

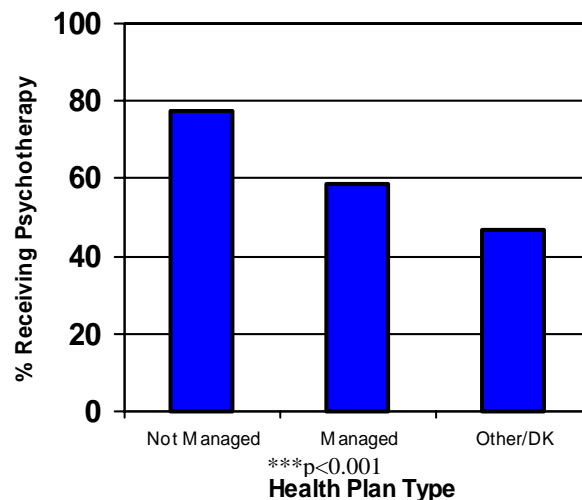
## Health Plan Barriers to Youths' Access to Psychotherapy

Recent findings from the APIRE Practice Research Network (PRN) suggest, nearly 40% of the 393 children and adolescents treated by psychiatrists did not receive guideline consistent psychotherapeutic care from any provider within a 30-day period. This report explores potential health plan barriers to the provision of psychotherapy in this population.

According to the Surgeon General's Report (1999), gaps in insurance coverage and in the organization and financing of services are considered major barriers in service delivery for individuals suffering from mental disorders (1). Quality of care and access to services among those seeking treatment has been shown to vary by insurance type. Previous research points to limited access to psychotherapy among managed care plan enrollees (2, 3).

Our findings suggest that health plan utilization management may be one of the primary contributing factors associated with this population not receiving psychotherapy. Lower rates of psychotherapy were observed among youth with managed care plans (59%) in comparison to those with non-managed plans (78%). Even after statistical adjustment for demographic, diagnostic and clinical characteristics, children and adolescents with non-managed plans were nearly three times more likely to receive psychotherapy than those with managed-care plans ( $p < 0.001$ ). Source of funding for services (e.g., public, private), however, was not associated with receiving psychotherapy. Changes in healthcare management and organization are needed to support wider use of evidence-based practices in general and psychotherapy in particular, as a treatment modality in this population.

**Figure 1: Rates of Psychotherapy by Health Plan Type (n=393)\*\***



**Data Source:** The 1997 and 1999 American Psychiatric Practice Research Network (PRN) Study of Psychiatric Patients and Treatments (SPPT). Results are preliminary and not for citation. In 1997, 417 of 531 (78.5%) PRN members completed the SPPT. In 1999, 615 of 784 (78%) PRN members completed the SPPT.

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## **Limitations**

Relatively small sample sizes may have limited the power to detect differences across groups. Moreover, exclusive reliance on psychiatrist-reported data may have resulted in an under-estimation of psychotherapy, if the treating psychiatrist did not have information about psychotherapy provided by other providers. And finally, rates of psychotherapy may have been underestimated since provision of psychotherapy was examined within 30 days of index visit; those who received psychotherapy outside of this time frame were not enumerated.

## **Reference**

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