Mental Health and Substance Abuse Treatment Trends

Behavioral health and substance abuse treatment costs are rising, along with demand for these services, driven in part by the opioid abuse epidemic. The Substance Abuse and Mental Health Services Administration projects that by 2020, mental health and substance abuse (MHSA) treatment spending will total $280.5 billion, a 63% increase from 2009.* Increasing utilization of substance abuse services reveals an opportunity to expand treatment and prevention programs in-house or through partnerships. In addition, hospitals and health systems can respond to these rising costs and greater need by ensuring opioid prescribing patterns meet current guidelines and by instituting care management assistance when pain medications are necessary.

MHSA COSTS, 2014–2015
Total allowed expenditures for MHSA services increased 10% annually from 2014–2015. This reflects both price inflation (price per unit of service) and increasing service volume per covered member.

MHSA SPENDING TRENDS, 2014–2015
Total spending on substance abuse treatment rose almost 25% between 2014 and 2015. This increase is significantly larger than the rise in mental health service spending, which increased 5.5% during the same time period.

MARCH 2017
State Mental Health Agency Per Capita Mental Health Services

Spending for mental health services per capita at U.S. mental health agencies for fiscal year 2012–2013 varies by state. The cost per capita for mental health services at agencies in the United States declined from $129.99 to $129.62, although FY13 data for Florida and New Mexico were not reported. Nineteen states and Puerto Rico reported declines in per-capita spending in mental health services during that time period.

NOTES: The reporting period reflects spending in the state fiscal year, which varies by state. Data are reported in actual dollars and are not adjusted for inflation. Per capita data was calculated using each state’s civilian population.

U.S. Total includes Puerto Rico.


Upcoming Topic:
Hospital Performance

ABOUT THE DATA: The U.S. Healthcare Benchmarks and Trends are based on the Truven Health Analytics MarketScan® Research Databases. They are created from a subset of data representing the claims experience of 330 employers with 15.1 million covered lives and crossing the full spectrum of industry types, health plans, and pharmacy benefit managers. The data are not publicly available and represent the unidentified proprietary Truven Health Analytics book of business. This data set includes medical, prescription, and dental claims; and health reimbursement account data from the 330 employers. Most of the employers in this analysis provide self-funded employer group health plans to their employees.

FIND OUT MORE: For more information, email providersolutions@truvenhealth.com; call 1-800-525-9038, option 4; or visit www.truvenhealth.com
MHSA OUTPATIENT SERVICES PREVALENCE, 2014–2015
Services for substance abuse outpatient treatment (non-office) increased 22% between 2014 and 2015, compared to a 4.1% increase in mental health outpatient treatment services.

MHSA INPATIENT HOSPITAL USE RATES, 2014–2015
Inpatient mental health use increased by 4.3% and inpatient substance abuse use increased by 11.9%.

OVERALL UNIT COSTS FOR OPIOID-CLASS DRUGS, 2014–2015
The allowed amount of opioid agonists per day supply increased 7.6% between 2014 and 2015. This was due to changes in product mix to more expensive drugs, and increases in unit price for two of the top three opioid products.