Integrated Substance Abuse and Mental Health Care Policy Analysis

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Executive Summary

Over the last decades, several healthcare policy papers have been enacted to make sure that the public has access to better healthcare in the United States. Some of the policy papers which have been enacted are Jessie's Law, the Affordable Care Act (ACA), and the integration of care for substance abuse, mental health, and other behavioural health conditions into primary care. However, this research paper intends to focus on the Integration of Care for Substance Abuse, Mental Health, and Other Behavioral Conditions. According to Hartzler (2016), the health policy paper was drafted and enacted in 2015 to address issues related to the integration of behavioural care into primary care. The policy paper was drafted by the Public and Health Policy Committee of the American College of Physicians (ACP) to address issues that affect the healthcare system of the U.S. public and the practice of medicine.

There have been a lot of challenges regarding the integration of behavioural health into primary healthcare settings. According to Crowley and Kirschner (2015), providing healthcare support to addicts and other behavioural conditions, such as mental health, has been difficult due to the different services and skills which are required to handle such conditions. The policy paper defined the process and examination methods that should be adopted to make sure that the integration of behavioural conditions into primary healthcare settings is faster and that physicians and nurses can offer better healthcare services to individuals with behavioural conditions individuals (Saitz, Wakeman, & Kelly, 2016). The current policy needs to be changed so that it can be easy for people with behavioural conditions, mental health problems, and substance abuse to have access to primary healthcare services like other patients.

Context and Importance of the Problem

Behavioral health has not been covered by the Affordable Care Act (ACA) and other government-related insurance covers, and this makes it difficult for individuals suffering from substance abuse and other related illnesses to access medical services. Research has indicated that there are several people suffering from behavioural health such as substance abuse and mental in the United States. And the majority of them cannot access healthcare services due to a lack of healthcare insurance. It is simply because the Affordable Care Act (ACA) does not cover substance abuse and mental health treatment. It is also evident that most healthcare facilities, such as hospitals, do not treat behavioural

health issues, and therefore, this creates a big gap in the provision of healthcare services to the public.

However, the enactment of integration of behavioural health into primary healthcare settings so that substance abuse and other behavioural conditions can receive primary healthcare like other illnesses. It will also increase the accessibility of healthcare to drug addicts and other individuals suffering from behavioural conditions. According to Richardson, McCarty, Suleiman, and Radovic (2016), failure to actualize the policy knocks several individuals out of better healthcare services, and it can increase cases of drug abuse and mental problems in the country. Therefore, the policy paper provides a better way of addressing drug addiction and mental problems, which are rampant in the country.

Research has shown that 20% of adolescents in the U.S. suffer from mental health problems, and another 30% are drug addicts; therefore, they need proper medication. The policy paper improves the treatment services and also recognizes disorders in primary healthcare settings. As stated by Nelson (2017), once the disorders and other behavioural conditions are recognized in primary healthcare settings, it is likely to reduce the problem of Opioid addiction in Medicaid since other covers can cover the addiction as well.

Description of Policy Proposal Options and Alternatives

The integration of Care for substance abuse, mental health, and other behavioural health conditions is a policy used to make it easy for patients suffering from behavioural health conditions to get primary health services. Behavioural health includes care for patients suffering from stress, substance abuse, and mental health and therefore, the policy provides a better platform to look at behavioural health issues as primary care. It also monitors the different approaches which are being used in the integration of care delivery and provides various recommendations which can be used to improve healthcare services for people suffering from various behavioural conditions, mental health, and substance abuse as well. As stated by (), the policy integrates the provision of healthcare services, and therefore, it allows the affected individuals to have access to the Affordable Care Act healthcare package, which includes Medicare and Medicaid, so that anyone with mental health, stress, or a drug addict can have access to treatment without any difficulties.

Critique of the Options and Alternatives

Studies have indicated that the policy has improved access to healthcare services for most addicts, such as Opioid addicts and other substance abusers. It also ensures that mental health problems are problem treated in the country and individuals with mental issues can access primary healthcare services; therefore, it reduces the number of people suffering from mental problems. The integration of behavioural health into primary health settings allows individuals affected to have access to

universal healthcare, especially Medicare and Medicaid Services (Traynor, 2016). This makes healthcare services affordable and accessible to the majority of Americans. Research has established that the policy makes it easy for patients suffering from opioids to have access to medicine through various pharmacies, not only through one pharmacy before, therefore, but it also makes the treatment of addicts such as opioids efficient and effective (Satel, 2017). The major problem is seeking medication for mental problems and Opioid addiction in a small community; therefore, the integration makes it easy to access treatment and also removes the stigma related to Opioid addiction

It is possible that the policy might burden the government and, hence, taxpayers. It is likely to increase the number of people who have access to Medicaid and Medicare, and this will result in an increase in government spending. In most cases, the government offers little support to the treatment, and since the bill was established, behavioural health and other disorders can have access to treatment in primary health settings, and this increases the workload of nurses and doctors. It also creates more challenges in healthcare settings since it demands that all healthcare facilities have experts or professionals who can handle behavioural health issues in order for them to get better treatment.

Conclusion and Recommendation

It is recommended for the government to increase funding to Medicaid and Medicare so that several people suffering from opioids can have access to treatment. The integration of behaviour into primary healthcare settings can be efficient if the Affordable Care Program (ACP) provides support for behavioural integration. It is also recommended that ACP should provide support for more research regarding behavioural health to allow the integration into primary healthcare settings to be effective so that nurses and physicians and the entire medical practitioners within the primary healthcare settings can understand and provide better healthcare support to patients suffering from substance addicts like Opioid and mental health problem as well. All relevant stakeholders should start the process of reducing the stigma, and this can be done through the education of various stakeholders and the community. However, the integration of behavioural health, mental and substance abuse into primary healthcare setting policy is essential to the treatment of various disorders, and therefore, it should be supported by all stakeholders.

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