

A Bold Vision for America’s Mental Well-being

It’s Time to Redesign the U.S. Mental & Behavioral Health System

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Mental health is foundational for our overall well-being and must be prioritized to improve both health care and society. Unfortunately, there has been an increase in mental and addiction issues in America. As of 2018, approximately 19% of all adults carried a mental health diagnosis and approximately 20.3 million people aged 12 or older had a substance use disorder.^{1,2} The data also shows an increase in suicides (suicide was the 8th leading cause of death overall and second for young people ages 10 years to 34 years)^{3,4} indicative of increased severity of illness and related negative impacts. In 2019, rates of death from alcohol, drugs, and suicide increased,⁵ with preliminary data from 2020 showing that drug overdoses increased by over 30%.⁶

Statistics like these demonstrate the vital role mental health treatment and care has to play in supporting healthy communities, especially for individuals already dealing with a mental or behavioral health diagnosis. Yet, there are low rates of treatment across the care continuum. Fewer than half of adults with any mental illness receive any treatment, and access is even worse for kids and adolescents as less than 60% of youth experiencing depression receive treatment.⁷ Those with substance abuse diagnoses are receiving even less treatment with only 11% accessing services.⁸

Access to mental health treatment is impacted by numerous issues including: geography, workforce issues, cost and health insurance coverage, with disparities for racial/ethnic and other underrepresented groups. There are not enough clinicians available or that accept health insurance to meet existing demand. Policymakers must do all we can to increase workforce numbers but in doing so must recognize that these steps alone are insufficient to solve our many problems. We must become more creative with how we think about who does, what, where and for whom. In addition, local communities mirror our society: melting pots of people with different backgrounds and perspectives working together for the betterment of all, which

¹ The State of Mental Health in America. Mental Health America. <https://mhanational.org/issues/state-mental-health-america>

² <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

³ <https://www.cdc.gov/nchs/data/databriefs/db398-H.pdf>

⁴ <https://www.nimh.nih.gov/health/statistics/suicide>

⁵ <https://wellbeingtrust.org/wp-content/uploads/2021/05/PainNationExecSumm-2021-FINAL-1.pdf>

⁶ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

⁷ <https://mhanational.org/issues/state-mental-health-america>

⁸ Ibid.

makes it all the more important to reconsider how we can bring local communities into the continuum of care.⁹ Access priorities should also find ways to engage diverse groups with differing needs within each community, such as LGBTQ+ and communities of color, as care lacking in a culturally humility-based approach often leads to conditions that are underdiagnosed with poorer treatment outcomes.^{10,11}

The Coronavirus Disease 2019 (COVID-19) pandemic has contributed to unprecedented psychological and social strife felt by our entire country and world. Over 50% of adults have reported increased anxiety and depressive symptoms related to the pandemic.¹² Many adults have also reported new or increased substance use due to stress, and unfortunately the rates of overdose have also increased by nearly 30%.¹³ Older adults were impacted by COVID-19 most severely with high mortality rates. Those over 55 also reported psychological distress at doubled the rate with it tripling for communities of color and low-income adults.¹⁴ The pandemic has most significantly impacted the mental health of children and young adults. For example, mental health-related visits to the emergency department for children aged 5 to 11 years old and adolescents aged 12 to 17 years old of increased by 24% and 31%, respectively in the past year.^{15,16,17}

The impact of COVID-19 on the health care and social welfare systems of the United States placed a spotlight on existing systemic weaknesses, and subsequently has led to some policy developments that aim to address the issues in mental health treatment and care. Nevertheless, we are now coming to terms with the true size of these problem and need for modern reforms to improve our response to the current crisis. Reimagining mental health care in America can solve for new and decades-old problems in ways that strengthen our communities and give us a more complete promise for our future.

Crisis to Address in Short-Term

Existing unmet needs combined with anticipated increases in demand will further overwhelm local systems. The following suggest we have a looming mental and behavioral health crisis

⁹ <https://thinkbiggerdogood.org/enhancing-the-capacity-of-the-mental-health-and-addiction-workforce-a-framework/>

¹⁰ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a3.htm>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/22964371/>

¹² <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-july-2020/>

¹³ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

¹⁴ <https://www.commonwealthfund.org/publications/issue-briefs/2020/jul/medicare-mental-health-coverage-covid-19-gaps-opportunities>

¹⁵ <https://mhanational.org/issues/state-mental-health-america>

¹⁶ <https://www.cdc.gov/childrensmentalhealth/features/kf-childrens-mental-health-report.html>

¹⁷ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

within communities across America requiring immediate attention by Congress and the Administration:

- **Trend for Service Demand Going Up:** The COVID-19 pandemic, with contributing economic stress and isolation, and other factors have devastated our collective mental and behavioral well-being increasing the demand for mental and behavioral health services within communities across America.¹⁸
- **#988 Success and Future Challenge:** Passage of the #988 crisis hotline legislation last Congress is a big step forward to improve the National Suicide Prevention Lifeline (NSPL), expected to improve access to available crisis-related services.¹⁹ Unfortunately, many local systems lack the capacity to meet current demand and any increases once the hotlines are up and running.
- **Crisis Intensifying:** Many communities already do not have the resources to address the current unmet demands for services for appropriate triage. The #988 system is a big step forward but its success may reach a breaking point in the near future, necessitating immediate improvements across the continuum of mental and behavioral health care.

Smart Policy & Resource Planning Can Fuel a Modernized System of Mental Health Care and Overall Well-being in America

The federal government spends over \$380 billion dollars a year on mental and behavioral health services.^{20,21} A large portion of those funds are programmed and allocated by the Centers of Medicare and Medicaid Services (CMS) through Medicare, Medicaid, other federally subsidized health coverage programs (like Affordable Care Act compliant health plans and Indian Health Service) that fall under the Senate Finance Committee’s jurisdiction. These dollars are spent on reimbursements for medical services delivered to beneficiaries, support for the development, and maintenance of our medical workforces (ex. Graduate Medical Education payments to hospitals), and operating funding for such things as community health centers (among others).

In addition, the Public Health Service Act, the domain of the Senate Health, Education, Labor, and Pension Committee, and other federal laws provide for billions more in funding for various

¹⁸ https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf

¹⁹ <https://blog.samhsa.gov/2021/05/14/groundbreaking-developments-suicide-prevention>

²⁰ Dieleman JL, Cao J, Chapin A, et al. US Health Care Spending by Payer and Health Condition, 1996-2016. *JAMA*. 2020;323(9):863–884. doi:10.1001/jama.2020.0734

²¹ Substance Abuse and Mental Health Services Administration. Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020. HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4883.pdf>

mental and behavioral health program, like through the Health Resources and Services Administration and Substance Abuse and Mental Health Services Administration.

For all of this spending, a unified strategy is not apparent for how these federal programs, agencies, and departments are to expend funds nor is there a clear goal of how they collectively advance our nation's mental health. Importantly, we need a multipronged strategy for advancing mental health that includes a new approach to support a workforce, both licensed and unlicensed, improving and establishing funding mechanisms that support innovative models of care delivery, and encourage community programs that address other unmet mental health needs we have today.

Finally, we need a fundamental reframe of America's relationship with mental and behavioral health by redesigning local systems in communities all across this nation to empower them to have a greater and stronger response to the needs they are facing in the moment. Our local communities should bring forward their most promising solutions and have the federal government support and learn from their efforts with the end goal of sharing and spreading collective mental health improvement.

Americans should have greater opportunities to involve the practice of mental and behavioral well-being in all phases of their lives – from birth to death.

The Way Forward: Establishing a Bold National Strategy for U.S. Mental & Behavioral Health System Modernization

A national strategy can help get us there – one founded on the principles of smart planning and funding allocation strategies designed to:

- Integrate mental health more seamlessly throughout delivery and financing options to assume better ease of access;
- Enhance delivery within local communities through innovative workforce and program modernization and coordination;
- Update mental and behavioral care programs to improve availability, cost management, and quality; and
- Improve how federal funds and other resources are planned for and allocated for to increase the return on our nation's investment through better mental and behavioral health outcomes.

Legislative and regulatory efforts to foster greater collaboration among local, state, and federal leaders supported by system design controls focused on increasing continued learning and best practice development as a means of fueling future modernization efforts can go a long way

toward better justifying current expenditures and increase opportunities for new resources to address current and future needs.

There are some key steps Congress can take this year to begin improving mental & behavioral health in America

Step 1: Rapid Response: Congress needs to act in the short-term to address glaring and obvious needs that communities across the country are struggling to address during a national health emergency that continues to this day. There are policies and models, like the collaborative care model, that could have an immediate impact in responding.

Step 2: Relationship Adjustment: Congress should use the legislative process to reimagine the relationship between how the federal government funds and engages with local communities. The vast amount of federal funds, and the rules governing how they are given to states or spent, is the foundation for much of what we think of as mental & behavioral health today. The many different programs and authorities that the federal government uses to fund services act as individual silos lacking ability to cooperate effectively because each fail to coordinate effectively with the others.

Congress should begin to redefine its relationship with communities and local health systems to create or otherwise improve access to medical and non-medical mental and behavioral health services for those in need. The goal is to promote greater leadership within communities through use of federal financing mechanisms that appropriately balance the national interests of the federal government with those of local leaders and citizens. Much of the foundation needed to support modern systems are already in place. Therefore, reforms should focus on reprogramming and redevelopment activities where possible throughout federal agencies, like better connecting public health and mental health systems, to minimize disruption to take advantage of the existing systems.

An Example: Community Mental Health Services Block Grant (CMHBG) Reform. CMHBG is a federal program designed to fund local community mental & behavioral health programs. It operates through local community leadership with federal interests being met through a series of performance requirements communities have to meet in order to secure federal funds. This program, and others like it, are ideal for fostering a collaborative and iterative partnership between federal funding and the local communities charged with leading modern efforts to address existing and future mental and behavioral health needs. Enhancements to the program as reorienting other federal spending in line with an enhanced CMHBG could further improve the benefits to both the federal government and local communities.

Step 3: Redesign the System: Congress will establish a strategy for redesigning mental and behavioral health services in America, including improved funding mechanisms. In doing so, Congress should also help the Administration develop a modern national strategy for:

- How annual federal funds and other resources can be better spent in support of the mental and behavioral needs of local communities in across the country;
- Better data collection to justify the need for current federal resources allocated annually to make mental and behavioral health services available to Americans;
- Better identifying where and how to allocate new funds to address existing issues and improve how efficiently new resources are allocated with an eye on improving the returns for federal, state, and local governments.
- How to better integrate and implement the whole health systems approach to mental and medical care on the local, Tribal, state, regional and federal levels to foster greater collaboration across what has been described as traditionally separate silos of care;
- How to improve service access to meet current unmet needs and the outcomes of individuals who end up using them (whether new or existing service users);
- How to modernize and better equip the workforce in local communities to meet growing service demands while ensuring that the quality of those services does not suffer;
- How to leverage schools and workplaces to reach all Americans where they spend the majority of their time;
- Address the disparities among underserved groups, like communities of color and LGBTQ+ communities, and other intersections through increased access to care and staff and provider training in culturally humility-based practice.

Step 4: Reevaluate Continuously: Congress can use an annual update process to drive meaningful reform incrementally and improve the feedback loop between the American people's experience and the federal government's response. Build not only a "smart" system but a "system of learning", which can automatically improve or adjust based on the current mental and behavioral health needs of communities rather than on waiting for Congress to act.