



ISSUE BRIEF

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Mental Health Service Use Among People with Employer-Sponsored Insurance

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Understanding mental health care utilization has become increasingly vital in the wake of the COVID-19 pandemic, which exacerbated existing mental health challenges and [accelerated the growing prevalence of conditions such as anxiety and depression](#). As more individuals seek mental health care, understanding utilization patterns allows stakeholders to address the growing demand for services and identify potential barriers to access. These insights are critical to an effective response to the evolving landscape of mental health needs.

Background

Previous research has studied the use of mental health services amongst specific populations, as well as [changes in mental health service use as a result of the COVID-19 pandemic](#). However, few studies have examined overall mental health use patterns among people with employer-sponsored insurance (ESI), who represent about half of the U.S. population.

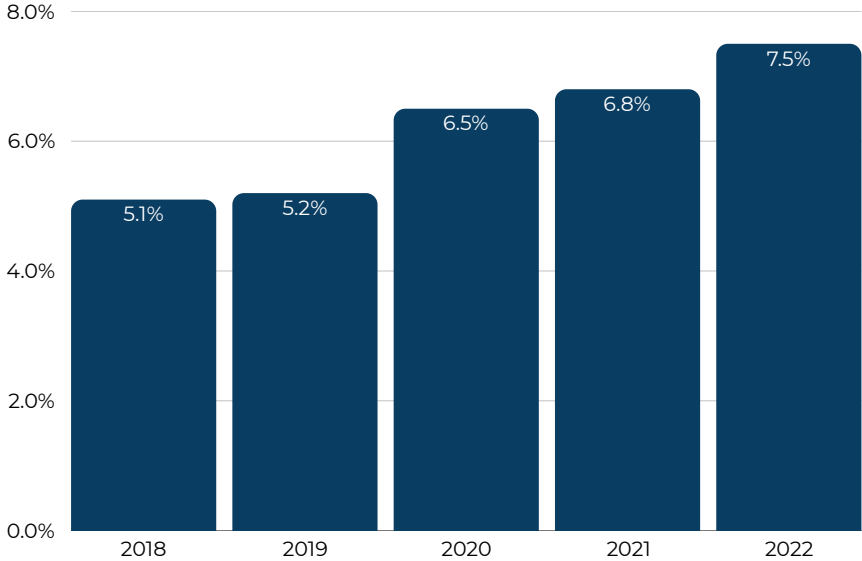
In this brief, we describe the use of non-facility mental health services and associated spending among individuals with ESI from 2018-2022. Mental health services are identified using a combination of service codes and provider specialties. We focused our analysis on professional office-based (including telehealth) care, which excludes services for more acute mental health episodes, including inpatient stays and rehab services. This analysis uses HCCI's unique commercial claims dataset, which contains claims for more than 50 million Americans annually.

Use of Mental Health Services Has Increased from 2018-2022

As shown in **Figure 1**, mental health claims made up nearly 8% of all professional claims in 2022, up from 5% in 2018. This growing proportion of professional “office-based” (i.e., non-facility) claims billed for mental health services is due to an increase both in the number of

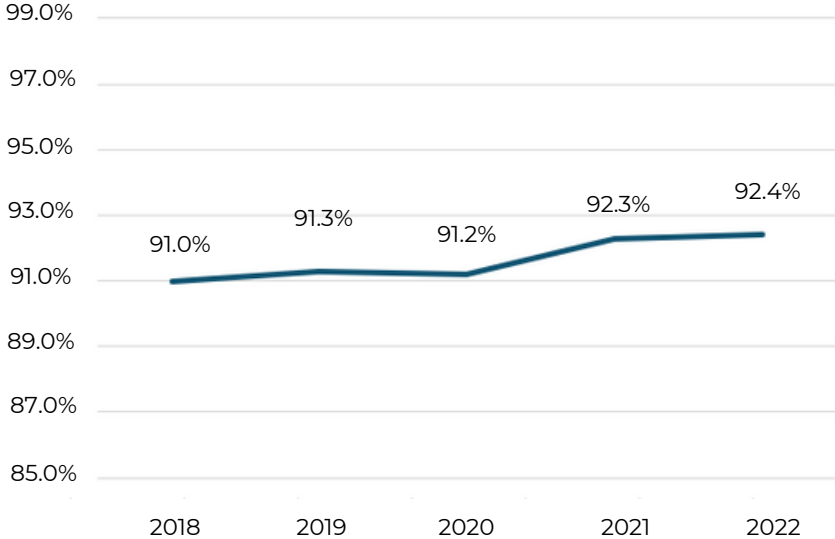
people receiving mental health services and the quantity of services rendered. Over the five-year study period, the percentage of people enrolled in ESI who received a mental health service increased from approximately 5.1% to 7.5%, and the rate of mental health service use increased from 532 visits per 1,000 enrollees to 858 visits per 1,000 enrollees.

Figure 1: Proportion of all Professional Claims with a Mental Health Provider



Source: HCCI commercial claims data

Figure 2: Proportion of Mental Health Claims Billed In-Network



Source: HCCI commercial claims data

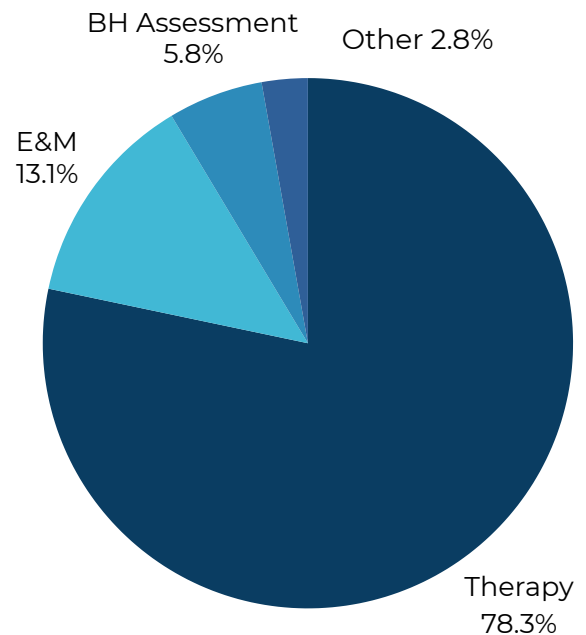
In addition, our data indicate that the vast majority of mental health services processed by insurance are delivered by in-network providers (**Figure 2**). Each year from 2018 through 2022, more than 90% of mental health services in our claims data were in network, and that proportion increased slightly over the 5-year period. In 2022, the proportion of in-network claims for mental health services was 92.4%, up slightly from 91% in 2018.

Therapy was the Primary Office-Based Mental Health Service Used in 2022

For this analysis, we categorized all mental health services into 4 groups: therapy (also referred to as psychotherapy), evaluation and management (E&M) visits, behavioral health assessments, and other services. Of those, therapy services were the most commonly used mental health service from 2018-2022. More than 3 of 4 mental health services received in 2022 (over 78%) were for therapy, as shown in **Figure 3**.

The second most commonly received mental health service was E&M visits. These visits typically involve the diagnosis and treatment of a mental illness. In 2022, these visits made up approximately 13% of professional mental health services. Mental health assessment services were the third most commonly received mental health service. Mental health assessments include a range of evaluations and diagnostic tests, including psychiatric evaluations, behavioral screenings and tests, and cognitive performance tests. These services made up less than 6% of professional mental health services in 2022.

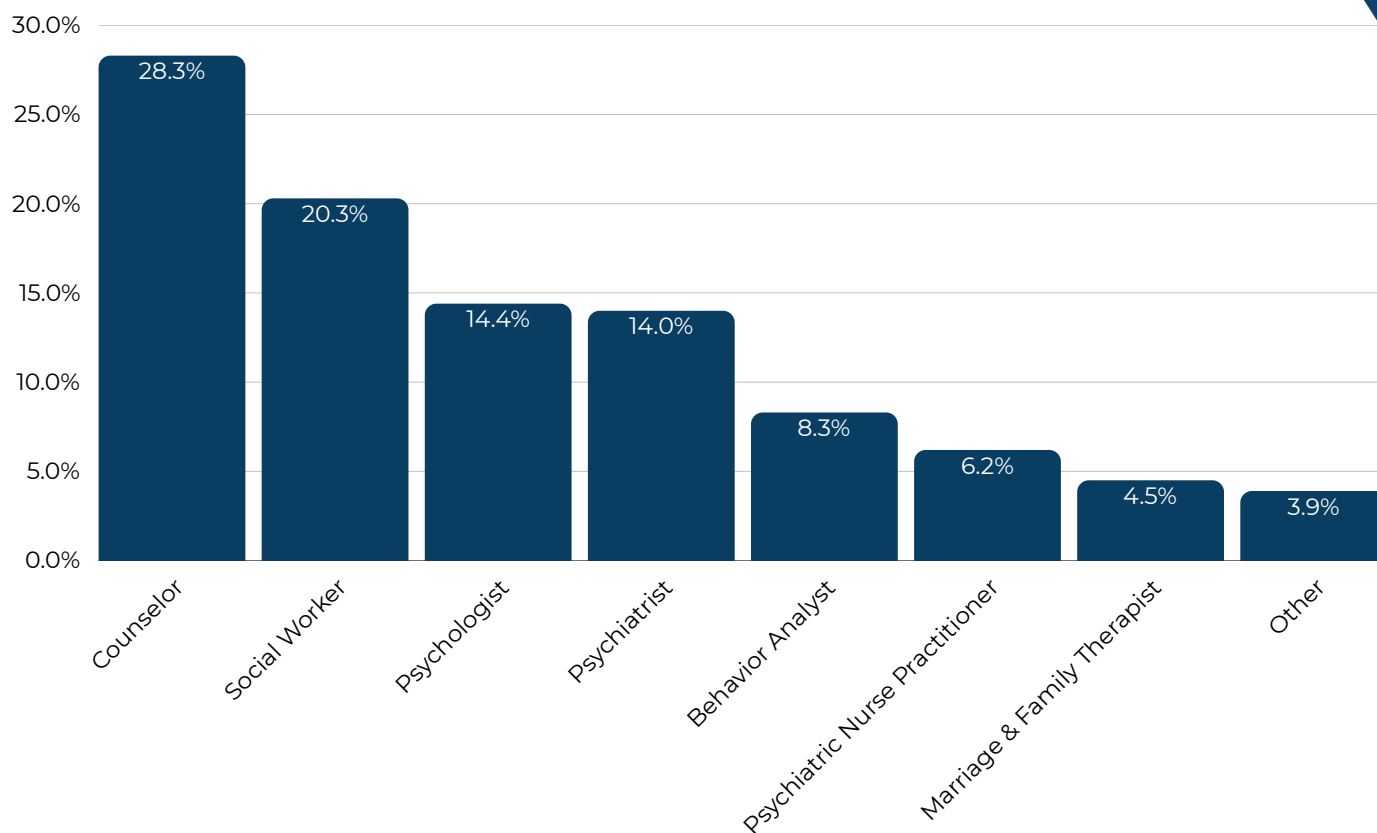
Figure 3: Proportion of Mental Health Claims by Service, 2022



Source: HCCI commercial claims data

Allied Health Professionals Provided Over Half of All Mental Health Services in 2022

Figure 4: Proportion of Mental Health Claims by Provider Type, 2022

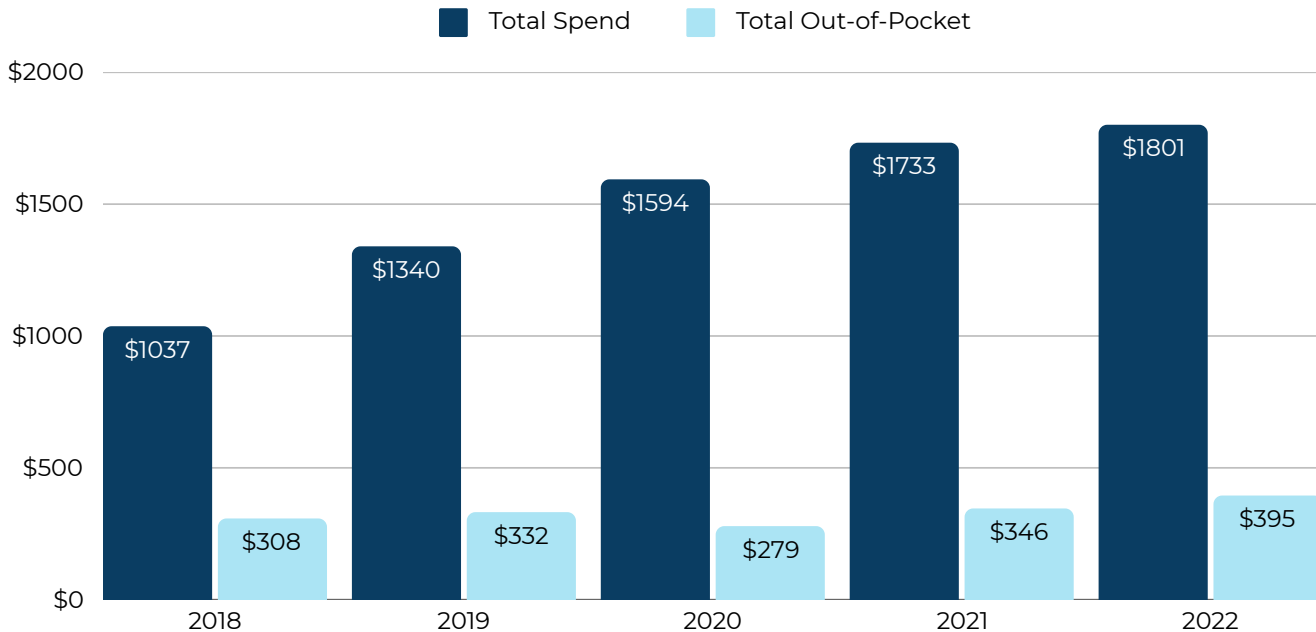


Source: HCCI commercial claims data

Figure 4 shows the proportion of mental health claims rendered by each provider type. Counselors, including licensed professional clinical counselors, marriage and family therapists, and other counselors, provided the largest share of mental health services (28%), followed by social workers (20%). Combined, allied health professionals, including counselors, social workers, behavior analysts, and marriage and family therapists, provided over 60% of all mental health services in 2022. Psychologists and psychiatrists provided the next largest proportion of mental health services (28% combined). Psychiatric nurse practitioners, and other providers provided the remaining 10% of services. This is consistent with [data](#) from the 2023 HRSA National Center for Health Workforce Analysis, which shows that social workers, counselors and therapists make up well over half of all mental health providers in the U.S.

Average Spending on Therapy Services has Increased Over Time

Figure 5: Average Total and Out-of-Pocket Spending on Therapy Services by Year



Source: HCCI commercial claims data

In addition to examining utilization trends, we analyzed average spending on mental health services. For the spending analysis, we focused on therapy services since they make up the majority of mental health claims. Among people who were continuously enrolled in ESI in 2022 and used therapy services, the average total spending on therapy was \$1,801 and, of this, \$395 was paid out-of-pocket by the patient (**Figure 5**). On average, people who used therapy services had 13 therapy visits in the year. People saw out-of-network providers the same number of times per year as people who saw in-network providers (13 visits).

The average per patient spending on therapy services increased by \$764 from 2018 to 2022, driven by both an increase in the number of services used and an increase in service prices. Over the study period, the average number of therapy visits per therapy patient increased from 10 to 13, and the average price of a 60-minute psychotherapy session (the most common therapy service) increased from \$114 to \$125.

We found that, in 2022, total average spending on people who used out-of-network therapy services was about \$600 higher than people who used in-network therapy services. Out-of-pocket spending was more than double among people who used out-of-network therapy services than people who used in-network therapy services (\$894 out-of-network versus \$343 in-network).

Conclusion

Although limited to a subset of mental health services, this analysis illustrates that use of non-facility mental health services relative to all other non-facility medical services has increased in the ESI population from 2018-2022, which likely reflects a growing demand for mental health care. More people are receiving mental health services, and more services are being used per person. Therapy accounts for over three-quarters of mental health services provided outside a facility setting, indicating that it is the primary professional treatment for mental health conditions.

This increased demand for mental health care comes in the midst of a mental health provider shortage, as [over half of the U.S. population lives in a Mental Health Provider Shortage Area](#). As nearly half of all mental health services are provided by counselors and social workers, the unique makeup of the mental health workforce is important to consider when studying mental health utilization patterns and mental health provider shortages. Measures that only recognize psychiatrists and psychologists as mental health providers will exclude most professionals who provide mental health care.

This analysis underscores the importance of mental health care as a part of comprehensive and holistic health care. At a time when [stigma](#) around mental illness is improving and demand for mental health services is increasing, it is important to recognize the wide array of mental health care needs that exist and ensure they are addressed. Potential barriers to mental health care, including costs and provider shortages, require attention and additional study.

Limitations

Our commercial claims data is a convenience sample and only captures services for which a claim was submitted. It is well documented that [a large proportion of mental health care is self-paid](#) outside of insurance and is therefore not captured in claims data. In addition, our analysis focuses on services provided in a professional office setting and does not include other mental health services provided in acute inpatient and outpatient settings.

Methods Note

For this analysis, we used HCCI's commercial claims dataset for years 2018-2022. We restricted the analysis to include only claims for enrollees in employer sponsored insurance, under the age of 65. We only included non-institutional professional claims, as this analysis focused on office-based (including telehealth) professional services. To categorize mental health provider types, we used the National Plan and Provider Enumeration System (NPPES) taxonomy. We identified behavioral health claims using the provider's primary taxonomy from the CMS NPPES dataset. We categorized service types using procedure codes (CPT codes) on the claim.

About



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The Health Care Cost Institute is an independent, non-profit research institute. HCCI's mission is to get to the heart of the key issues impacting the U.S. health care system by using the best data to get the best answers. HCCI stands for truth and consensus around the most important trends in health care, particularly those economic issues that are critical to a sustainable, high-performing health system. Our values are simple: health care claims data should be accessible to all those who have important questions to ask of it. Health care information should be transparent and easy to understand. All stakeholders in the health care system can drive improvements in quality and value with robust analytics.


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