

Findings from the 2023 Massachusetts Health Insurance Survey

Behavioral Health

June 2024



Behavioral Health

In recent years, Massachusetts has implemented several policies to expand access to behavioral health care including the Mental Health ABC Act: Addressing Barriers to Care and the Roadmap to Behavioral Health Reform. Not all ABC Act provisions and Roadmap reforms had been implemented in the period covered by the 2023 MHIS. Currently, all insured health plans are required to cover mental health benefits and most government and self-funded plans also cover mental health benefits. Behavioral health includes care and treatment for mental health and substance use disorders.

The MHIS offers a unique opportunity to examine elements of the Massachusetts behavioral health care system not available in administrative data such as the All-Payer Claims Database or the Acute Care Hospital Case Mix Databases, including residents' out-of-pocket costs for behavioral health and unmet need for behavioral

health care. The MHIS asks residents about any visits for behavioral health care, unmet need for behavioral health for any reason, unmet need for behavioral health due to cost, if their health insurance covered behavioral health treatment, and out-of-pocket costs for behavioral health care in their most recent appointment.

New to the 2023 MHIS is a series of questions examining out-of-pocket spending on behavioral health. Out-of-pocket behavioral health care costs include spending by residents on services not covered by insurance as well as the cost of deductibles, copays, and coinsurance required for services covered by health insurance. Residents were asked if they paid for behavioral health care entirely out-of-pocket for their most recent appointment, and those who reported paying entirely out-of-pocket were asked why they paid entirely out-of-pocket. Residents who did not pay for behavioral health

To read the full report, please visit:

<https://www.chiamass.gov/assets/docs/r/survey/mhis-2023/2023-MHIS-Report.pdf>

care entirely out-of-pocket were asked how they paid for their care.

CHIA examines two elements of behavioral health: mental health care and alcohol or substance use care or treatment, both in-person and via telehealth. Questions about mental health care were asked of residents five years of age and older; questions about alcohol and substance use care and treatment were asked of residents 11 years of age and older. The number of residents who reported receiving only substance use care or treatment was very small. Considering the small number of residents reporting only substance use treatment or care, we are only able to report on reasons for paying out-of-pocket for mental health care.

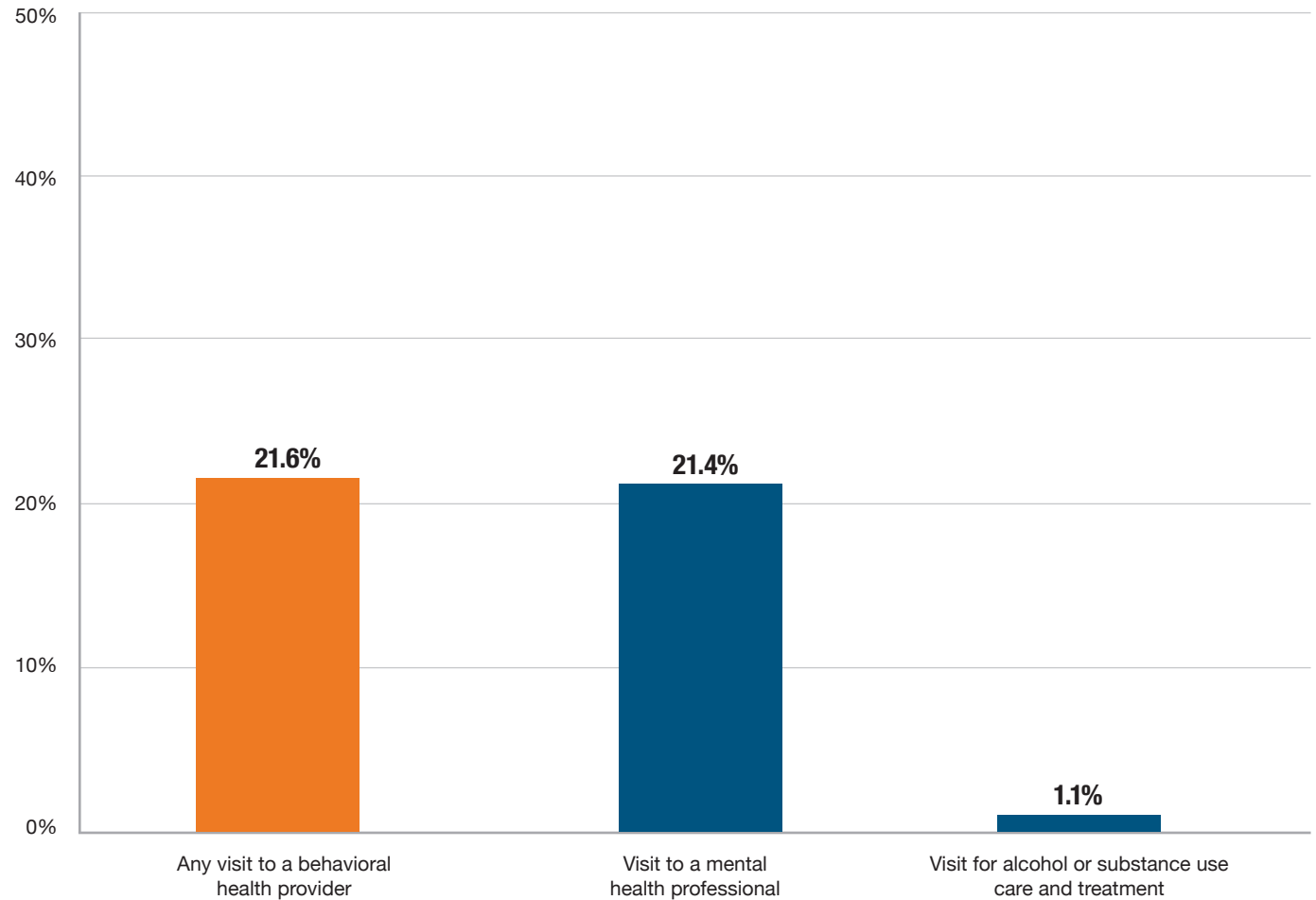
Key Findings

- One in five (21.6%) Massachusetts residents five years of age and older reported having a visit with a behavioral health provider in the past 12 months, either in person or via telehealth. Elderly adults ages 65 years and older were substantially less likely to report a behavioral health care visit in the past 12 months (11.1%) than children ages 5 to 18 years (24.8%).
- In 2023, one in 10 (9.9%) Massachusetts residents reported an unmet need for behavioral health care, and Hispanic residents were almost twice as likely to have an unmet behavioral health need due to cost than non-Hispanic White residents (8.5% vs. 4.7%).
- While a substantial majority (74.6%) of residents reported knowing that their health insurance covered mental health visits, one in five (20.8%) reported that they did not know if it covered mental health visits, and 4.6% reported that their health insurance did not cover mental health visits.
- Residents who reported being in fair or poor health or limited in activities were twice as likely to report behavioral health care visits (33.1% vs. 17.0%) and three times as likely to report having forgone behavioral health care for any reason than those in good or excellent health (19.4% vs. 6.0%).
- Among the 21.4% of residents who had a visit to a mental health professional, 15.0% reported paying for their most recent mental health care entirely out-of-pocket. The most frequently reported reasons for doing so were that the provider did not accept any health insurance (36.6%) or their preferred provider did not accept their insurance plan (26.8%). ■

Visit for Behavioral Health Care in the Past 12 Months, Overall and by Type of Visit, 2023

In 2023, one in five (21.6%) Massachusetts residents five years of age and older reported having a visit with a behavioral health provider in the past 12 months, either in person or via telehealth.

One in five residents reported a visit to a mental health professional (21.4%); only a small percent of residents reported any visits for alcohol or substance use care and treatment (1.1%). Barriers to reporting, including social stigma, criminalization of substance use, underdiagnosis or misdiagnosis of mental health and substance use disorders (SUDs), and shortages of behavioral health providers may undercount the true rates of mental health and SUD service utilization in Massachusetts.



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment, including visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

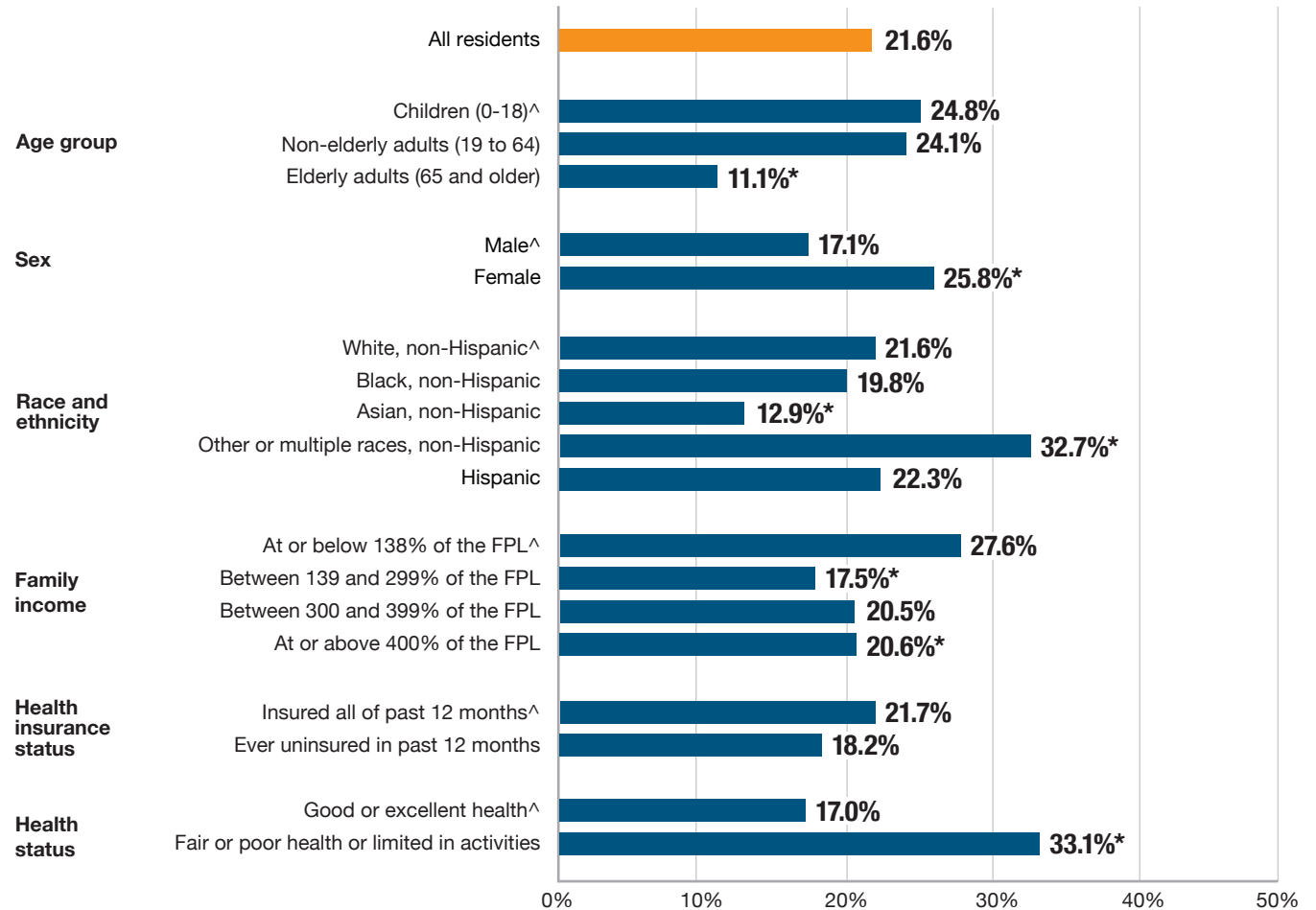
Data Source: 2023 Massachusetts Health Insurance Survey

Visit for Behavioral Health Care in the Past 12 Months by Resident Characteristics, 2023

One in five (21.6%) Massachusetts residents five years of age and older reported a behavioral health care visit in the past 12 months in 2023.

However, some groups were less likely to have a visit; elderly adults were substantially less likely to report a behavioral health care visit (11.1%) than children (24.8%), as were non-Hispanic Asians (12.9%) relative to non-Hispanic Whites (21.6%).

Residents in fair or poor health or with activity limitations were substantially more likely to report a behavioral health visit (33.1%) than those in good or excellent health with no limitations (17.0%).



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment, including visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

FPL = Federal Poverty Level.

Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

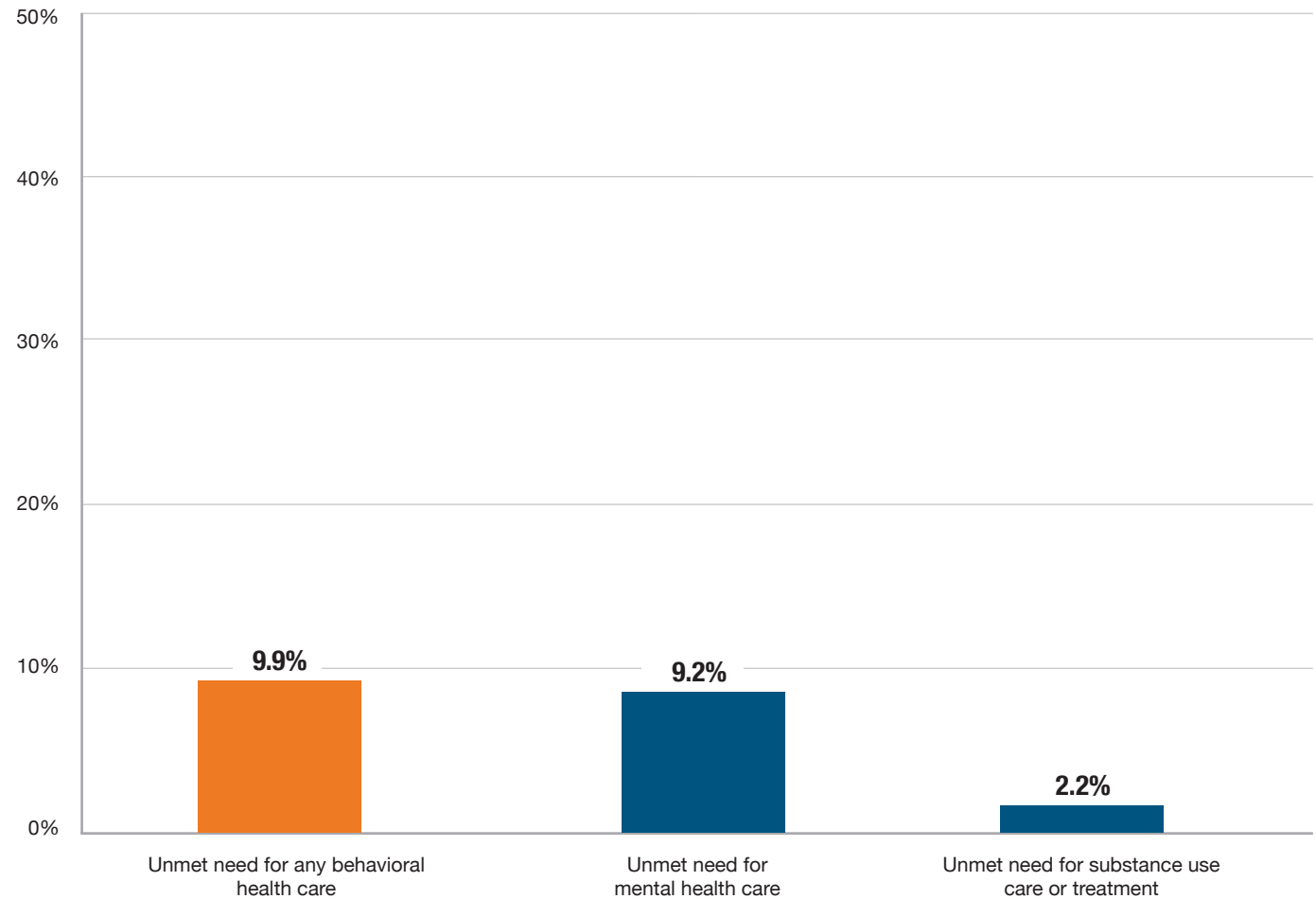
*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

In 2023, 9.9% of Massachusetts residents aged five years and older reported having forgone behavioral health care for any reason in the past 12 months.

More respondents reported that they had an unmet need for mental health care (9.2%) than an unmet need for substance use treatment (2.2%). Barriers to reporting, including social stigma, criminalization of substance use, underdiagnosis or misdiagnosis of SUDs, and shortages of behavioral health providers may undercount the true rates of mental health and SUD service utilization in Massachusetts.

Unmet Need for Behavioral Health Care for Any Reason Over the Past 12 Months Overall and by Type of Visit, 2023



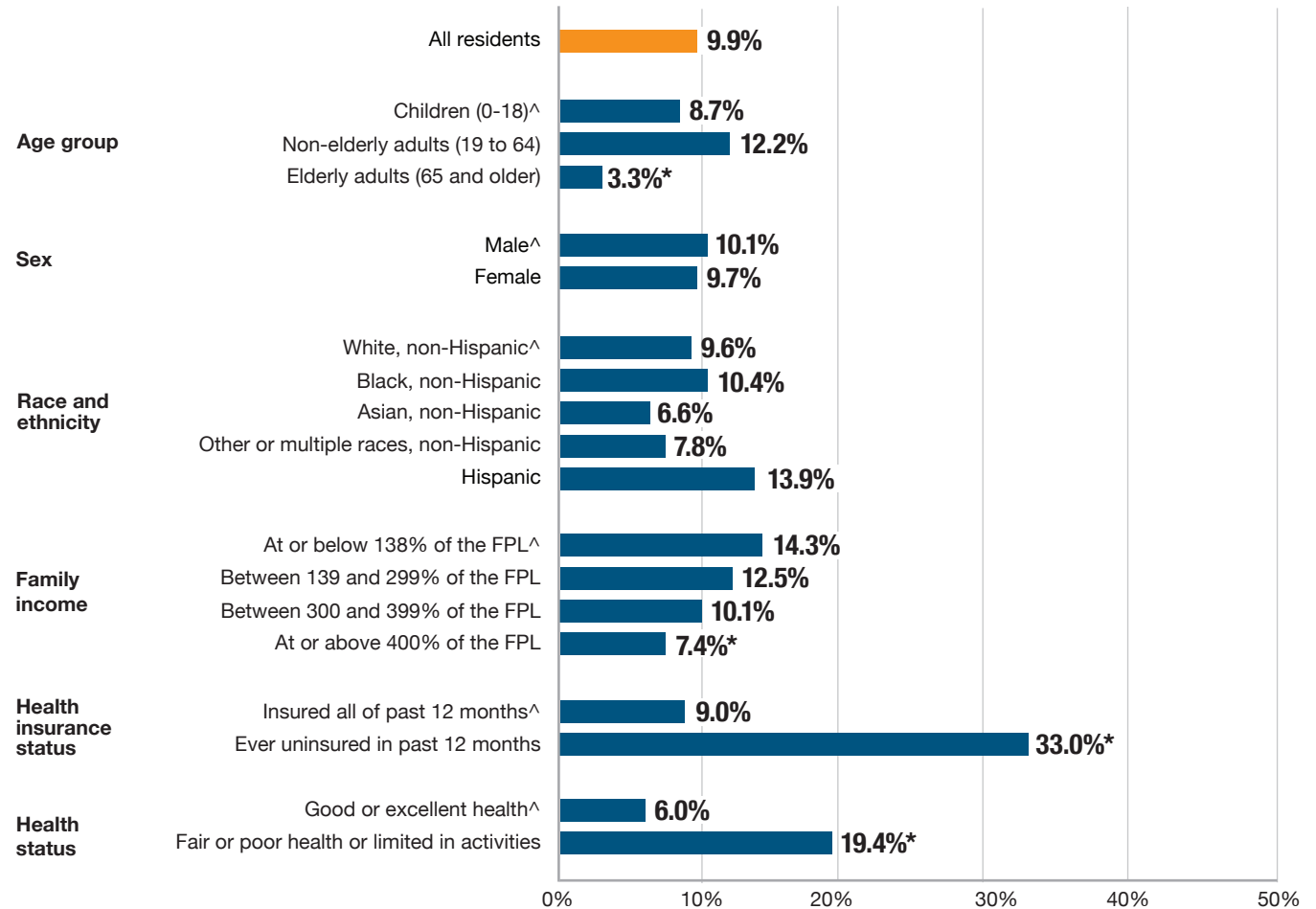
Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment. These include visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

Data Source: 2023 Massachusetts Health Insurance Survey

Unmet Need for Behavioral Health Care for Any Reason Over the Past 12 Months by Resident Characteristics, 2023

Residents who reported gaps in their health insurance coverage were more likely to report they had forgone behavioral health care that they felt was needed than residents insured continuously in the past 12 months.

While rates on an earlier page (p. 73) show that residents in fair or poor health or had limitations in activities were more likely than those in good or excellent health to report having visits for behavioral health care (33.1% vs. 17.0%), those in fair or poor health or had limitations in activities were also more likely to report that they had forgone behavioral health care (19.4% vs. 6.0%).



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment. These include visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

FPL = Federal Poverty Level.

Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

[^]Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

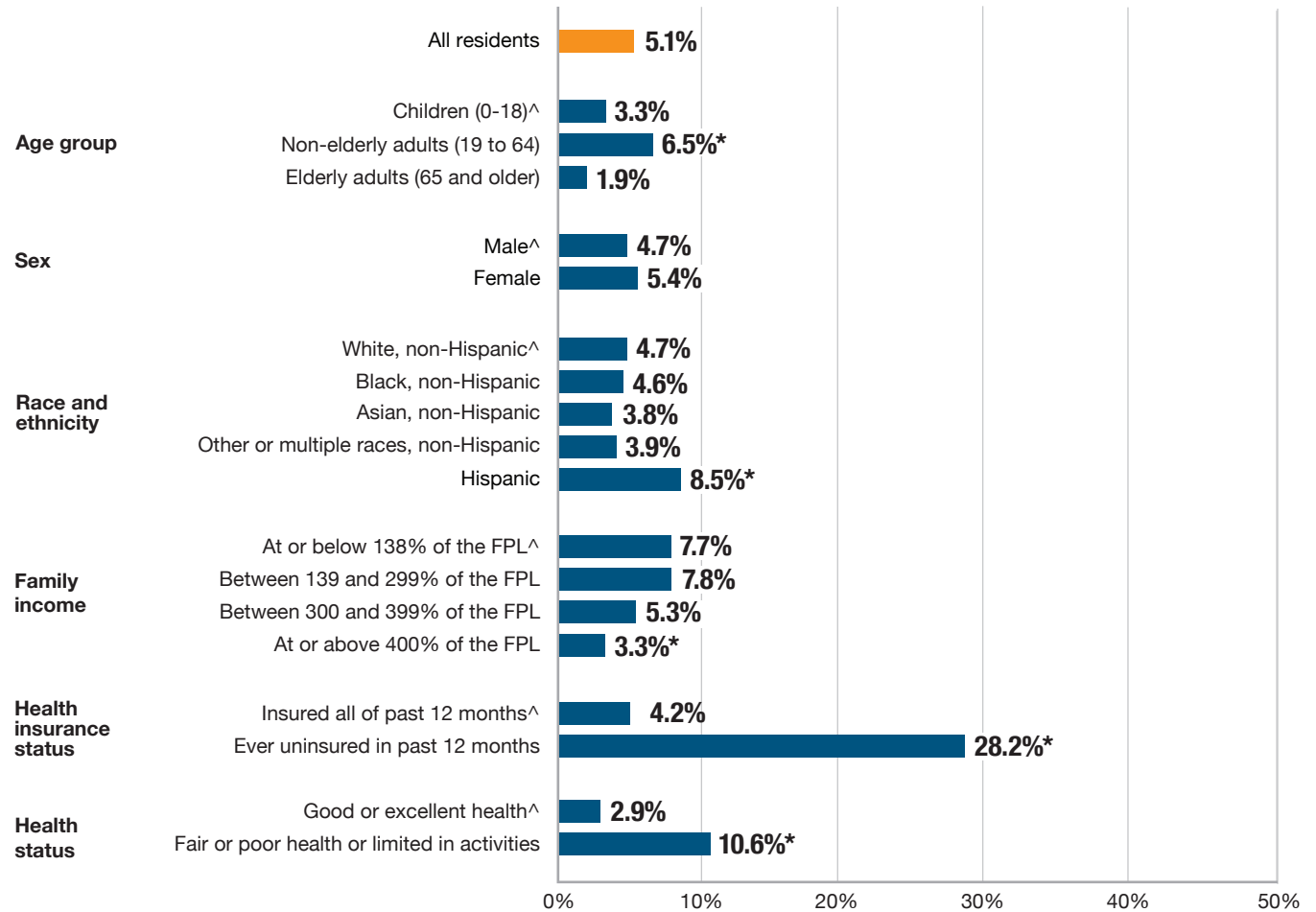
Unmet Need for Behavioral Health Care Due to Cost Over the Past 12 Months by Resident Characteristics, 2023

In 2023, 5.1% of Massachusetts residents aged five and older reported having forgone behavioral health care due to cost in the past 12 months.

Those who were uninsured at any time in the past 12 months were over six times as likely as those with continuous insurance to report having an unmet need for behavioral health due to cost (28.2% vs. 4.2%).

Residents in fair or poor health or with activity limitations were more likely to report unmet need for behavioral health care than those in good or excellent health with no limitations (10.6% vs. 2.9%).

Hispanic residents were almost twice as likely to have unmet behavioral health need due to cost than non-Hispanic White residents (8.5% vs. 4.7%).



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment, including visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

FPL = Federal Poverty Level.

Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

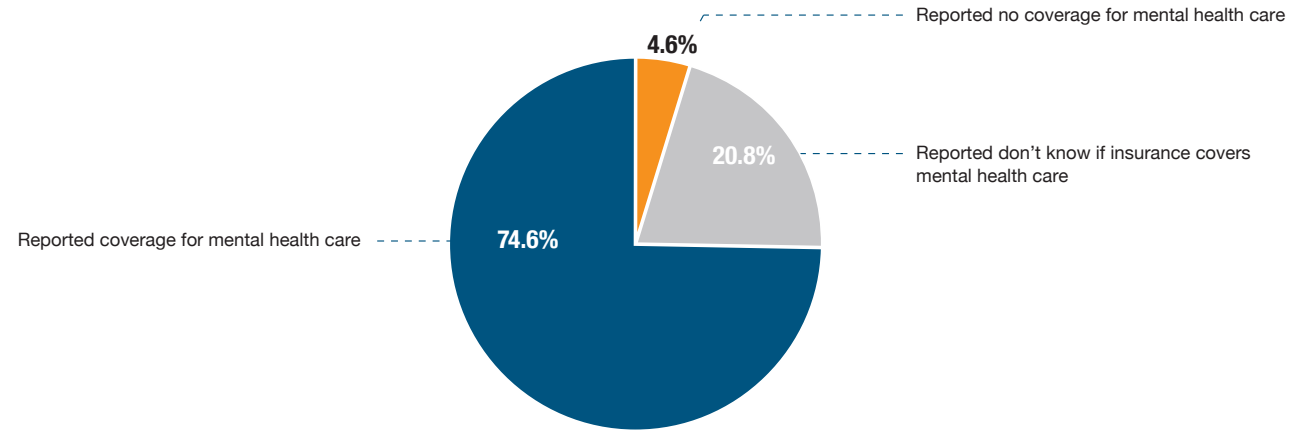
Data Source: 2023 Massachusetts Health Insurance Survey

Among Residents With Insurance, Knowledge of Health Insurance Coverage for Mental Health and Substance Use Disorders, 2023

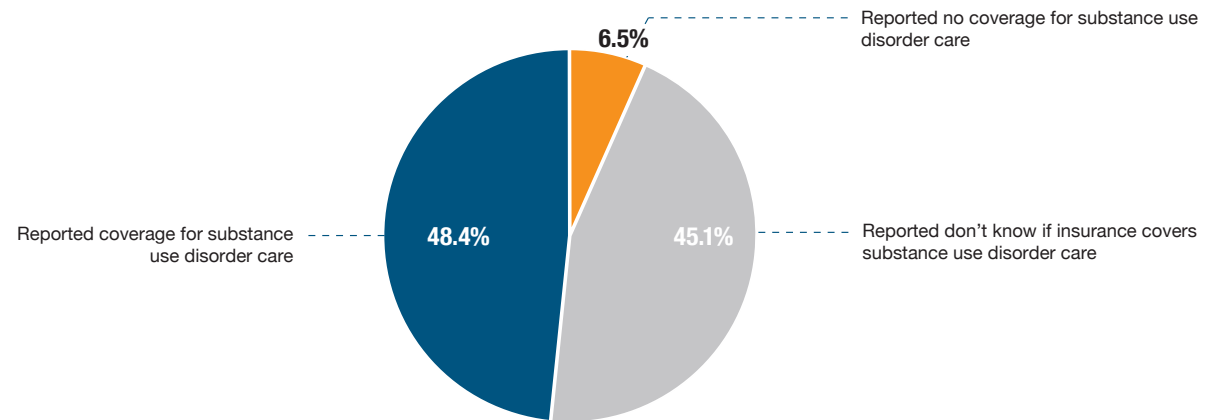
Behavioral health includes mental health care and substance use disorder care. In 2023, three-fourths (74.6%) of Massachusetts residents aged five years and older reported knowing that their health insurance covered mental health, including visits to individual or group therapy, specialty outpatient services, medication management or inpatient treatment. One in five (20.8%) reported that they did not know if it covered mental health, and 4.6% reported that their health insurance did not cover mental health visits.

Less than half of residents aged 11 years and older (48.4%) reported knowing that their insurance covered substance use disorder care, including therapy, rehab, acute residential treatment or detox programs. A large percent (45.1%) reported that they did not know if their insurance covered substance use disorder care and 6.5% reported no coverage of these services.

Knowledge of Coverage for Mental Health Care



Knowledge of Coverage for Substance Use Disorder Care



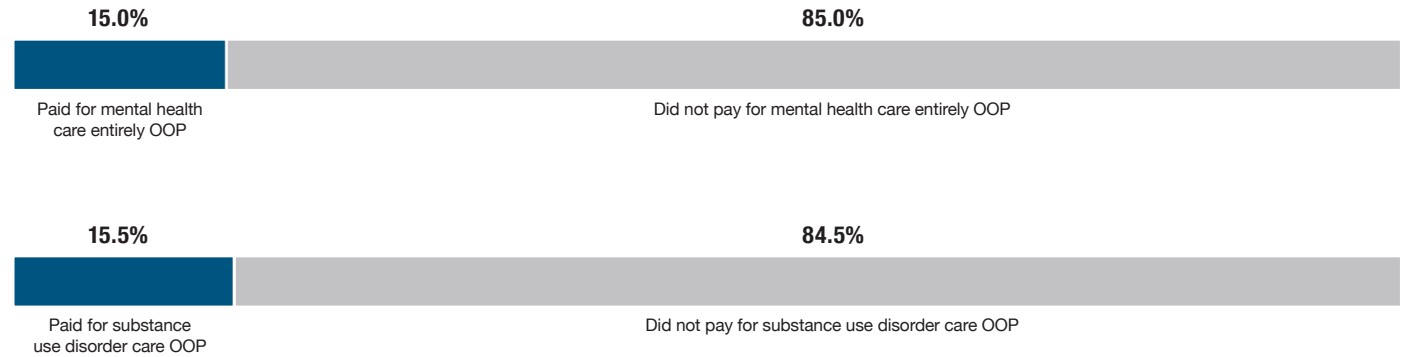
Data Source: 2023 Massachusetts Health Insurance Survey

Paid Entirely Out-of-Pocket for Most Recent Appointment With a Mental Health Professional or Appointment for an Alcohol or Substance Use Disorder, Overall, 2023

In 2023, 15.0% of residents aged five years and older who reported any mental health visits reported paying entirely out-of-pocket for their most recent appointment with a mental health professional.

Similarly, 15.5% of residents aged 11 years and older who reported receiving any care for an alcohol or substance use disorder reported paying entirely out-of-pocket for their most recent appointment.

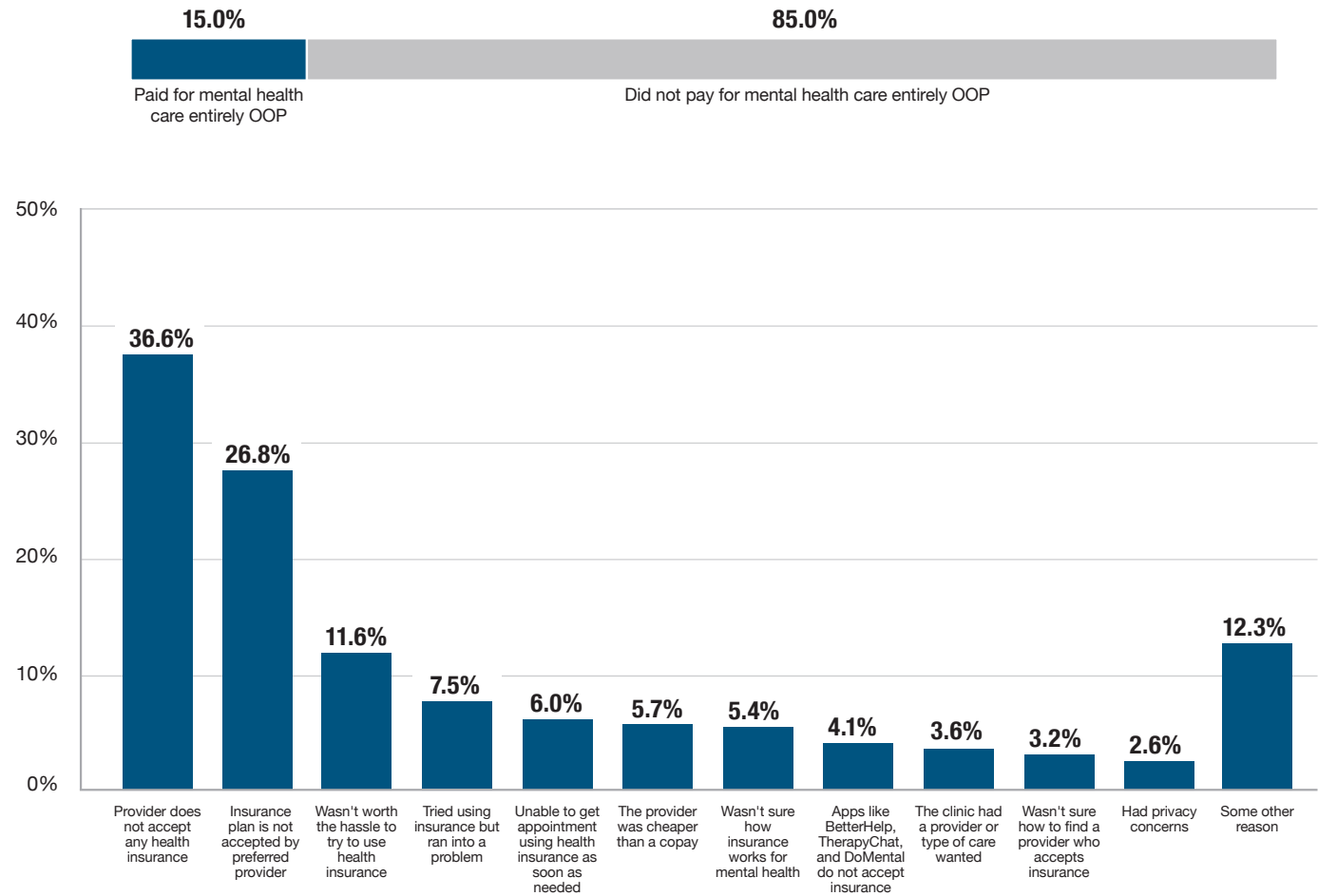
Due to low reporting of alcohol and substance use disorder treatment, the remainder of this section focuses on mental health only.



Data Source: 2023 Massachusetts Health Insurance Survey

Paid for Mental Health Care Entirely Out-of-Pocket, Overall and Reasons, 2023

Among residents five years and older who reported any mental health care and paid for their most recent mental health care entirely out-of-pocket, the most common reasons for doing so were related to insurance coverage. A third (36.6%) reported that the provider does not accept any health insurance and a quarter (26.8%) indicated their insurance plan was not accepted by their preferred provider.



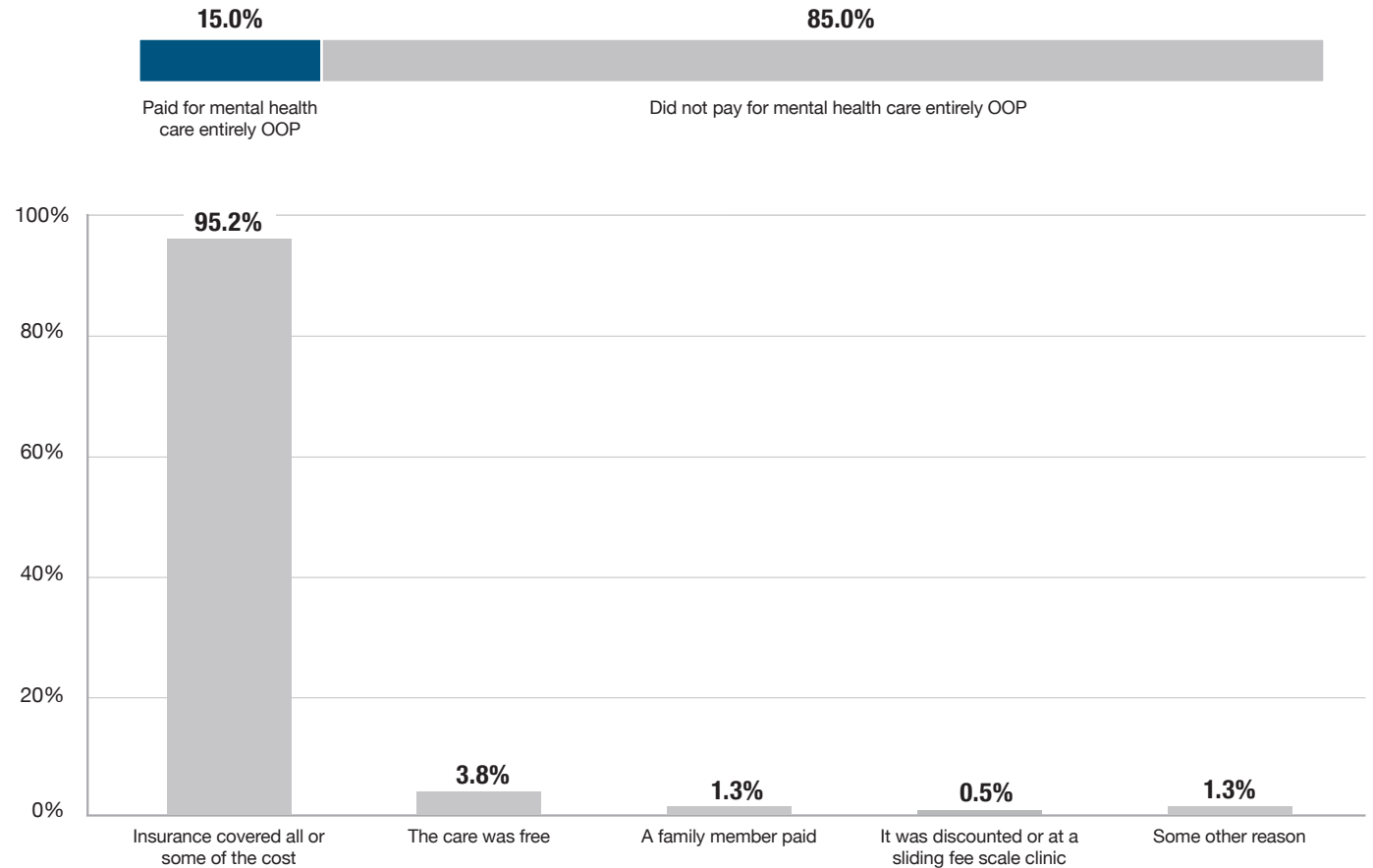
Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. Questions about mental health were asked of residents 5 years old and older. Because alcohol and substance use disorder reporting is low, this graph is for mental health only.

Data Source: 2023 Massachusetts Health Insurance Survey

Did Not Pay Entire Cost for Mental Health Care Out-of-Pocket, Overall and Reasons, 2023

In 2023, a large majority (85.0%) of residents five years and older who reported any mental health care did not pay for their care entirely out-of-pocket.

Among residents who did not pay entirely out-of-pocket, most reported that their insurance covered all or some of the cost (95.2%).



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. A sliding fee scale clinic uses the Federal Poverty Guidelines to determine fees for services, this would include federally qualified health centers. Questions about mental health were asked of residents 5 years old and older. Because alcohol and substance use disorder reporting is low, this graph is for mental health only.

Data Source: 2023 Massachusetts Health Insurance Survey

About the MHIS

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage, health care access and use, and health care affordability for the non-institutionalized population in Massachusetts. The MHIS has been fielded periodically since 1998 and biennially since 2015. The content and design of the survey have been modified over time to address the changing health care environment in Massachusetts and changes in state-of-the-art household survey strategies. Content changes to the MHIS in 2023 included adding more in-depth questions on telehealth use and paying out-of-pocket for behavioral health care. The 2023 MHIS was fielded between April and August of 2023.

Survey design changes include a shift in sampling frame for the survey in 2008 and 2014, an expansion of the sampling frame for the survey in 2019-2023. As a result of the shift in the sample frame in 2014, the data for

the 2008–2011 period are not directly comparable to later years. The 2019 survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017. The 2021-2023 surveys expanded the use of the address-based sample and limited the random-digit-dial telephone sample to prepaid cell phone numbers only. Because of the similarity of the estimates from the RDD sample and ABS sample in 2019, the 2019-2023 estimates may still be used to evaluate trends for the period 2014–2021.⁵ Please see the [MHIS Methodology Report](#) for more information.

The 2023 MHIS was conducted in English and Spanish, and its average completion time was 33 minutes for telephone-based surveys and 18.1 minutes for the web-based survey. Surveys were completed with 5,266 Massachusetts households, collecting data on 5,266

residents and their families, including 663 children aged 0 to 18, 3,139 non-elderly adults aged 19 to 64, and 1,451 elderly adults aged 65 and older. The overall response rate for the 2023 MHIS was 5.8%, combining the response rate of 1.4% for the prepaid cell phone sample of 629 completed interviews and 13.6% for the address-based sample of 4,637 interviews.

Additional information about the MHIS is available in the [MHIS Methodology Report](#). ■

Notes

1. Keisler-Starkey, K., Bunch, L. N., & Lindstrom, R. A. (2023). Health Insurance Coverage in the United States: 2022. *US Census Bureau, Current Population Reports*, P60-281. U.S. Government Publishing Office. <https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-281.pdf>.
2. Caraballo, C., Ndumele, C. D., Roy, B., Lu, Y., Riley, C., Herrin, J., & Krumholz, H. M. (2022, October). Trends in racial and ethnic disparities in barriers to timely medical care among adults in the US, 1999 to 2018. In *JAMA Health Forum* (Vol. 3, No. 10, pp. e223856-e223856). American Medical Association. <https://jamanetwork.com/journals/jama-health-forum/article-abstract/2797732>.
3. Parast, L., Mathews, M., Martino, S., Lehrman, W. G., Stark, D., & Elliott, M. N. (2022). Racial/ethnic differences in emergency department utilization and experience. *Journal of General Internal Medicine*, 1-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8021298/>.
4. Rust, G., Ye, J., Baltrus, P., Daniels, E., Adesunloye, B., & Fryer, G. E. (2008). Practical barriers to timely primary care access: impact on adult use of emergency department services. *Archives of Internal Medicine*, 168(15), 1705-1710. <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/770345>.
5. By maintaining the RDD telephone sample between 2017 and 2019, we were able to assess the impacts of the 2019 modification and determined that the 2019 design did not have a significant impact on the estimates of trends over time based on the 2014-2017 data. The ABS and RDD estimates were similar, but caution should be used when interpreting trends. For more information about the 2019 design, please see the 2019 [MHIS Methodology Report](#).
6. Pascale, J, Fertig, AR, Call, KT. Assessing the accuracy of survey reports of health insurance coverage using enrollment data. *Health Serv Res*. 2019; 54: 1099-1109. <https://doi.org/10.1111/1475-6773.13191>.



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