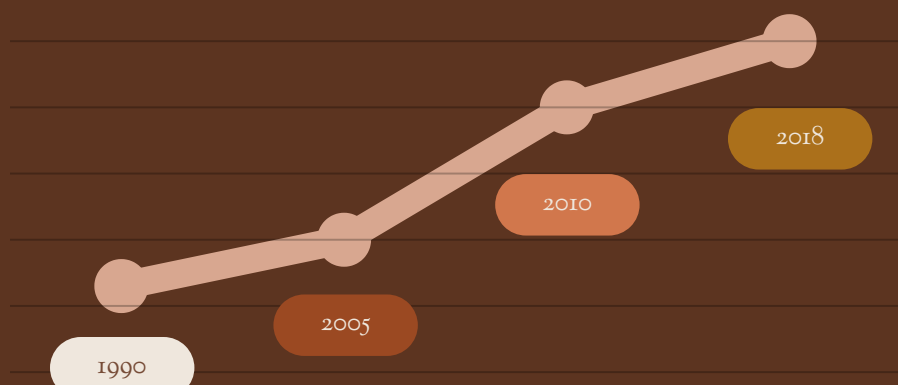


95K Alcohol-Related Deaths⁶

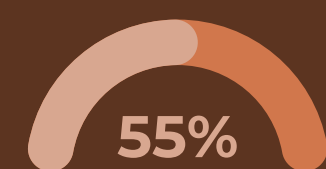
10.5 K Drunk Driving Deaths⁶

47K Long - Term Health Failure⁶

UTILIZATION RATES¹¹



After the Mental Health and Substance Use Parity Act was implemented, there was an increase in mental health and substance use treatment service utilization¹¹



Utilization Rate 2022¹¹

STAKEHOLDERS

- Patients and families are primary stakeholders
- Providers of healthcare assistance
- Researchers
- Policymakers
- Advocacy Organizations
- Government Regulators
- Social Workers

IMPORTANCE

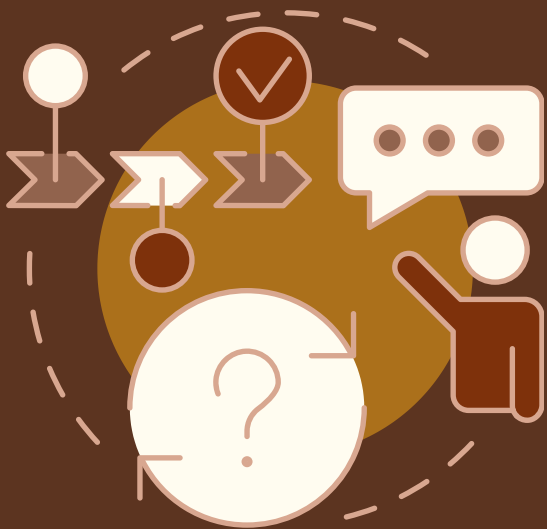
Addiction and mental health problems are increasing, and there is an ever-growing need for services. There are too many obstacles prohibiting people from obtaining services. Even though the utilization rates are growing, so is the need. Those in need of services are outnumbering the accessible services.¹¹

RECOMMENDATIONS²

- Broaden the services covered
- Broaden the types of facilities that accept Medicare
- Include more providers under reimbursement and coverage plans
- Include Medicare in the MHPAEA
- Require insurance companies to outline their process for each plan
- Require insurance companies to outline in-network benefits and out-of-network benefits



RATIONALE²



- There is less emphasis on service extremes and more on intermediate levels of care
- Need new settings because it is more likely to be provided in hospital settings
- Few types of practitioners qualify for reimbursement, and if they are not one of those, they get little, so they opt-out
- Those with Medicare are more likely to be discriminated against in the coverage

NASW POSITION STATEMENT

The National Association of Social Work promotes the ethical obligations of service and social justice, which means fighting for populations to access all the resources, services, and treatments they need.³

NASW has continually worked to close the gaps and disparities in service utilization and promotes accessible healthcare for everyone.³



References

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