MHS Beneficiaries' Access to Behavioral Health Care

Issue Brief ◆ Health Care Survey of DoD Beneficiaries (HCSDB) ◆ July 2008

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

Beneficiaries of the military health system (MHS) are subject to unusual stresses, including deployment with potential injury or death, and the experience of family-members' deployment. Beneficiaries face barriers to receiving care for their personal and family problems, some self-imposed. Active duty personnel are subject to stigma and fear for their careers, while family members and retirees are affected by the reluctance of mental health providers to accept TRICARE insurance. Media reports of rising suicide rates and suicide attempts among active duty personnel have helped to focus attention on barriers to treatment affecting service members and their families.[1]

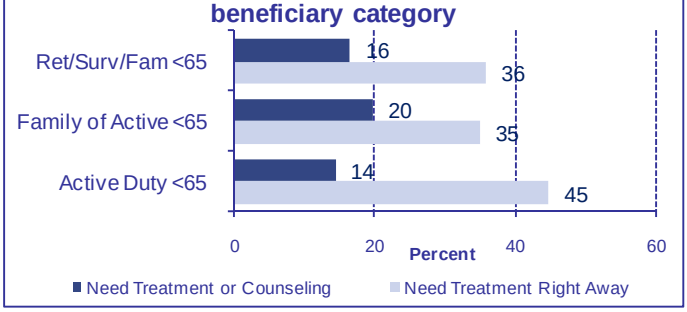
In response to recommendations of a task force established by the National Defense Authorization Act of 2006, the Department of Defense and the services are working to overcome these barriers: hiring new staff and supplementing existing staff with professionals from the Public Health Service, campaigning to destigmatize care-seeking and to better integrate behavioral health into the primary care provided to military beneficiaries. Standards for timely access to MTF and network care are being extended to behavioral health. For service members and their families, TRICARE has launched a Behavioral Health Provider Locator and an Appointment Assistance Service Center. Active duty and their family members may find information about support programs through OneSource, a website containing information for each of the services. [2,3]

The Health Care Survey of DoD Beneficiaries fielded in July, 2008 contained questions about beneficiaries' need for and experience obtaining behavioral health services, and the effectiveness of assistance provided to help beneficiaries use their benefits.

Need for Routine and Emergency Counseling

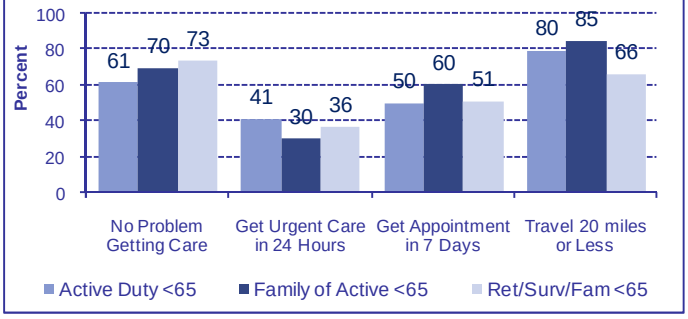
Compared with other beneficiary groups, active duty personnel are least likely to report needing treatment or counseling within the last 12 months. As shown in Figure 1, 14 percent of active duty personnel, compared with 20 percent of family members and 16 percent of retirees reported they needed treatment or counseling in the past 12 months. Active duty personnel who need counseling are more likely than members of other beneficiary groups to report they need counseling on an urgent basis. Forty-five percent of active duty who needed treatment or counseling reported they needed it right away, compared to 35 percent of family members and 36 percent of retirees.

Figure 1: Behavioral health needs by beneficiary category



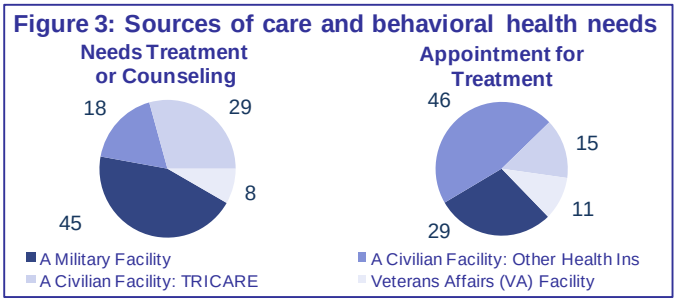
As shown in Figure 2, active duty personnel are least likely to report good access to behavioral health services. Sixty-one percent of service members who needed care reported they had no problem getting it, compared to 70 percent of family members and 73 percent of retirees. However, by other measures, active duty access appears the same or better than access of other beneficiary groups. Active duty personnel who sought counseling on an urgent basis were more likely than other beneficiary groups to report they obtained an appointment within 24 hours (41 percent, compared to 30 percent and 36 percent). Personnel who sought a routine appointment were equally likely to obtain one in 7 days compared to retirees, but not family members (50 percent compared to 51 percent and 60 percent). Active duty travel distances are similar to distances for their family members, and shorter than travel distances for retirees. Eighty percent of service members reported travelling 20 miles or less for care, compared to 85 percent of their family members and 66 percent of retirees.

Figure 2: Access to treatment or counseling, by beneficiary category

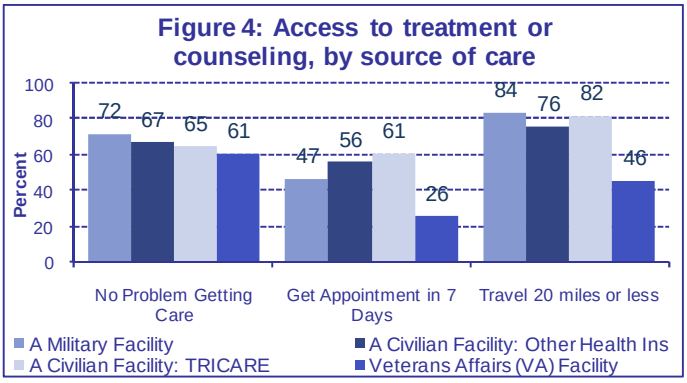


Sources of Behavioral Health Care

Beneficiaries who need treatment or counseling are less likely to use MTFs or TRICARE's civilian providers than are MHS beneficiaries in general. As shown



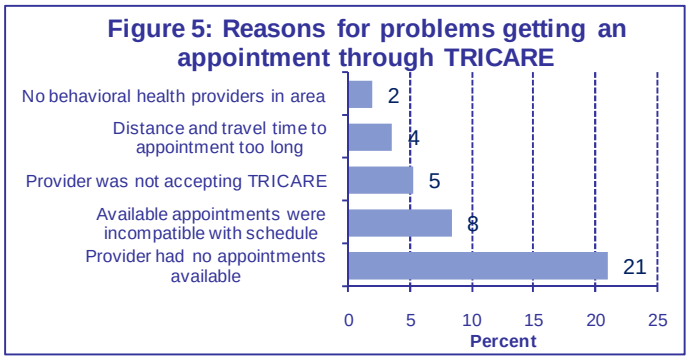
in Figure 3, 45 percent of those who needed treatment or counseling are normally MTF users, 29 percent use TRICARE civilian providers, and 18 percent use civilian facilities without using TRICARE. Another 8 percent rely on the VA. However, for behavioral health, many with TRICARE coverage do not use TRICARE. Among those making an appointment for treatment or counseling, only 29 percent use MTFs, and 15 percent use TRICARE civilian providers. Eleven percent use VA providers, and nearly half rely on civilian providers without using TRICARE. Fewer than half of active duty beneficiaries who make appointments use TRICARE (not shown).



Access problems are approximately equally distributed among users of different facility types, as shown in Figure 4. The proportion with no problem getting needed care ranges from 61 percent of those using VA facilities to 72 percent using MTFs. However, MTF users and VA users are less likely than users of civilian facilities to get appointments within 7 days. Only 26 percent of VA users and 47 percent of MTF users reported they could get an appointment within 7 days, less than rates for users of civilian providers (61 percent for TRICARE providers and 56 percent for other civilian sources). Travel distances for TRICARE users are shorter than distances for other civilian providers or VA users. Eighty-four percent of MTF users and 82 percent who use TRICARE's civilian providers reported they traveled less than 20 miles for care while 76 percent of other civilian users and fewer than half of VA users traveled less than 20 miles.

Sources of TRICARE Access Problems

Overall, more than two fifths (44 percent) of beneficiaries under age 65 needing treatment or counseling made an appointment through TRICARE. These beneficiaries were asked to list reasons for access problems, if any (Figure 5). Their responses suggest that beneficiaries who use TRICARE may face shortages of mental health providers. The reason most often given was that the desired provider had no appointments available (21 percent). Eight percent reported that available appointments were incompatible with their schedule. About 5 percent had problems because a desired provider did not accept TRICARE.



Conclusions

Active duty report more access problems than do other TRICARE beneficiaries. Their problems may be due to stigma or a culture that makes seeking care difficult, or to a shortage of providers. Measures such as travel distance and ability to see providers rapidly do not appear to show particular access problems for active duty personnel, though they are more likely than other beneficiaries to use MTFs, where waits for appointments are somewhat longer. The proportion of MHS beneficiaries using TRICARE for behavioral health care is lower than the proportion of TRICARE users overall. In addition, the specific access problems reported by TRICARE users suggest that it is sometimes difficult to find TRICARE providers. More research is needed to learn whether lower use of TRICARE than civilian providers is due to stigma or shortages.

Sources

[1] Priest, Dana. "Soldier Suicides at Record Level" Washington Post, Thursday January 31, 2008.

[2]"The Department of Defense Plan to Achieve the Vision of the DoD Task Force on Mental Health" September, 2007. Report to Congress.

[3]"TRICARE: Mental Health" Air Force Times, Available at: http://www.airforcetimes.com/benefits/health/online_hbml08_tricareother_mentalhealth/