Numerous barriers continue to exist for people to have best affordable access to quality mental health care. This document bullets several examples. Further detail and a proposal on how to correct the problems are enclosed on the barriers to mental health document.

1. A three-tier system exists**,** such that in the field of mental health a small number of therapists (psychiatrists) are paid $X[1], a moderately small number of psychologists are paid ~80% of $X, and a large number of other therapists are paid ~60% of $X. Because $X is often about 25% less than the average charges, psychiatrists make up for this be increasing their case-loads, psychologists often increase case-loads by 50%-70%, and others by up to double! Any increase in case-load means less attention to those therapists see. This results in poorer quality of care do to the nature of therapy needing a high level of attention to those seen. This also means less colleague consultations, which are well understood to be some of the best ways in which therapists can bring multiple helpful perspectives to their work w/their patients.
2. Procedure code 90801 is often limited to a single use, leaving a therapist with nothing more than a diagnostic impression to go on.
3. Wrong diagnoses are rampant, rather than thoroughly evaluating their patients for possible diagnoses. All too often an inaccurate diagnosis is used, leading to treatment that does not best help people overcome their mental illnesses. One example is how *many* psychiatrists will hear of inattention and immediately jump to the ADD/ADHD diagnosis, then prescribe medications. Pediatricians do this, too, albeit with a simple questionnaire to fill out. **However**, inattention, and even hyperactivity, are both symptoms of many different disorders. For example, inattention is found with many depressive disorders, anxiety disorders, bereavement, etc.
4. Out-of-Network is the best option for people to get the best quality of mental health care. This is because such providers are able to maintain lower case-loads because they are able to collect their actual pay rate. This changes the emphasis from quantity to quality. Unfortunately, outside of affluent areas, few therapists are able to do this. This may be partially due to an unfair competition being created by the networks having their in-network $20 co-pay therapists easily outcompeting those who might charge $120 per session. There are many other ways in which insurers make going out of network very difficult, such as:
    - setting unrealistic allowable amounts, sometimes only a fraction of the average charges, as there is no rule on how low their allowable amounts have to be.
    - randomly, and without notice, changing allowable amounts, leading to anxiety about what patients can afford. This tactic works especially well with patients who have money problems and/or anxiety disorders!
    - only sending out-of-network reimbursement, as is the case with Anthem even if the HICF is filled out to send to provider, which makes it very hard to have patients pay just the difference up-front. Requiring the full amount is a deterrent.
    - OTRs are still required out-of-network by many plans, yet since these are confusing to patients, and providers aren't contracted, they sometimes don't get done on time, leading to no reimbursement, and the patient may go in-network.

[1] $X represents the payment amount the panels contact for. Most figures used here are of the best paying panels, thus this is the best case scenario. However the aforementioned more detailed document gets into more specific detail.