



## Op-Ed: Health Plans Must Stop Treating Mental Health Care as an Afterthought

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In Tibetan tradition, thousands of years old, mental health and physical health are considered inseparable. Yet in the most innovative state in the world, our health care system seems to treat behavioral health as an afterthought.

I've seen the challenges of accessing counseling and medication both from my own perspective as a patient and as an advocate for Tibetan, Indian, and Nepali immigrants in the health care system. It's time California leaders addressed flaws in a system that makes mental health too expensive, fragmented, and unresponsive to California's diverse cultures and language needs.

A recent [survey](#) of Californians found two top worries: affording health care and accessing help for behavioral health. I've encountered both. A few years ago, I was struggling with anxiety and sleeplessness, a common experience for families like mine who were displaced from our native country and endured traumas immigrating to the U.S.

Even though I had health insurance coverage I purchased through Covered California, it took me two months to get a referral for counseling. When I finally connected to a therapist through the health plan's outsourced network, she steered me toward using an app, rather than the talk therapy I needed.

When I was prescribed medication, my health plan wouldn't cover it, and I couldn't afford it out of pocket. I was supporting two sons as well as my mom. I was also attending college, and my older son was about to start. A monthly \$150 prescription wasn't an "extra" we could afford. Regardless, no one should have to pay out of pocket for care our health plans are supposed to cover.

I realized through this experience that if I encountered so many challenges as an English-speaker, imagine what people in my community were going through to find a counselor who could treat them in Nepali, Hindi, or Tibetan languages. It's no wonder communities of color have the [lowest rates](#) of accessing behavioral health care. I became a care coordinator and advocate so I could help my community navigate these challenges.

The trauma my clients carry from their native countries is compounded by the fear and stress of proving their asylum claims and obtaining legal status in the U.S. Taking care of mental health is essential through this process, but maintaining care through unsteady employment, language and immigration barriers is nearly impossible.

Recently, I supported a client who was enrolled in Medi-Cal, then in employer insurance, then in Medi-Cal again. By the time she was able to see a counselor for a



few sessions, she was disconnected and had to start over again. As she struggled through the stress of the court process, I advocated for her behavioral health support. But it shouldn't have to be this hard - regardless of where you come from or what language you speak.

Right now, California lawmakers are considering legislation that would begin to fix some of these gaps to make mental health care more affordable and accessible. AB 2551, by Asm. Sade Elhawary (D-Los Angeles), is urgently needed.

Also known as the Behavioral Health Affordability Act, the legislation would require health plans to report how often and why their members have to go outside the health plan network to get timely,

affordable, culturally and linguistically responsive behavioral health care. Plans would also have to report how much their members are paying out of pocket for this care. Finally, it would provide critical data on the capacity of plans to meet Californians' needs in behavioral health - surveying behavioral health providers about whether they are contracted with a health plan and the type of insurance including commercial coverage, Medi-Cal or Medicare.

Tibetan wisdom can teach California so much, including that mental and physical health should be treated as one. I urge lawmakers to pass AB 2551 and push our health care system toward truly meeting the needs of both our bodies and our minds.