

# Access Barriers & Serious Mental Illness

Improving Timely, Consistent Access to Mental Health Treatment



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**More than 15 million Americans suffer from serious mental illness, or SMI.<sup>1</sup>** For each of them, access to effective, personalized care can be the difference between stability and crisis, independence and hospitalization — or even life and death. Yet far too many patients face real barriers that keep them from the clinicians, medications and therapies they need to thrive.

With the United States facing a full-scale mental health crisis, closing the SMI access gap must become a national priority — in every part of the health care system and at every level of government.<sup>2</sup> Getting patients the treatments they need, when they need them, and allowing them to stay on them, is essential to improving health outcomes and encouraging medication adherence. The impact stretches beyond individual benefit, but also societal benefit. Improved care for people with SMI can lead to reduced health care costs, depopulation of jails and prisons, decreased homelessness and more.



## What is Serious Mental Illness?

SMI is defined as “any diagnosable mental, behavioral, or emotional disorder that substantially interferes with one’s life activities and ability to function.”<sup>3</sup>

SMI typically emerges in one’s late teenage or early adulthood years. The most common SMI conditions include bipolar disorder, major depressive disorder, post-traumatic stress disorder and schizophrenia.

While many Americans will face mental health challenges at some point, SMI is distinct in its severity and consistency. They are chronic conditions that often require a lifetime of coordinated treatment and support.

SMI can derail patients’ relationships and careers — and degrade their physical health. People with

SMI have a life expectancy up to 25 years shorter than average.<sup>4</sup> They suffer higher rates of physical illness and receive worse medical care.<sup>5,6</sup> Beyond the individual burden on patients, SMI also strains families, communities, health systems and public services.

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# The Social Costs of SMI

## Economic Cost

SMI costs the U.S. economy hundreds of billions of dollars each year — not only in direct health care spending, but also through lost wages, increased physical illness, homelessness and incarceration. A 2019 study calculated the total economic impact of schizophrenia at \$343.2 billion — nearly double what it was just six years earlier. PTSD adds another \$232 billion, two-thirds of which are borne by women.<sup>7</sup> Bipolar disorder adds more than \$200 billion.<sup>8</sup>

These staggering numbers reveal the scale of the challenge. Furthermore, the youth mental health crisis, now affecting millions of American teens, reinforces the urgent need to reshape our mental health system to support access and care as early as possible.

## Unemployment

Upward of 90% of Americans with SMI are unemployed.<sup>9</sup> It's not because they do not want to work or don't have the requisite skills.<sup>10</sup> Rather, it's that too few have access to sufficient care. Multiple studies have found that many patients living with SMI could hold down steady jobs if the necessary support was available.<sup>11,12</sup>

A lack of employment limits not only financial independence but also deepens social isolation — compounding the challenges that patients living with SMI already face.

## Incarceration

More than two-in-five inmates in U.S. state penitentiaries have been diagnosed with a mental health disorder.<sup>13</sup> A 2024 study of prison inmates found that the “rate of severe mental illness is three to four times higher in the criminal justice system than outside of it.”<sup>14</sup>

People with serious mental illness in the U.S. are 10 times more likely to be incarcerated than they are to be hospitalized.<sup>15</sup> Facilities like the Los Angeles County Jail and New York's Rikers Island, for example, house more people with mental illness than any psychiatric hospital in the country.<sup>16,17</sup> Correctional facilities are rarely equipped to provide the intensive psychological and psychiatric care patients need.<sup>18</sup> This can contribute to interruption of treatment, worsening symptoms in people with SMI. It's important to ensure the continuation of treatment plans for people living with SMI regardless of where they are.

## Homelessness

Roughly 30% of Americans suffering from chronic homelessness have SMI.<sup>19</sup> One-fifth of *all* people with schizophrenia become homeless at some point in their lives.<sup>20</sup> Without stable housing, people with SMI face heightened risks of physical illness, victimization and mental health crises.

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## Barriers to SMI Treatment

Despite the well-documented personal and social costs of untreated SMI, patients still face several roadblocks to care. These can include bureaucratic delays, outdated public policies, insurance hurdles and structural stigma — all of which isolate patients from the clinicians, medications and support systems they need.

### Utilization Management

Like many Americans suffering from physical health conditions, patients with SMI are often forced by their insurers to jump through administrative hoops that delay or interrupt their treatment. Some are forced to seek prior authorization from their insurance companies to access the prescription drugs they need. Others are required to “fail first” with medications that are not preferred by their clinician, before their insurance companies will cover the medications their clinician wants to prescribe. While some patients are subjected to “non-medical switching” (having to change medications mid-treatment) due to insurer preferences rather than medical necessity.

These administrative hurdles can be especially disruptive for patients with SMI, who may already struggle with executive function, organization or communication. For family members and caregivers, the paperwork and delays involved in appealing coverage decisions can feel like an overwhelming task.

Studies find that prior authorization requirements lead to patients with SMI struggling with medication

adherence and discontinuing their medication altogether.<sup>21,22</sup> And while utilization management tools can reduce short-term outlays, treatment disruptions often cost more in the long run. These expenses include emergency room visits, hospital stays and greater reliance on government assistance programs.

### Medicaid Coverage Restrictions

Medicaid is a lifeline for millions of Americans with SMI, especially those with limited income or other disabilities. Patients suffer when states restrict mental health coverage and treatment options on formularies.

In many cases, Medicaid beneficiaries with SMI are denied access to newer and potentially more effective medications due to restrictive formularies or outdated coverage rules. This creates a two-tiered system in which low-income people are consigned to older, less tolerable medications — even when better options exist. Coverage decisions should always be guided by clinical evidence and patient needs, not budget targets.

## Stigma

Stigma is a persistent, pervasive and multifaceted challenge to the care and wellness of patients with SMI. Tragically, the more severe the condition, the more indignities they endure.

People with SMI often face public stigma or — sometimes worse — indifference. They also can suffer self-stigma, the shame that can accompany SMI. Moreover, they may encounter structural stigma, institutional discrimination and inequities inflicted on people at the margins of society. All three isolate and discourage patients with SMI from seeking care.

Overcoming stigma requires more than public awareness. It demands social and political reforms that finally treat mental health care with the parity, dignity and urgency it deserves.

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## Patient Adherence

One of the greatest challenges in treating SMI is ensuring that patients stay on their medications. Non-adherence is especially common among those with schizophrenia and bipolar disorder — where skipping medication can quickly trigger relapses, crisis or suicidal behavior.

Roughly half of patients with schizophrenia, and more than half of those with bipolar disorder and major depression, discontinue treatment at some point.<sup>23,24,25</sup> Without better systems of care and support, many of these patients will continue to cycle in and out of crisis.

Many people living with bipolar disorder and schizophrenia often have anosognosia, a condition that makes it difficult to recognize that one has a medical condition.<sup>26</sup> This condition adds to the aversion of prescribed medications and overall treatment.





## Policy Solutions

Improving the lives of people with SMI depends on expanding access to timely, consistent and patient-centered care. Many of the current barriers are unintended consequences of outdated public policy — and lawmakers at every level of government have the power to remove them. With the social and economic costs of the mental health crisis quickly climbing, now is the time for action.

### Utilization Management Reform

Insurance companies denying or delaying access to clinician-recommended medications is never appropriate — and for SMI patients, it can be dangerous.

Utilization management policies such as rigid prior authorization or “fail first” protocols are simply incompatible with the urgent and often complex care required for schizophrenia, PTSD and bipolar disorder. In cases of diagnosed SMI, these requirements should be significantly reduced or eliminated entirely. Treatment decisions should be based on clinical judgment, not outdated rules.

Insurers should also be required to streamline appeals processes for high-dose authorizations, documentation requests and related needs. Non-medical switching should be prohibited in SMI cases.

### Ensure Timely Access to New Medicines

As new therapies for serious mental illness receive FDA approval, insurance formularies — including Medicaid’s — should be updated promptly. Delays in coverage for new treatments leave patients without access to clinically appropriate options and can undermine care.

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## Mental Health Care Parity

Despite federal and state parity laws, mental health care still lags behind physical health cases in quality, coverage and patient access. Patients with SMI have a right to the same timely access to specialists, inpatient care and ongoing treatment as those with physical conditions. Public policy should be written and enforced to ensure that right.

A report to Congress earlier this year found that many insurers still apply more stringent requirements, like prior authorization or step therapy, to mental health claims than to comparable physical health services.<sup>27</sup>

Stronger enforcement mechanisms, such as regular audits and public reporting of violations, are essential to closing the gap between the law and the lived experience of patients with mental health conditions.

## Strengthen Medicaid Coverage & Continuity

Medicaid is the single largest payer for mental health services in the U.S. Ensuring comprehensive and consistent mental health coverage for Medicaid enrollees is essential to SMI care. Medicaid should cover the full range of evidence-based treatments for SMI — including pharmaceuticals, therapeutic counseling and alternative care. Medicaid should ensure clinician reimbursement rates and other administrative policies allow clinicians to adequately care for their patients.

States should also take steps to prevent disenrollment of vulnerable patients through targeted outreach, simplified renewal processes and case management support.

Medicaid should also reimburse for collaborative care models that integrate mental and physical health — a proven approach for improving outcomes in patients with complex needs.

## Invest in Wraparound Support Services

For patients with SMI, traditional clinical care and medications are only part of effective treatment plans. They also need housing, employment and social support. More patients should have access to case managers and integrated care teams that coordinate with their clinicians, workplaces and other points of contact. Investing in well-rounded care, or “wraparound” care, can improve treatment adherence, reduce hospitalizations and help patients achieve long-term stability and independence.

## A Comprehensive, Integrated Approach

These reforms would reflect and promote a fuller, long-overdue integration of mental health into the U.S. health care system. Mental illness already comprises a large and growing share of our nation’s health challenges. It is linked to other diseases and conditions ranging from heart disease to obesity, and is a key driver of societal dysfunctions like crime, poverty and homelessness.

It is no surprise that patients with mental health conditions — and most of those diagnosed with an SMI — struggle with other health problems. Public policy and the medical community should be working together to incorporate mental health care into the treatment of all chronic diseases. Doing so can improve medication adherence, diet and fitness, and overall patient outcomes.





## Conclusion

Serious mental illness affects 15 million Americans — and the scope of the youth mental health crisis suggests that number may grow substantially in the future. SMI imposes devastating costs on individual patients, the people who care for them and the health systems that serve them.

The good news is, SMI *can* be treated. Medications, counseling and social support services have all helped improve millions of patients' lives. Policymakers at the federal, state and health plan level should all work to increase patients' access to treatments.

With the personal, social and economic stakes so high, now is the time to modernize our health system, reduce administrative barriers and ensure that people with SMI can access the life-changing care they deserve. People with SMI have the right to achieve a full quality of life.



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