Title: The High Cost of Coping
Category: Personal Finance
Element List & Journalists:

1. “The High Cost of Coping”, as appeared in the December 2016 issue, by Elizabeth O’Brien and Taylor Tepper (Photographs by Celeste Sloman)
2. “The High Cost of Coping”, online, by Elizabeth O’Brien and Taylor Tepper (Photographs by Celeste Sloman)
   URL: http://time.com/money/page/mental-health-costs-depression/
3. “They Fought a Daughter’s Heroin Addiction and Their Insurer, at the Same Time”, online, by Elizabeth O’Brien
   URL: http://time.com/money/4590546/insurance-claims-denial-addiction-mental-health/
4. “What to Tell Your Boss About Your Mental Health Diagnosis”, online, by Taylor Tepper
   URL: http://time.com/money/4607540/mental-health-career-advice/
5. “A Comprehensive Guide to the Best Mental Health Resources”, online, by Elizabeth O’Brien and Taylor Tepper
   URL: http://time.com/money/4607786/mental-health-costs-resources-help/
THE

High Cost of Coping

ANXIETY. DEPRESSION.
EATING DISORDERS. PHOBIAS.
EVERY YEAR TENS OF MILLIONS
OF AMERICANS FACE A
MENTAL-HEALTH CHALLENGE—
OFTEN AT GREAT EXPENSE.
HERE’S HOW TO EASE
THE FINANCIAL STRAIN.

By ELIZABETH O’BRIEN
and TAYLOR TEPPE
Photographs by CELESTE SLOMAN
patching together affordable care

TAMEEKA FORD, 43
Brooklyn, N.Y.

Tameeka Ford can trace her bouts with anxiety back to her childhood. Over time she learned to breathe deeply, ask herself why she was mad or angry, and remain still when she felt an attack coming on. She coped with her anxiety without professional help when she earned a master’s degree from the Columbia University School of Social Work. She did it the same after she became the director of youth and community programs at a New York City nonprofit, overseeing 250 employees and a $4 million budget. “I grind hard,” Ford says.

But if you’re facing this formidable challenge, you need help now. The story that follows offers advice on meeting every financial hurdle thrown your way, along with lessons from families who have been down this tough path.

challenge no. 1: finding in-network care can be tough

Six in 10 adults with a psychological disorder have not received care in the previous 12 months, according to the Substance Abuse and Mental Health Services Administration, and cost is often to blame. A recent Kaiser Family Foundation survey found that the top reason for forgoing needed mental-health care was affordability (13% of respondents), followed by insurance not covering it (12%).

A key problem: Not enough practitioners take insurance. A survey published in JAMA Psychiatry in 2013 found that only 55% of psychiatrists accepted private insurance, while 49% of other medical specialists did so. The problem is more acute in some regions: Only 49% of psychiatrists in the Midwest take private insurance; in the South, it’s 43%. The trend is similar, though less pronounced, with psychologists.

A key problem: Not enough practitioners take insurance. A survey published in JAMA Psychiatry in 2013 found that only 55% of psychiatrists accepted private insurance, while 49% of other medical specialists did so. The problem is more acute in some regions: Only 49% of psychiatrists in the Midwest take private insurance; in the South, it’s 43%. The trend is similar, though less pronounced, with psychologists.

The number of hours depressed workers lose each year is staggering. A recent Towers Watson study found that the top reason for forgoing needed mental-health care was affordability (13% of respondents), followed by insurance not covering it (12%).

A key problem: Not enough practitioners take insurance. A survey published in JAMA Psychiatry in 2013 found that only 55% of psychiatrists accepted private insurance, while 49% of other medical specialists did so. The problem is more acute in some regions: Only 49% of psychiatrists in the Midwest take private insurance; in the South, it’s 43%. The trend is similar, though less pronounced, with psychologists.

The number of hours depressed workers lose each year is staggering. A recent Towers Watson study found that the top reason for forgoing needed mental-health care was affordability (13% of respondents), followed by insurance not covering it (12%).

A key problem: Not enough practitioners take insurance. A survey published in JAMA Psychiatry in 2013 found that only 55% of psychiatrists accepted private insurance, while 49% of other medical specialists did so. The problem is more acute in some regions: Only 49% of psychiatrists in the Midwest take private insurance; in the South, it’s 43%. The trend is similar, though less pronounced, with psychologists.

The number of hours depressed workers lose each year is staggering. A recent Towers Watson study found that the top reason for forgoing needed mental-health care was affordability (13% of respondents), followed by insurance not covering it (12%).

A key problem: Not enough practitioners take insurance. A survey published in JAMA Psychiatry in 2013 found that only 55% of psychiatrists accepted private insurance, while 49% of other medical specialists did so. The problem is more acute in some regions: Only 49% of psychiatrists in the Midwest take private insurance; in the South, it’s 43%. The trend is similar, though less pronounced, with psychologists.

The number of hours depressed workers lose each year is staggering. A recent Towers Watson study found that the top reason for forgoing needed mental-health care was affordability (13% of respondents), followed by insurance not covering it (12%).

A key problem: Not enough practitioners take insurance. A survey published in JAMA Psychiatry in 2013 found that only 55% of psychiatrists accepted private insurance, while 49% of other medical specialists did so. The problem is more acute in some regions: Only 49% of psychiatrists in the Midwest take private insurance; in the South, it’s 43%. The trend is similar, though less pronounced, with psychologists.

The number of hours depressed workers lose each year is staggering. A recent Towers Watson study found that the top reason for forgoing needed mental-health care was affordability (13% of respondents), followed by insurance not covering it (12%).

A key problem: Not enough practitioners take insurance. A survey published in JAMA Psychiatry in 2013 found that only 55% of psychiatrists accepted private insurance, while 49% of other medical specialists did so. The problem is more acute in some regions: Only 49% of psychiatrists in the Midwest take private insurance; in the South, it’s 43%. The trend is similar, though less pronounced, with psychologists.

The number of hours depressed workers lose each year is staggering. A recent Towers Watson study found that the top reason for forgoing needed mental-health care was affordability (13% of respondents), followed by insurance not covering it (12%).

A key problem: Not enough practitioners take insurance. A survey published in JAMA Psychiatry in 2013 found that only 55% of psychiatrists accepted private insurance, while 49% of other medical specialists did so. The problem is more acute in some regions: Only 49% of psychiatrists in the Midwest take private insurance; in the South, it’s 43%. The trend is similar, though less pronounced, with psychologists.
YOUR BEST MOVES

Give in-network a shot. Start by asking for a referral from your primary-care physician, says Carolyn McClanahan, a Jacksonville financial planner and medical doctor: “A family doctor has developed good networks and will help you find a therapist who’s covered by your health insurance.” You can also search via online tools. The therapist directories at GoodTherapy.org and PsychologyToday.com include insurors who have a choice of health maintenance organizations, which restrict doctor networks, according to the Kaiser Family Foundation. A full 60% of all plans sold at HealthCare.gov for 2016 offered no standard out-of-network coverage, according to HealthPocket, a site that compares prices and ranks fees.

Be free to roam. No in-network option? To avoid shoulder- ing the entire bill, make sure your insurance plan will let you go out of network. In 2016 a third of workers with employer insurance had a choice of health maintenance organizations, which restrict doctor networks, according to the Kaiser Family Foundation. A full 60% of all plans sold at HealthCare.gov for 2016 offered no standard out-of-network coverage, according to HealthPocket, a site that compares prices and ranks fees. Preview your price. To get a sense of what you might pay out of network, go to FairHealthConsumer.org, where you’ll find an index of charges for a therapy session near you (use code 90834 to search), plus an estimated charge based on a standard out-of-network coverage, according to the National Council of Behavioral Health online toolkit at money.us/credits.

Be free to roam. No in-network option? To avoid shoulder- ing the entire bill, make sure your insurance plan will let you go out of network. In 2016 a third of workers with employer insurance had a choice of health maintenance organizations, which restrict doctor networks, according to the Kaiser Family Foundation. A full 60% of all plans sold at HealthCare.gov for 2016 offered no standard out-of-network coverage, according to HealthPocket, a site that compares prices and ranks fees.
Drugs are an ongoing high expense

With depression, anorexia, bipolar disorder, and many other psychological conditions, your treatment is increasingly likely to include prescription drugs. The percentage of Americans taking antidepressants, for example, jumped from 6.8% in 1999 to 11% in 2012, according to a study published in JAMA last year, in part because of new drugs that have come onto the market.

Overall, Americans with large-employer health insurance are spending less out of pocket on prescription drugs than in previous years, a study from Kaiser finds. But the number of workers and family members who spend more than $1,000 a year on meds is growing fast—from 1% of all enrollees in 2004 to 3% a decade later. Of that group, 30% have been diagnosed with a mental illness. “Mental health is one of the diseases that can lead to exceptionally high drug costs,” says Kaiser associate director Cynthia Cox.

CHALLENGE NO. 3

Drugs are an ongoing high expense

With depression, anorexia, bipolar disorder, and many other psychological conditions, your treatment is increasingly likely to include prescription drugs. The percentage of Americans taking antidepressants, for example, jumped from 6.8% in 1999 to 11% in 2012, according to a study published in JAMA last year, in part because of new drugs that have come onto the market.

Overall, Americans with large-employer health insurance are spending less out of pocket on prescription drugs than in previous years, a study from Kaiser finds. But the number of workers and family members who spend more than $1,000 a year on meds is growing fast—from 1% of all enrollees in 2004 to 3% a decade later. Of that group, 30% have been diagnosed with a mental illness. “Mental health is one of the diseases that can lead to exceptionally high drug costs,” says Kaiser associate director Cynthia Cox.

YOUR BEST MOVES

Study up on your meds. Your drug plan is more complicated than ever. More than 80% divide the medications they cover—called a formulary—into three or more tiers, each with a different co-pay or coinsurance rate. Talk to your doctor about where your prescriptions fall in your formulary.

In the first tier, where co-pays average $1, you’ll mainly find generics. Higher up the ladder, your costs rise too. The typical co-pay for a tier three drug is $57, twice what you would have paid in 2006. According to Kaiser, the chances rates tell a similar story: 17% for tier one and 37% for tier three. Given that, it’s worth trying a tier-one generic before a brand name. According to the drug group GoodRx.com, you’ll pay no more than $8 a month for a prescription of the antidepressant Paroxetine, compared with $823 for Vilbyrd.

Speed up your step-up. Sometimes you’ll need to pay more the next time a drug comes off patent. According to Kaiser, 31% of those on antidepressants fully adhere to their treatment, according to a 2009 study in the Journal of Affective Disorders. Half took their drugs on and off; the rest skipped them altogether. Not following doctors’ orders can be more common with behavioral health disorders than with other chronic illnesses, says Rosier. Why? The side effects can be difficult to bear. Nearly two in three people who take antidepressants experience at least one, from dry mouth to weight gain. But taking your pills decreases your odds of experiencing a relapse, a 2014 study published in the Journal of Clinical Psychology found, which means more care, and more costs, down the line.

Stick with your regimen. Only 31% of those on antidepressant drugs that have been approved by the FDA for a specific condition—and your doctor has determined you need such a drug—adhere to their treatment, according to a study published in the Journal of Affective Disorders. Half took their drugs on and off; the rest skipped them altogether. Not following doctors’ orders can be more common with behavioral health disorders than with other chronic illnesses, says Rosier. Why? The side effects can be difficult to bear. Nearly two in three people who take antidepressants experience at least one, from dry mouth to weight gain. But taking your pills decreases your odds of experiencing a relapse, a 2014 study published in the Journal of Clinical Psychology found, which means more care, and more costs, down the line.

Tie leader, pharmacy, at Willis Towers Watson. Keep in mind that antidepressants generally take weeks or months to become effective, and you and your doctor may have to experiment to find the right dosage. But if you’re not seeing any results after six to eight weeks or the side effects are intolerable, ask your doctor to step you up faster, says Rosier. Once you’re on a brand-name drug, you can save up to a third on co-pays by ordering via the mail.

When Pepper Snider stopped hanging out with friends and spent her time brooding in her room, Christine Byrd thought her daughter’s moodiness was normal for a teen. The reality was much more complicated—and costly. Snider was diagnosed with anorexia in 2006 at age 17, five years after her symptoms began. “They’re very good at hiding it,” says Byrd. Byrd’s health insurance through her job as an accountant covered 12 therapy visits a year. Snider needed 12 sessions a month. The first year’s out-of-pocket tab came to about $27,000. “We spent all of her college money,” Byrd says. And Snider still wasn’t well. In a cruel twist of fate, during this time Byrd’s husband was diagnosed with colon cancer, an illness that ultimately proved fatal. Watching her father struggle, Snider says she realized, “I had a choice to get better.” After years of cycling in and out of treatment programs and college courses, Snider finally began to recover. One financial break: By joining a research study through Columbia University, she got six weeks of free care. Byrd is still paying off the roughly $50,000 in credit card debt she incurred for treatment and college costs. Unable to save for years, she has no retirement nest egg. But the return on her investment is immeasurable: Her daughter survived a disease with one of the highest mortality rates of any psychiatric disorder.

“Never give up the fight,” says Byrd. “Recovery is possible.”

YOUR BEST MOVES

Know what you’re in for. Some plans will pay only for the therapeutic portion of a residential stay, leaving you responsible for room and board. Say a facility charges $80,000 a month; roughly $8,000 of that might be attributed to therapy, according to Kaiser. If the facility is in network, then $8,000 might be reimbursed at 80% or 90% after the deductible and any other restrictions; if it’s out of network, it might be reimbursed at 60% or 70%, with a higher out-of-network deductible and further limits. By knowing the ins and outs of your policy, you can at least take a stab at budgeting in advance.

Determine your liability. Most health plans put a ceiling on your annual outlays. Under Obamacare, the out-of-pocket limit is $7,150 for individual coverage in 2017 and $14,300 for family coverage. A big caveat: These ceilings apply to covered-in-network services. If you go out of network, or use an uncovered service, your liability might be unlimited.

Go to school. As an adult, you’ll typically rely on insurance and savings to fund your treatment. But for children ages 3 to 21 with a serious condition such as ADHD or bipolar disorder, assistance with mental-health or addiction coverage: Find it at money.us/HHShelp.
der, there's another potential source: your public school district. The Individuals With Disabilities Education Act entitles every child up to age 21 with a qualifying disability to a free, appropriate public education tailored to his or her needs.

If you feel your local district isn’t providing your child with such an education, you can petition for private school funding. While the process varies by district, authorities will weigh the following considerations, says Tracey Spencer Walsh, a special-education attorney in Manhattan: whether the public school’s plan is appropriate for the child; whether the public school is appropriate and the least restrictive option available; and whether the family has done everything it can to cooperate with the evaluation process.

It’s not an easy test to pass. With most members of the National Association of Therapeutic Schools and Programs, 10% or fewer students are funded through their school district, a spokesman says. And while parents always want the best for their children, under court’s interpretation of the law, Walsh says, children are not entitled to a free “Cadillac education”; they are entitled to a “serviceable Chevrolet.”

Sapphire Murphy didn’t find that serviceable ride at her school. Diagnosed with bipolar disorder at age 4, Sapphire, of Easton, Mass., trashed her principal’s office in second grade and, afraid of hurting others, then hid in a closet, says her mom, Linette. The school district now pays the $800-a-day tuition at a residential treatment program 30 minutes from home. To make her case, Linette hired an education advocate, at $800 per meeting. You can search for professional help at the Council of Parent Attorneys and Advocates site, copaa.org, where you’ll also find advice from families in the trenches.

The high costs can derail your finances

Christine Byrd was stunned when she got a quote of $75,000 a month for a residential facility to treat her daughter’s anorexia. An administrator told her that most families took out a second mortgage. Treatment from a free research study sparked her daughter’s recovery—but cross-country airfare still added up. Transportation costs mount quickly for eating disorder patients since few facilities are dedicated to the disorder. “Cost and geography are the two big barriers,” says Claire Mykry, CEO of the National Eating Disorders Association.

Even with a less acute disorder, out-of-pocket bills can be a severe setback to your financial plans. What’s more, the cost of mental illness doesn’t stop at the doctor’s office. Research has linked depression and other psychological conditions to lower lifetime earnings and a drop in productivity.

Your best moves

For big sums, borrow smart. Advisers generally frown on parents raiding retirement accounts to cover college tuition. Yet using a 401(k) to pay for a child’s addiction treatment may be a different story. “When it’s life and death, the rules of thumb need to be reconsidered,” says Rand Spero, president of Street Smart Financial, a financial planning firm in Lexington, Mass. A home-equity line of credit is another option. Typically you can borrow up to 85% of the appraised value of your home minus the amount you owe on your first mortgage.

Protect your income. Under the Family and Medical Leave Act, employees at companies with 50 or more workers are entitled to up to 12 weeks of unpaid leave to tend to themselves or a family member. If you only need to change your routine, you also have the law on your side. The Americans With Disabilities Act requires companies with 15 or more employees to provide “reasonable accommodation” to help you do your job—say, adaptable start times or a quieter desk.

Top the tax code. Draw from pretax medical spending accounts to pay for care. You can put as much as $2,600 in a flexible spending account for 2017, or, with a high-deductible health plan, open a health savings account (2017 max: $3,400 for individuals and $6,750 for families). Those low caps will only get you so far, but any help is worth it.

Pick up where you left off. If you stopped 401(k) contributions during treatment, start them up again as soon as you can. If you racked up credit card debt, a nonprofit credit counseling company can help you get it under control. For a small fee, these companies work with your lenders to get the interest rates on your debt reduced. Find one through the National Foundation for Credit Counseling at nfc.org.

With no savings, Byrd knows retirement is far off. Her father is still working at age 88. If she inherits his career longevity, she says, “I’ve got at least 25 years, and I want to make a difference.” Her hope: Open a small treatment facility with her. “That’s our dream.”

After a major bout with depression, Brodsky is relishing his retirement in rural New Mexico.

Fifteen years ago, Stan Brodsky was the information technology manager for Saint-Gobain Coated Abrasives, a manufacturer where he had worked for 31 years. On what was looking like an otherwise normal workday, Brodsky was getting into the shower when he stopped in his tracks. “I just couldn’t do it,” he recalls. “I had to get back in bed.”

Brodsky stayed on the couch for weeks, watching reruns of The Andy Griffith Show. “It was a time of life that was just terrible,” he says. But while his condition was dire, the support that followed was what anyone in his place would hope for.

After his doctor referred him to a psychiatrist and a counselor (only cost: a $20 co-pay), Brodsky was getting into the shower when he stopped in his tracks. “I just couldn’t do it,” he recalls. “I had to get back in bed.”

Brodsky was diagnosed with major depressive disorder and went on disability. Seven months later, he returned to work, met with stares and an awkward “You’re back.” But he picked up where he left off, enjoying “happiness in the job,” he recalls, until retirement five years later. Brodsky’s experience was by no means easy. He spent years in therapy and still takes a trio of medications for depression, anxiety, and obsessive-compulsive disorder. He’s all covered by his private retiree drug plan. But having the good fortune of a model employer, ample insurance, and a supportive family let Brodsky recover without taking a financial hit.

Today, Brodsky walks dogs at an animal shelter, pitches in at the library, enjoys the remoteness of his New Mexican 40 acres, and sips brandy on his porch at night with his wife of 36 years, who saw him through the worst of his ailment. “Depression was like any other physical ailment, except it affected my mind and emotions,” says Brodsky. “There is nothing to be ashamed of.”
Anxiety. Depression. Eating Disorders. Phobias. Every year tens of millions of Americans face a mental health challenge—often at great expense. Here's how to ease the financial strain.

Above: Christine Byrd went into debt to cover anorexia treatments for her daughter, Pepper Snider.

or five years, Christine Byrd figured her teenage daughter was going
“They Fought a Daughter’s Heroin Addiction and Their Insurer, at the Same Time”, online, by Elizabeth O’Brien
URL: http://time.com/money/4590546/insurance-claims-denial-addiction-mental-health/

Don and Sally Vail of Stonington, Conn., first learned that their daughter Maddie had an addiction problem when they received an explanation of benefits from their insurer.
What to Tell Your Boss About Your Mental Health Diagnosis

Taylor Topper
Dec 21, 2016

A diagnosis of a mental illness—either yours or a family member's—can upend your career. Your condition may get in the way of your ability to do your job well, or, even if it doesn't, you may need to make special arrangements to get the care you or your loved one needs.

And disruptions can prove costly. Workers with depression lose nearly six hours of work a year due to illness, injury, or mental health issues, according to a 2014 American Psychological Association survey. And the cost? About $370 billion a year, or $1,800 per worker, the survey found. The majority of that—and 70% of sick leave—comes from people who don't consult a doctor.

So how do you talk to your boss about a mental health condition? Start with the basics:

1. Observe and document. When you notice changes in your performance, observe how they affect your job. Then gather evidence. Use a calendar to note when the symptoms start and how they impact your work. This will help your boss understand your situation and make decisions about any accommodations you may need.

2. Consider the context. Make sure your symptoms are severe enough to impact your job. Some conditions, such as anxiety, can be managed with medication and may not require a formal accommodation. Other conditions, such as bipolar disorder or schizophrenia, may require more significant changes to your job responsibilities or work environment.

3. Plan your approach. Think about how you want to frame your conversation with your boss. Are you looking to get a promotion or a pay raise? Are you seeking a flexible schedule or remote work? Be clear about your goals and expectations. This will help your boss understand your needs and make informed decisions about how to support you.

4. Be open and honest. Don't be afraid to ask for what you need. Your boss may not have experience with mental health issues, but they can still provide an accommodating workplace. Be honest about your symptoms and any accommodations you may need, and ask for their support.

5. Consider a mentor. Having a mentor who understands mental health issues can help you navigate the workplace and advocate for yourself. Look for a colleague or supervisor who is willing to listen and support you.

By following these steps, you can have an effective conversation with your boss about your mental health diagnosis. Remember, your wellbeing is just as important as your job performance. Taking care of your mental health is not only good for you, but it can also benefit your career.
A Comprehensive Guide to the Best Mental Health Resources

Elizabeth O'Brien, Taylor Tepper
Dec 21, 2016

When you or your family members have a mental health disorder that requires professional help—often at great expense—you’ll need to navigate a maze of treatment options, professional designations, insurance claims (and possibly appeals), and more. To get the help you need at a price you can afford, take advantage of the many useful resources out there — from nonprofit advocacy groups to commercial services that can be worth the cost.