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The Health-Promoting Effects of Insurance Coverage

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There is much to learn from Kozloff and Sommers' timely analysis of National Survey on Drug Use and Health data.¹ This analysis examines the effect of the passage of the Affordable Care Act (ACA) on a particularly vulnerable population: those between the ages of 19 and 25. Why, you might ask, is this population vulnerable? They are in the prime of life, usually unfettered by medical problems and contemplating all the exciting, if daunting, prospects that life might offer them.

They are vulnerable because this is a critical window for the development of psychiatric conditions, with the peak age at onset occurring at age 14 years.² Psychiatric illnesses at this particular juncture carry significant consequences. At best, they delay the transition to productive adulthood. At worst, they hinder the individual's ability to develop the necessary coping skills to manage stress, deficits that can be long-lasting. Needless to say, many of these conditions become chronic and relapsing, further impairing the individual.

The dire vulnerability of this young group is clearly quantified in the large percentage of 19- to 25-year-olds with mental illness who acknowledged suicidal ideation. Although the authors do not report statistical comparisons of the 19- to 25-year-olds to the 26- to 34-year-olds, it is striking that the percentages of individuals with either mild or moderate-to-severe mental illness appear quite similar, while the rate of suicidal ideation looks quite different: 32.9% versus 18.5%. Whether this pronounced difference in suicidal ideation is due to more rudimentary coping skills in the younger group is unknown, but what it does underscore is that this is a group that needs medical attention.

The report documents how the ACA made a small, but significant, difference for the mental health of 19- to 25-year-olds by providing insurance coverage under parents' insurance policies. While the proportion of young people with mental illness was about 19.2%, there was an 11.7% increase in private insurance coverage among these individuals, compared to the older control group. That is, about 2% of previously uncovered 19- to 25-year-olds with mental illness now had access to care. In fact, monthly outpatient treatment increased modestly (2%). Importantly, modestly fewer (2.3%) young adults with psychiatric conditions said they were in fair or poor health. Moreover, in the 19- to 25-year-old group with moderate-to-serious mental illness, 12.3% fewer stated that cost was a barrier to receiving mental health care, a finding not observed in those ascertained to be mildly ill.

At this point, the reader may be underwhelmed.

But note that even in this sample, 2% of the 19- to 25-year-olds comprises several hundred young people, and if we look at the entire US population, 2% of this age group translates into about 600,000 individuals.³ It is because of these daunting numbers that we need to work together to ensure that health coverage in the United States is as comprehensive as possible and that citizens do not lose their coverage. Analyses such as those presented in this article offer tools in the armamentarium to tackle this bipartisan issue.

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