



Families can't afford to wait for mental health services

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Access delayed is access denied.

These are words that ring true for thousands of families across Long Island who have been unsuccessful in accessing timely and affordable mental health and addictions care through their health insurer.

How do I know this? From the stories that people tell us at North Shore Child & Family Guidance Center, a 63-year-old children's mental health agency in Nassau County.

Health insurers are mandated by government to offer panels of providers so that families can find easily accessible, quality care for their loved ones; and not only for physical illnesses. This requirement is known as network adequacy, referring to adequate networks of care.

The problem of access for mental health care, however, is more complex and may begin with a family's hesitance to ask for help and to reveal that they are living with someone who is suffering from a mental illness. Families coping with mental illness or addiction do not as readily seek help as they might for heart disease, cancer or diabetes. Why? Because of stigma and the shame it generates. When there is a mass shooting for example, and the perpetrator is labeled mentally ill, it casts a shadow on all people with mental illness, despite the fact that mentally ill persons are disproportionately the victims of violence.

In the United States we have chronically failed to treat illnesses above the neck the same as illnesses below the neck. For example, a parent who would not hesitate to reach out for help if their child was in an accident and appeared to have broken an arm, might wait weeks and months, if not longer, to ask for help if it was a mental health or substance abuse problem.

What makes all this so insidious is that once a parent picks up the phone to ask for help, and they are told repeatedly by providers, "I'm sorry I don't accept that insurance any longer, I only accept cash," there is a chance they will give up.

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When a parent gives up, they risk their child deteriorating further. This is also true for adults with mental illness and increases the odds that they will ultimately need more costly care or confinement; hospitalization or incarceration.

What to do? Gov. Cuomo created the Department of Financial Services, charged with the responsibility to monitor private health insurers to ensure that they have adequate networks of care as a condition of their license. This means they must demonstrate the consistent ability to provide timely access to care for individuals and their families.

Just this week parents who came to the Guidance Center after taking their child to the emergency room, told us that they called no less than 20 different therapists or agencies and were turned down by all of them. Finally they called another hospital that made the referral to us. We turn no one away for inability to pay.

This is an all too familiar story that we hear frequently and that my colleagues from sister agencies tell me as well. You might wonder why this happening.

Private health insurers pay substandard rates of reimbursement for mental health and addictions care, as compared to Medicaid; sometimes 50 percent or less than the Medicaid rate. Consequently, participating providers bail out because they cannot afford to accept such low rates. The insurers fail to carefully monitor their lists and the state fails to monitor and regulate the insurers.

In the case of delayed care for a child, this represents corporate and state child abuse.

I have reached out repeatedly to the governor, attorney general and numerous state legislators to issue a call to action to demand that DFS do their job. There is sympathy, but no action.

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