

Understanding Mental Health

MENTAL HEALTH GUIDE

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Overview

Caring for your health and well-being involves paying attention to the needs of both your body, and mind – they are connected parts that make up your complete self. The [World Health Organization](#) (WHO) defines 'health' as “a state of complete physical, mental, and social well-being,” and not merely absence of physical disease. The interaction of both physical and mental health is important to consider, since the comorbidity (or co-occurrence) of both mental disorders and medical conditions is greatly connected. Mental illnesses span a wide range of conditions, each often existing on a spectrum, making it difficult at times to diagnose and treat if not assessed and handled carefully by an experienced mental health care professional. What some may not know is that mental illnesses are actually quite common: the [National Institute on Mental Health](#) reports that about one in five adults (about 44.7 million in 2016) will have a mental illness in any given year, beginning at any age, but often presenting itself earlier in life. With mental illnesses impacting so many at any point in one's life, understanding and evaluating our mental health and its connection to our overall well-being is an essential part of caring for ourselves.

What Does it Mean to Be Mentally Healthy?

The [U.S. Department of Health and Human Services](#) (HHS) defines mental health as our “emotional, psychological, and social well-being,” as it impacts our thoughts, emotions, and actions. Research has found that many factors can affect our mental health, including biological predispositions (like genes and brain chemistry), individual life experiences, and a family history of mental illness. The quality of our mental health can also influence how we interact with others, how we make decisions, and how we handle stress, so it is important to care for our mental health at every stage of life.

Caring For Your Mental Health

Paying attention to symptoms and implementing a regular mindset of staying mentally healthy is crucial for caring for your overall health. It is also important to know the elements of being mentally healthy, and

know the signs that may indicate the need for assessing your mental health. To be mentally healthy or have positive mental health means functioning in daily activities that result in fulfilling relationships, working productively, coping with the stresses of life, and being able to realize one's own potential. Other elements of maintaining a healthy mental state include:

- Getting enough sleep
- Developing effective and healthy coping skills
- Connecting with and helping others
- Being physically active and maintaining a balanced diet

Signs and symptoms of mental illnesses will of course vary, but paying regular attention to your mental state and addressing its importance as you would with any health-related concern is part of maintaining your overall health. If you find that some areas of your mental health could need improvement, even if you do not suspect a mental illness, taking a step back to be mindful and addressing your daily needs can make all the difference on your quality of life.

This guide aims to get individuals to consciously evaluate their mental health and give them a starting point to learn how they can best address their mental health care needs.

Getting Started

The [American Psychiatric Association](#) reports that 50 percent of mental illness cases begin by age 14, and three-fourths begin by age 24. Meanwhile, the [World Health Organization](#) reports that 15 percent of adults over the age of 60 have a mental disorder. These facts reiterate how prevalent mental health concerns are at all ages. As with any health concerns, doing the adequate research to better understand treatment options can help you or a loved one make the best decisions for your healthcare needs. This early part of the process can often be difficult to navigate if you are not sure of what kind of treatment you are looking for. Luckily, your primary care doctor can be a good introduction to point you in the right direction of psychologists, psychiatrists and/or other behavioral health specialists who can provide you the treatment and services that can best help you. Paying attention to your mental health is not unlike the preventive care we seek when consulting our primary care doctors with physical ailments. They serve to identify and prevent illnesses as early as possible, and consulting them is a proactive step in taking charge of both your mental and physical health.

Online Assessment Tools

You may also consider online assessment tools provided by your healthcare provider or other mental health websites. It is imperative, however, to avoid self-diagnosis, and ineffective or non-definitive online assessment tools. Some sites provide screening assessments that are specific to mental illnesses, while some are more general. Below are some examples of assessment tools online that can be used to get you started in the process of evaluating your mental health, in conjunction with the advice of a health professional:

- Mental Health America - screening.mentalhealthamerica.net/screening-tools
- Substance Abuse and Mental Health Services Administration - www.samhsa.gov/sbirt/resources
- Anxiety and Depression Association of America - adaa.org/living-with-anxiety/ask-and-learn/screenings
- MentalHealth.VA.gov, Screening Tools Tab - www.mentalhealth.va.gov/gethelp.asp
- Mental Health Screening - Military screening.mentalhealthscreening.org/Military_NDSD

It is important to reiterate that these online tools do not, and should not, replace the professional consultation and potential diagnosis by a mental health professional, but can merely function as a starting point at which you can begin reflecting on your mental health.

Common Mental Health Diagnoses

Below are some common mental illness diagnoses and a brief explanation of their symptoms:

Anxiety Disorders:

It is a common and normal reaction to have feelings of anxiety to stressful situations. In fact, the body reacts to stress in certain ways in order for you to become mentally aware of the needs of your body and mind. Anxiety disorders, as explained by the [American Psychiatric Association](#), are not the same as normal feelings of nervousness and anxiousness; instead, they tend to be “excessive worries that don’t go away even in the absence of a stressor,” and are the most common of all mental disorders. It is estimated that over 30 percent of adults are affected by anxiety disorders at some point in their life, and may cause people to avoid situations that can worsen or trigger their symptoms, often impacting their personal relationships, school, and job performance. There are several types of anxiety disorders and each have varying symptoms.

Attention Deficit Hyper-Activity Disorder (ADHD):

ADHD is characterized by symptoms such as inability to pay attention or keep focus, hyperactivity (involving excess movement not fitting to the setting), and impulsivity. While difficulty remaining still and having a limited attention span can be common in children, children with ADHD display markedly greater hyperactivity and/or inattention. Adults diagnosed with ADHD may not have known they have a disorder previously, but evaluation and diagnosis often involves looking at current and past symptoms. The [American Psychiatric Association](#) reports that about 8.4 percent of children and 2.5 percent of adults have ADHD, and can be diagnosed as three types: inattentive type, hyperactive/impulsive type, or combined type. Often this diagnosis is based on symptoms observed over the past six months.

Bipolar Disorders:

Individuals diagnosed with bipolar or related disorders often display atypical, dramatic mood swings, and experience periods of intense emotional states. These extreme emotional states are known as ‘mood episodes.’ One type of diagnosis is Bipolar I Disorder, which involves having experienced at least one ‘manic episode,’ a period of abnormally elevated energy or irritability and increased activity that substantially impairs functioning. In between mood episodes there are often still periods of normal moods. Bipolar II Disorder is diagnosed when there has been at least one major depressive episode (involving the opposite, extreme end of a manic episode with intense feelings of sadness, despair and hopelessness) and a ‘hypomanic episode’ (similar to a manic episode, but with symptoms not severe enough to impair functioning). Bipolar I and II Disorder diagnoses make up about 2.6 percent of the adult U.S. population and 11.2 percent for children ages 13 to 18. A third diagnosis, cyclothymic disorder, is a mood disorder that causes emotional ups and downs that are relatively mild compared to Bipolar I or Bipolar II Disorder.

Eating Disorders (ED):

Individuals diagnosed with an eating disorder are often extremely concerned with their body weight and eating behaviors, usually critical to a point of having an intense fear of gaining weight. Anorexia nervosa is an ED diagnosed when patients weigh at least 15 percent less than the normal healthy weight expected for their height, and characterized by obsessing over their eating habits by limiting meals and food intake, repeatedly checking their body weight, or purging by means of vomiting, laxatives, and diuretics. Bulimia nervosa is an ED diagnosis for those who may not be as underweight as those with anorexia, but their eating habits involve frequent binge eating of large amounts of food in a short amount of time, with their fear of weight gain causing them to purge by vomiting or using a laxative. Binge eating

disorder is a third type of ED also involving eating large amounts of food in a brief period and feeling like they cannot control themselves. Unlike bulimia, those with binge eating disorder do not attempt to purge their food. ED are often accompanied by other mental health diagnoses such as anxiety disorders and Substance Use Disorders.

Depression/Major Depressive Disorder (MDD):

Affecting one in six (16.6 percent) people at some time in their lives, depression is one of the more common mental health diagnoses, often first appearing during the late teens to mid-20s. One of the most common myths about depression is that it just means “being sad.” While life experiences such as the loss of a loved one or ending of a relationship may trigger similar feelings found in depression, having depression often involves decreased mood and/or loss of interest, feelings of worthlessness, and in some cases, thoughts of suicide or self-harm may be present. These thoughts of self-harm may require immediate, emergency attention – connecting with a skilled, confidential counselor at a crisis center, or calling **1-800-272-TALK (8255)** available 24 hours a day, seven days a week, can help if you or someone you know is having self-harm or suicidal thoughts. Other symptoms of depression include significant weight loss or gain, insomnia or hypersomnia, restlessness, and lethargy. All symptoms must be present for at least two weeks and cause a significant impairment in daily functioning.

Post-Traumatic Stress Disorder (PTSD):

Often diagnosed in those who have experienced or witnessed some form of trauma, a natural disaster, war/combat, or violent personal assault, PTSD can affect any person of any age, race, nationality, or gender. An estimated 7.7 million Americans could be diagnosed with PTSD, and includes symptoms such as flashbacks or nightmares, re-experiencing symptoms from an event, and being hyper-aroused or easily startled, thus impairing daily activities. These intrusive symptoms and diagnosis of PTSD must involve previous exposure to an upsetting or traumatizing event, even though the exposure could be indirect – such as an individual learning about the violent or sudden death of a loved one, or witnessing a car accident.

Schizophrenia:

Schizophrenia is considered a serious mental illness (SMI) and chronic brain disorder affecting 1 percent of the population, and is often described as a “thought disorder” due to symptoms that include hallucinations, delusions, disorganized thinking and motor behavior, and diminished emotional expression. Not receiving adequate treatment, incorrectly taking or refusal of medications, and use of alcohol or illicit drugs can increase the severity of these symptoms. Onset of symptoms usually occur from age 16 to 30, and genetic predisposition for psychosis does correlate to a risk for developing the disease, as well as physiological factors such as pregnancy and birth complications, and environmental factors. This chronic brain disorder currently has no cure, but research has produced newer and safer treatment options that show improvement in individuals over time.

Substance Use Disorder (SUD)/Addiction:

SUD is a catch-all name for the various psychoactive substances which, with recurrent use, such as of alcohol and/or drugs, causes functionally and clinically significant impairments. The most common substance use disorders are related to alcohol, tobacco, cannabis (marijuana), stimulants, and opioids. SUD is often diagnosed in varying degrees of mild, moderate, or severe, with addiction being severe SUD. This complex disease involves compulsive substance use and those with addiction develop an intense focus on using a certain substance(s), causing dangerous changes to brain chemistry and functioning. With addiction, individuals eventually need more amounts of the substance or drug in order to feel the desired effects. SUDs vary in their exact symptoms and effects, especially with use over time, and many people experience mental health conditions alongside SUD, either potentially triggering or exacerbating the other. Recognition of SUD or addiction is the first step in recovery, and further treatment will vary depending on the individual.

How to Get Mental Health Help

To begin, it is often helpful to first consult your primary care doctor under your health insurance, who may be able to refer you to local services in your area that may also take your health coverage. If you are not currently seeing a primary care doctor, but do have health insurance, you can also use your insurer's website to locate doctors with the mental health specialties you are seeking. After seeking the advice of your primary care doctor and assessing your mental health, you can begin looking for the types of mental health professionals who can best serve your needs.

Types of Mental Health Professionals

For Assessment/Therapy

- *Psychologists* usually hold a Doctor of Philosophy (Ph.D.) degree in clinical psychology or a related field, or a Doctor of Psychology (Psy.D.) degree, and are licensed by individual states. They are mental health professionals trained to conduct psychological evaluations and testing, clinical interviews, and can diagnose and provide individual and group therapy. Some may even have specializations in certain treatments like cognitive behavioral therapy (CBT) and other behavioral interventions.
- *Counselors, Clinicians and Therapists* usually hold a masters-level degree (M.S. or M.A.) in fields such as psychology, counseling psychology, and marriage and family therapy. Licensing for these mental health professionals will vary based on their specialty and state, but some examples include: Licensed Professional Counselor (LPC), Licensed Clinical Alcohol & Drug Abuse Counselor, or Licensed Marriage and Family Therapist (LMFT). They are trained to evaluate a patient's mental health and implement various therapy techniques, and can help reduce symptoms while providing practical ways to improve a patient's daily processing of thoughts and emotions.
- *Clinical Social Workers* usually hold a master's degree in social work, but can carry licenses as an Independent Social Worker (LICSW), Academy of Certified Social Worker (ACSW), or Clinical Social Worker (LCSW). These mental health professionals are trained to evaluate a patient's mental health and implement therapy techniques, in addition to handling case management and patient/client advocacy.
- *Pastoral Counselors* are usually clergy members with a clinical pastoral education and are trained to diagnose patients along with providing individual and group counseling. These professionals may have equivalent degrees to a doctorate in counseling and are members of the American Association of Pastoral Counselors (AAPC).

For Prescribing and Monitoring Medication

- *Psychiatrists* usually hold a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) degree which includes the completion of a psychiatry residence training, are licensed in their state of practice, and may be certified by the Board of Neurology and Psychiatry. These mental health professionals are medical doctors who can prescribe and monitor medications to patients, in addition to diagnosing them and providing therapy. They can also have additional specialty training in specific fields (e.g. child and adolescent mental health, substance use disorders, etc.)
- *Mental Health Nurse Practitioners* usually hold a Master of Science (M.S.) or Ph.D. in nursing, specializing in psychiatry. They are licensed in their state of practice, and may have other licenses and credentials such as Board Certification in Psychiatry Nursing from the American Academy of Nurses Credentialing Center (PMHNP-BC), Clinical Nurse Specialist (CNS), or Certified Nurse Practitioner (CNP). These mental health professionals are trained to evaluate, diagnose, and treat mental illnesses and substance use disorders, and in some states, are able to prescribe and monitor medications.

- Primary Care Physicians, as well as pediatricians, are often the first medical professional patients may consult for their mental health needs. While these professionals do hold either an M.D. or D.O., and can also prescribe medication, it may be helpful to consult them as a starting point before actually moving on to someone who can specialize in your mental healthcare needs.
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Types of Treatment

Treatment for your mental health needs will of course vary, but it can be helpful to understand what options exist and what you can generally expect out of your treatment options, keeping in mind that sometimes integrated treatment options may also work. Your mental health professional(s) can help determine what treatment option(s) may be best for you. The following are some examples of types of treatment and care that you might expect when you seek mental health services:

- Psychotherapy (“Talk Therapy”): Talk therapy usually involves speaking confidentially with a trained therapist in a safe environment, engaging in and exploring your feelings, behavior, and thoughts, and learning coping skills. Therapists usually lead the conversation, discussing topics from both past and current experiences, relationships, thoughts, and other aspects of life. There are several forms of psychotherapy, such as cognitive behavioral therapy (CBT), exposure therapy, dialectical behavior therapy, group therapy, and many others.
- Hospitalization: In some cases, some individuals may need to be closely monitored in order for healthcare professionals to accurately diagnose a patient and determine the next steps in treatment. Sometimes hospitalization can result in the adjustment of medications, especially if a mental illness worsens, but can allow doctors to evaluate some immediate steps to help with a patient’s mental health.
- Medication: After a diagnosis from a mental health professional, some patients may be prescribed medication that is necessary for their mental health needs, just as you would take the medication necessary for diabetes or heart conditions. The medications and doses will of course vary based on the diagnosis, but common types of medications include antidepressants, antipsychotic medications, mood stabilizers, sedatives, and stimulants. As with any other medications you are prescribed, it is important to work with your doctor or healthcare professional to make sure the prescriptions you are taking work the best they can for you, without hesitating to let your doctor know if certain side effects become a concern. Whether short-term or long-term medication is prescribed, be sure to consult with your doctor on what treatment style best suits your needs.
- Alternative Treatment Options:
 - Peer support services: Peer support groups can be a helpful resource and treatment alternative for those looking to address their mental health needs in a community of people who can relate to similar experiences. While a mental health professional you may be working with can show where to find resources such as this in your area, many nonprofits and mental health organizations can similarly refer you to local support services and groups. The camaraderie and closeness of groups such as this can help fuel recovery, and these services are usually led by a peer support specialist having common life experiences with the groups they are leading. This is also a lower-cost option, as diverse peer support services are available across the nation and may be reimbursable through Medicaid in some states.
 - ‘Teletherapy’: Also called ‘Telepsychiatry,’ teletherapy can be a helpful option for those who may not be near enough to a mental health professional or are in need of a convenient, accessible care. Often involving video-conference platforms or other forms of telecommunication, teletherapy with a mental health professional is worth mentioning to your provider if you are interested in it as an option, since most states have parity laws

that include some kind of reimbursement for telehealth for both Medicaid and private insurance providers.

Mental Health and Insurance

Having health insurance coverage can help provide some sense of security for consumers who may be worried about seeking the adequate services for their healthcare needs. Mental health services in particular have historically been an area lacking in adequate and fair health coverage, hence the implementation of the [Mental Health Parity Law](#) (MHPAEA), so it is crucial to learn about what you have as options for care. Click to expand each section to better understand how to navigate getting the mental health care you need depending on your insurance situation.

If you have insurance through a State Marketplace:

The Affordable Care Act (ACA), which remains law in the United States as of 2021, requires that state and federal health insurance plans have coverage at minimum of ten Essential Health Benefits, one of which is mental health and substance use disorder services, and includes behavioral treatment (such as counseling and psychotherapy). Some state health insurance Marketplaces have additional medical management programs. With the ACA requirement of covering pre-existing conditions, plans through a state health insurance Marketplace cannot deny you coverage of your pre-existing mental health and/or substance use disorder conditions. These plans also cannot have lifetime or annual dollar limits on coverage for Essential Health Benefits. Since these Marketplace plans are subject to the Mental Health Parity Law, the limits placed on finances, treatment, and care management for mental health and substance use disorder services cannot be more restrictive than those applied to medical/surgical services. Depending on your income, you may be eligible for certain financial assistance to pay for your health coverage. When you apply for coverage through a Marketplace, your eligibility will be determined for Medicaid, cost sharing reductions, or a premium tax credit.

- *Cost Sharing Reductions:* If your income qualifies for this reduction, you may be able to pay less out-of-pocket when you receive medical services. However, you can only receive these savings if you enroll in a plan in the Silver category. You will likely have more savings if your income is lower and within the range to qualify. You can read more information on how cost sharing reductions could affect your out-of-pocket costs [here](#).
- *Premium Tax Credit:* This tax credit may lower your monthly premium, or the amount you pay to your insurance plan each month, and depends on the estimated household income that you report for the year you apply for Marketplace health coverage. Some or all of this credit can be applied to your monthly insurance premium payment, and the Marketplace can send this to your insurance company as “an advance payment of the premium tax credit.” Increasing your household income or losing a member of your household will likely qualify you for a lower premium tax credit, and a decrease in your household income or gaining a household member may qualify you for bigger premium tax credit. Premium tax credits can be used in any plan in any metal category, unlike the savings from cost sharing reductions.
- *Medicaid:* See below under '[If you are Uninsured](#)'

If you have health coverage through an employer-insured health plan:

Individuals who have coverage through an employer should check the Summary of Benefits and Coverage (SBC), a description of your company’s health benefits package. This should include information on what kinds of services are covered, including mental health and behavioral services. Employers often pay some or all of the monthly premiums, but it is important to understand what expenses you will be responsible for across all your healthcare needs. As a reminder, the [Mental Health Parity Law](#) **does not require** that all employer-sponsored health plans must include mental health coverage; rather, the law ensures that **if your plan does** include mental health services, that its costs not

be more stringent than other medical costs. For employers that offer several options for healthcare plans, it is important to review each one and understand the mental health services offered, if they are included. If you were already seeing a healthcare provider for mental health services prior to your employer-sponsored coverage, it is equally important to check if those providers, as well as the medications you may be taking, are then included in the network of providers and covered treatments under the available health plans. Often, the types of mental health services that are typically covered by employer-based health plans are emergency care, outpatient mental health treatment, inpatient hospitalization, partial hospitalization, and prescription drugs.

Another section to look out for in your health plan is the criteria for “medically necessary treatment,” which will vary between plans, and the criteria for what your insurer deems as medically necessary will also vary. You can always request these documents for the kind of treatment you are interested in, mental health-related or otherwise. This is especially important since you may be able to apply for an exception or appeal a typically non-covered service or treatment, if you find that it meets your insurers “medically necessary” criteria. Reviewing this criteria will help you determine what kind of treatment options you have and the costs related to them, and help avoid unforeseen medical bills. Nonprofit Transamerica Institute and its Transamerica Center for Health Studies penned a helpful article on managing medical debt, which can be found [here](#).

It is also a good idea to look into any workplace wellness programs or services your employer may offer, in addition to your employer-based health coverage. To get the most out of your employee resources and better understand your benefits, you can also contact your benefits office or human resources department at your employer. If you still have questions about whether your plan covers mental health services (or if you have been denied coverage, reached a limit on your plan, or an overly large copay or deductible), you can visit the [Mental Health and Addiction Insurance Help Portal](#) from the HHS website.

For Service Members and Veterans

Veterans eligible for healthcare from the Department of Veteran Affairs (VA) have access to several forms of mental healthcare services. The Department of Veterans Affairs Medical Facilities are operated by the federal government and serve only veterans and, in some cases, eligible beneficiaries such as spouses and/or children. At times these beneficiaries may be eligible for CHAMPVA, a type of federally provided insurance issued through the VA. Similar to CHAMPVA, yet issued by the Department of Defense to eligible active service members, their beneficiaries and some retirees, is another form of government sponsored insurance, TRICARE. While the three primary mental health concerns for veterans and service members are post-traumatic stress disorder, depression, and traumatic brain injuries, a study from 2014 reported that nearly one in four service members returning from deployment in combat zones had shown signs of a mental health condition. However, the Substance Abuse and Mental Health Services Administration reports that only 50 percent of returning service members seek treatment for mental health conditions. This is concerning as suicide rates among veterans and service members who do not use VA services have increased by 38.6 percent since 2001, according to a report conducted in 2016 by the VA. For women veterans specifically, suicide rates have increased by 85 percent since 2001, and women veterans are 250 percent more likely than women civilians to commit suicide. With this in mind, inadequate access to and treatment for mental health of veterans can be debilitating for veterans in our community. Seeking the help of a primary care doctor or the resources provided by the VA can often be a good start for veterans and service members to find the right mental health services they need. Transamerica Institute has a general guide to Veteran healthcare options, as well as how to access TRICARE, which can be viewed [here](#).

The VA also offers Service-Connected Disability Compensation, which provides a tax-free benefit paid monthly to Veterans who are “at least 10 percent disabled because of injuries or diseases that were incurred in or aggravated during active duty, active duty for training, or inactive duty training.” Physical as well as mental health conditions are included, and you will need both medical evidence of a current disability as well as evidence of relationship between your disability and an event, injury, or disease in

military services. To read more about how to apply, whether you are eligible, and how the benefit compensation works you can visit the VA benefits website [here](#). The VA website additionally has several other resources directing veterans to specific mental health needs, as well as other training programs to help veterans and service members transitioning back into civilian life.

- Veteran Training - <https://www.veterantraining.va.gov/>
- Moving Forward - <https://www.veterantraining.va.gov/movingforward/index.asp>
- General Veteran Self-Help Resources - https://www.mentalhealth.va.gov/self_help.asp
- Make the Connection - <https://maketheconnection.net/>
- Veteran Mental Health Services Guide - https://www.mentalhealth.va.gov/docs/MHG_English.pdf
- Veterans can learn about wait times and satisfaction scores assigned by their fellow veterans for VA health care facilities across the country here: <https://www.accesstocare.va.gov/>

Though not originally under the requirements of the MHPAEA, as of October 2016, TRICARE expanded its services to include access to mental health and substance use disorder treatment to ensure that co-pays were not more expensive than other medical/surgical treatment. The new rule also removes annual limits for inpatient and residential mental health treatment stays, and adds opioid addiction outpatient treatment. There are several types of TRICARE plans, and the full list of covered mental health services can be found on the TRICARE [website](#). VA facilities are also under the TRICARE network of providers, providing both inpatient and outpatient mental health and behavioral health services.

If You Have Medicare

Medicare is the national health program for people age 65 and over, though it does also cover some non-elderly people, such as those who receive Social Security Disability Insurance (SSDI) payments, those diagnosed with end-stage renal disease, or those diagnosed with amyotrophic lateral sclerosis, ALS or commonly known as Lou Gehrig's Disease. This government-funded program is critical for many older adults, especially since the [National Council on Aging](#) reports that one in four older adults ages 65 and older experiences a mental health problem, such as dementia, and depression and anxiety disorders, and this number is predicted to double to 15 million by 2030. Combating the stigma against both aging and mental illness by spreading awareness of the resources available for access is a necessary route toward caring for older adults who may be at risk of inadequate mental healthcare. Being healthy at any age involves the understanding that both your mental and physical health correlate, and older adults who have higher rates of physical diseases may have higher rates of mental health diagnoses.

Medicare has several components and as of 2014, the Mental Health Parity Law was extended to only Medicare Part B (Medical Insurance) outpatient expenses for mental health care.

Medicare Part B - Mental Health Professionals and Covered Care

Medicare Part B covers mental health counseling or therapy visits only if they are from a provider who agrees to accept payments from Medicare directly. Mental health services and visits from the following types of mental health professionals are covered under Part B (should they accept Medicare payment):

- Clinical Psychologist
- Psychiatrist or other Doctor
- Clinical Nurse Specialist
- Nurse Practitioner
- Physician Assistant

Other services in settings outside of a hospital, such as a doctor or healthcare provider's office, a community mental health center, or a hospital outpatient department, are also covered, as well as treatment for substance use disorder.

The covered outpatient services that Part B can help pay for include:

- Individual and group psychotherapy with doctors/licensed professionals that are allowed by the state you are receiving services
- Family counseling (if the main purpose is assisting with your treatment)
- A yearly depression screening, which must be done at a primary care doctor's office or primary care clinic that can provide follow-up treatment/referrals
- A yearly "wellness" visit, where you can discuss changes in your mental health with your doctor or other healthcare provider and evaluate changes from year to year
- Psychiatric evaluations and diagnostic tests
- Testing to determine if you are receiving the services you need and whether the current treatment is helping you
- Medication management
- Certain prescription drugs, such as some injections, that are not usually "self-administered"
- Partial hospitalization

There is no charge for your yearly depression screening if the doctor or healthcare provider you see accepts Medicare payments directly. You will be responsible for 20 percent of the Medicare-approved amount for doctor or healthcare provider visits, the Part B deductible (which can vary each year), and possible additional co-payments or coinsurance amounts to a hospital department for certain outpatient services. Be sure to ask your doctor or healthcare provider any questions you may have to clarify how much the tests, services, and other treatments you need will cost.

Prescriptions Through Medicare

If you have Medicare Part D Prescription Drug Plan coverage, the costs and the drugs covered will vary since these are run by insurance companies and other Medicare-approved private companies. You can look up your plan's formulary, which is a list of the drugs your plan covers. Almost all drugs classified as antidepressants, antipsychotics, and anticonvulsants are required to be covered by these plans, though some exceptions do exist. If your plan makes any changes to its formulary during the year, it must either:

- Provide at least a 60-day notice prior to the date the change is effective
- Or provide a written notice of the change and 60-day supply of the drug under the same plan rules as before the change, when you ask for a refill

If you are unsure if your drug plan will cover a certain drug, you have a right ask your Medicare drug plan for coverage determination, upon which they are required to give you a decision in 24 hours for expedited requests, or 72 hours for standard requests. If you disagree with the coverage determination, you can attempt to appeal for coverage. To find more information appeals, visit [Medicare.gov/appeals](https://www.medicare.gov/appeals).

Covering Mental Health Prescriptions

Mental health prescriptions can often be costly for some, but there are some resources available to assist with these payments. The following are some options to consider:

- Should you meet the income and resource limits, you may be eligible for help paying for your Medicare prescription drug costs. You can apply for Extra Help online at the Social Security website at <https://www.ssa.gov/benefits/medicare/prescriptionhelp/>. All are encouraged to apply even if you are not sure if you qualify.
- [Medicare Savings Programs](#) through which you can receive help from your state to pay for Medicare costs (such as deductibles, coinsurance, and premiums) are also an option if you have limited income and resources. You can visit your state's Medical Assistance (Medicaid) Office and ask about the Medicare Savings Programs in your state. You can find the phone number for

your state's office by visiting [Medicare.gov/contacts](https://www.medicare.gov/contacts), and choosing 'State Medical Assistance Office' in the drop down menu.

- State Pharmacy Assistance Programs (SPAPs) are available in many states and can help some people pay for prescription drugs. Use the [State Pharmaceutical Assistance Program locator](#) from the Medicare.gov website to see if your state has SPAP and for information on how to apply.

The Centers for Medicare and Medicaid Services (CMS) have a helpful guide, [Medicare and Your Mental Health Benefits](#), which gives consumers further detailed information on understanding their healthcare options.

To find the right Medicare plan that works with your mental health needs, and to help better understand the options available to you, visit the [Medicare QuickCheck® website](#), sponsored by Mental Health America and the National Council on Aging.

If You Are Uninsured:

A national report from the mental health organization [Mental Health America](#)(MHA) in 2017 reported that about 17 percent of adults with a mental illness are uninsured, which translates to over 7.5 million people. Paying for mental health services without insurance can be costly, but there are some options available to you and your loved ones until you are able to get stable health coverage.

Medicaid:

Medicaid is a joint state and government run program for disabled persons, low income adults, and pregnant women. Research has shown that lower income communities can have higher rates of mental health issues, so Medicaid programs can be an option for individuals if they need coverage for their treatment. [Medicaid](#) has been the largest payer of mental health related services in the United States, and since the passage of the ACA, 1.2 million individuals with substance use disorders have been able to access coverage in the 31 states that expanded Medicaid. The Centers for Medicare & Medicaid Services (CMS) released new rules in March 2016 which expanded mental health parity law to apply to Medicaid Managed Care Organizations (MCOs) and Medicaid Alternative Benefit Plans (ABPs), so Medicaid providers cannot impose unfair and more stringent financial requirements, treatment limitations and information availability requirements ("medically necessary" criteria) on mental health and substance use disorder services. In fact, some states have even stricter parity laws that ensure specific aspects of mental illness and treatment are covered. For example, California law requires that government-funded healthcare plans include coverage for treatment of serious mental illnesses, such as schizophrenia, while other states may only cover certain mental illness care. It should be noted, however, that parity does not apply to what is referred to as "traditional Medicaid," or fee-for-service Medicaid, so it is important to verify with your provider the kind of care you are receiving. Every state deploys their Medicaid guidelines differently.

Community Health Centers:

Community health centers, funded by the Health Resources and Services Administration (HRSA) from the HHS, can be a good starting point for individuals who cannot afford health insurance. These community-based and patient-directed facilities serve as a low-cost option for individuals to receive comprehensive primary health care as well as other supportive services with adjusted fees based on an individual's ability to pay. The HHS reports that there are over 1,300 community health centers around the nation, and over 26 million Americans depended on an HRSA-funded centers in **2016** to access affordable primary healthcare. In particular, 10 percent of patient visits to these clinics were for mental health and substance use disorder services, according to a [Kaiser Family Foundation report](#). This same report also found that mental health services offered grew from 73 percent to 87 percent between 2010 and 2016, indicating that consumers have a higher chance of finding a local health center that offers the critical mental health services they may be seeking. While not all community health centers include behavioral health and substance use services, many do include such care (termed "additional health services"), so be sure to check if your local clinic has the kind of treatment you are looking for.

You can use the [HRSA Center Locator](#) to find a health center near you.

Children’s Health Insurance Program (CHIP):

The Children’s Health Insurance Program (CHIP) is a joint state and government funded program that provides health coverage through Medicaid and other CHIP programs to children up to age 18 and families that may earn too much money to qualify for Medicaid, but not enough to cover private insurance costs. The [Centers for Disease Control and Prevention](#) estimate that up to one in five children experience a mental disorder in a given year. An estimated 9.4 million children were covered by CHIP in 2017, and since the expansion of the mental health parity law’s application to CHIP (including fee-for-service and managed care) in March 2016, more children have been able to access the behavioral health services they need. CHIP guidelines, much like Medicaid guidelines, are deployed by each state a little differently, so eligibility for coverage may vary. Application for coverage is year-round, and can begin immediately if you qualify. You can apply for CHIP two ways:

- Over the phone at 1-800-318-3596
- Or applying through the Health Insurance Marketplace, which notifies you if your household qualifies for either Medicaid or CHIP. If you do qualify, information about your state agency can be sent to you, along with information about whether you qualify for any other insurance savings options.

[CHIP](#) generally covers the same things as Medicaid, but specific benefits can be different from state to state. Basic coverage includes:

- Immunization
- Prescriptions
- Dental and vision care
- Inpatient and outpatient hospital care
- Laboratory and X-ray services
- Emergency services
- Routine check-ups

Since each state runs their Medicaid and CHIP programs differently, it is important to verify what your state’s program offers as they may have additional services that could benefit your child’s needs.

The [Mental Health and Addiction Insurance](#) page on the Department of Health and Human Services (HHS) website can be a helpful way to start looking at what your state offers. Select the ‘Medicaid or Children’s Health Insurance program (CHIP) option and the state you reside to get more information on how to access health insurance for your child. Your child’s primary care doctor can also be a helpful starting point to begin a discussion on your child’s mental health, and point you in the right direction of treatment options.

Other Community Behavioral Health Facility Options, Low-Cost, and Free Services:

Often times there are already facilities and centers that specifically cater to community members’ mental health and/or substance use disorder needs, providing services at a lower cost or working with patients’ individual financial abilities. These can range from grassroots and nonprofit advocacy organizations to private organizations. The following are some examples to look out for in your community:

- [Mental Health America Affiliate Locations](#) are nonprofit organizations that can be found in 41 states and helps patients navigate the often difficult mental health system, providing education, support services, rehabilitation services, and many other helpful resources. They also have advocacy services to parents with children diagnosed with a serious mental illness, mentorship and peer support for recovering adults, and other professional education for professionals working in the mental health field.

- Substance Abuse and Mental Health Services Administration also features local behavioral health treatment facilities [locator](#) where you can specify the kind of services you are looking for (e.g. substance use, mental health, general health centers, etc.) as well as your insurance type (e.g. Medicaid, Medicare, etc.) and payment ability (e.g. sliding scale fee, cash, etc.).
- [Certified-Community Behavioral Health Centers](#) (CCBHs) receive Medicaid reimbursement for their mental health and substance use disorder services based on their costs of providing for vulnerable individuals. There are nine types of services that CCBHs must provide, featuring 24-hour crisis care, care coordination, evidence-based practices, and integrated physical care. These facilities are currently only available in 8 states (Minnesota, Missouri, New Jersey, New York, Oklahoma, Oregon, and Pennsylvania), but with the potential to expand to others. Contact information for these centers can be found [here](#).
- The [National Association of Free & Charitable Clinics](#) can help you locate a clinic near you that can provide low-cost care. Keep in mind that not all of these clinics are the same or have the same services available, so it is important to verify with the clinic whether their services match your mental health needs.
- With over 1,000 [National Alliance on Mental Illness \(NAMI\) Affiliate Locations](#) and state organizations, NAMI can be a helpful resource for many to receive free support and educational programs.
- For those in organized religious groups, spiritual community leaders can be another option for low cost, often free, support groups, retreats, and counseling.
- Common across the country are university training clinics, meant for students of health and medicine to practice working with the public. Clinical or counseling psychology students, supervised by a licensed psychologist, can conduct low-cost sessions for patients, and these clinics often charge on a sliding scale fee. You can find a list of training clinics from the [Association of Psychology Training Clinics](#).

Mental Health Parity Law

In 2008, the **Mental Health Parity and Addiction Equity Act (MHPAEA)** law was passed, with the aim to better regulate health insurance coverage of mental health and substance use disorder needs, and with the hope of improving the chances of those with mental health and substance use disorders to receive the care they need without the detriments of higher costs and stigma. The law requires insurance providers to treat coverage for services for mental health and substance use needs in the same way they treat physical medical needs. In other words, insurance providers may not be more restrictive or apply more stringent coverage rules for mental health or substance use services. For example, this means that if most co-pays for medical or surgical office visits are not usually more than \$30, then co-pays for office visits to mental health professionals should be around the same amount. This law also applies to non-financial treatment limits, meaning there cannot be annual limits to the number of mental health visits allowed in a year. What is important to remember, however, is that insurers can impose limits that regulate what is a “medical necessity” in terms of treatment coverage. Medicare.gov defines “medically necessary” as “healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.” For example, you may be interested in your plan’s criteria for medically necessary treatment for inpatient substance use disorder in an approved facility; the criteria for this will vary based on your plan, so it is important to understand what your insurance will cover.

While the MHPAEA law aims to help those with mental health and substance use disorders get the fair treatment they need, it is necessary to emphasize that this law **does not** require that **all** insurance plans cover mental health and substance use disorder services – it instead requires that any insurance plans that **do** include mental health and substance use disorder services ensure that there may not be more restrictive rules or costs for them in comparison to physical medical needs.

States must adopt this minimum level of parity mandated by the federal government, but are allowed to implement stronger parity laws. You may need to research if your state has adopted stricter parity laws higher than that of the federal government, as it can impact what your insurance is required to cover. For example, California parity law includes that services for a serious mental illness, while the federal law does not. If you are an individual with a serious mental illness that is receiving coverage through the state marketplace, for example, your marketplace insurance plan should not have stricter rules and costs than that of your other physical medical needs.

What the MHPAEA currently applies to

The MHPAEA is generally applied to group health plans and group insurance coverage, but the Affordable Care Act (ACA) amended the law in 2013 to include individual health insurance coverage and non-grandfathered individual and small group health plans. This also includes plans through the state and federal health insurance Marketplace, so mental health and substance use disorder services are considered one of the [ten essential health benefit](#) categories that must meet parity requirements. Below is a general list of plans the parity law applies to:

- Any insurance plan offered through the Marketplace or State Exchanges
- Large employer-funded plans (with more than 51 insured employees)
- Small employer-funded plans (with 50 or fewer employees, unless “grandfathered”)
- Individual market plans
- Federal Employees Health Benefits Program
- Most Medicaid Managed Care Plans (MCOs)
- Children’s Health Insurance Program (CHIP)
- Medicaid Alternative Benefit Plans and benchmark equivalent plans

*Note: A grandfathered health plan is one that was purchased before March 23, 2010, sold by insurance companies, agents, or brokers – not through the health insurance Marketplace. The ACA may not provide the protections and rights allotted to other plans after this date. Some plans may lose this status if significant changes are made which decrease benefits or increase consumer costs. It must be disclosed if a health plan considers itself a grandfathered plan, and new members may be added to a grandfathered plan even after the date the primary subscriber joined.

What the MHPAEA currently does not apply to

There are some plan types the MHPAEA does not apply to, which include:

- Grandfathered plans (individual or group, including small employer health plans)
- Self-insured non-federal government employee plans
- Church-sponsored plans
- Retiree-only plans
- Medicare (except for outpatient mental health services available through Part B)
- Traditional Medicaid (fee-for-service, non-managed care)
- Some employers may also be able to request exemptions from the parity law after they provide evidence of the requirements having increased the healthcare costs by 2 percent in the first year the parity law applies to the plan, or by at least 1 percent in the following years.

Understanding and enforcing compliance with the MHPAEA is essential to ensure that those with mental health and substance use disorders are treated fairly. The Department of Labor has a helpful self-compliance tool geared toward those organizing and implementing group health plans, plan sponsors, plan administrators, and others identify if their health plan or health insurance issuer is complying with the MHPAEA, which can be found [here](#).

Immediate Emergency Mental Health Help

In a mental health emergency, immediate help can be an essential, and even life-saving, part of recovery and treatment. If a mental health professional is not immediately available, seeking help through friends, family, and other community members can begin the process of getting the right mental health services you need.

If you or someone you know is in an emergency mental health situation and the situation is potentially life-threatening, you can:

- Call **911**
- Call the free, confidential [National Suicide Prevention Line](#) at **1-800-273-TALK (8255)**, or [Live Chat Online](#) to speak with a national network of people in local crisis centers 24 hours a day, 7 days a week.
- Text to **838255**
- If you are a service member or veteran you can contact the confidential counselors through the Veteran Crisis Line at **1-800-273-8255 and Press 1** or chat confidentially online at the [Military Crisis Line Chat](#)
- Call the Substance Abuse and Mental Health Services Administration Treatment Referral helpline at **1-877-SAMHSA (1-877-726-4727)** for general mental health services and to find local treatment.
- Emergency rooms are equipped to handle both physical and mental emergencies. Going into an ER with your mental health emergency can be another option for immediate help if you or someone you know is at risk of life-threatening harm.

If someone reaches out to you in an emergency mental health crisis, there are tips and techniques that can help you provide support to your loved one:

- [For Friends and Family Members](#) – MentalHealth.Gov
- [Identifying a child mental health crisis](#) – Association for Children’s Mental Health
- [For Family and Friends](#) – Mental Health America

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