



HEALING

THE NATION

Advancing Mental Health and Addiction Policy

EXECUTIVE SUMMARY



## Our Nation is Hurting.

Increases in economic disparities, declines in social connectivity, increased discrimination based on race, gender, gender identity, and country of origin, and the ever-challenging cost of health care all play a role—but there are known solutions to prevent future needless pain and suffering.

For our country to make a meaningful impact on what matters to people and their health, we need to address needs in a comprehensive, culturally relevant, and community-focused manner.

For more than a decade, the dominant health policy landscape has focused on improving outcomes, decreasing costs, and enhancing patient experiences for physical health.<sup>1</sup> While these goals are important, policy has treated mental health as an afterthought and, despite best efforts, we have yet to see a robust policy agenda that elevates the importance of mental health alongside physical health.

**Faced with unprecedented urgency – it is time to bring mental health to the top of our agenda.**

**Healing the Nation identifies specific federal legislative and regulatory actions that policy makers can take, right now, to improve the nation’s approach to mental health.**

## Entry Points to Advance Mental Health.

When healthy community conditions, good coverage, and inclusive policies are in place, we can achieve positive outcomes that improve the mental health and well-being of all. Our guiding principle for this action guide is that our health policies and solutions must be inclusive, especially for our most vulnerable, including veterans, Native Americans, LGBTQ people, pregnant and postpartum women, unhoused individuals, immigrants and others.

*Healing the Nation: Advancing Mental Health and Addiction Policy* focuses on multiple areas for engagement with a specific emphasis on five main entry points:



**Health Systems.** The opportunity for effectively addressing mental health through health systems is immense. If mental health were treated like any other medical condition and everyone could easily access quality care, the nation’s mental health and well-being would be greatly improved. This guide provides the steps to do just that, including policy solutions for integrating physical and mental health care (primary care, hospitals, and community mental health centers); solving the opioid epidemic; improving insurance and reimbursement; and investing in the future.



**What makes it so hard for people to get mental health care in America?**

**>33%**

wait more than a week to access a mental health clinician

**~50%**

drive more than one-hour round trip to mental health treatment locations<sup>2</sup>

**50%**

of counties with no psychiatrist

**111 million**

people live in areas with mental health professional shortages<sup>3</sup>

**10%**

with an identified substance use disorder (SUD) received care

A mental health office visit with a therapist is

**5x as likely to be out-of-network**

when compared to a non-mental health office visit<sup>4</sup>



**Judicial System.** Each year, millions of people with mental health conditions end up in contact with justice systems for various offenses—often minor—in large part because they did not receive the mental health care they needed. This guide provides policy solutions for diversion from incarceration, care while incarcerated, and improving re-entry into communities.



**Education System.** Schools (including colleges and universities) and early childhood education (ECE), i.e., childcare, preschools, and Head Start) are in a particularly unique position to address youth mental health needs. Children and youth spend most of their time in school settings, and schools are a hub of neighborhood life. With the proper resources, schools, colleges and universities, and ECE can effectively provide mental health services to students and encourage the early development of emotional well-being and resilience. This guide provides policy solutions for promoting good mental health, increasing access to funding and resources, and establishing connections between vital community resources.



**Workplace & Unemployment.** The workplace is an ideal intervention point for working-age adults, who constitute 63 percent of the U.S. population.<sup>5</sup> Employers can play a major role in addressing workplace mental health from the benefits they purchase to the onsite services and programs they offer. This guide provides policy solutions for advancing workplace interventions, with a special focus on job loss and disability.



**Whole Community.** Mental health and recovery are impacted by all aspects of life and marshalling the resources and expertise of the entire community to improve mental health will be more powerful than any single program or intervention. This guide provides policy solutions to help communities build collective impact, normalize the conversation about mental health, and vitalize social and economic life.

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## Focus Populations

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Special considerations should be given to how specific populations are impacted differently by mental health issues but also the continuum of care needed to address them because current approaches do not meet the needs of many. This section discusses policy making focused on intersecting identities in general and highlights just a few of the specific recommendations included in the guide:

- **Individuals with Co-Occurring Mental Health Disorders and Intellectual and Developmental Disabilities (IDD).** People with IDD die 16 years earlier, on average, than the rest of the population. Individuals with IDD face a higher prevalence of mental health conditions, and policy must better promote health equity for this population. The guide includes many recommendations for improving care for those with IDD, including that the federal government should put in place incentives in federal funding streams in both mental health and IDD to strengthen the coordination between the two systems and ensure that individuals with IDD and mental health conditions get access to effective care.
- **Pregnant and Postpartum Women.** One-in-four mothers of infants below the poverty threshold experience moderate-to-severe maternal mental health disorders and only 15 percent receive care.<sup>6</sup> Among other things, *Healing the Nation* recommends the federal government make Medicaid coverage for women up to one year postpartum a mandatory eligibility category for coverage and include measures of screening and effective coordination of care for maternal behavioral health in hospital incentive programs for care transitions and quality/safety.
- **Unhoused Individuals.** Having a mental health condition puts individuals at increased risk of becoming unhoused, and becoming unhoused increases exposures to trauma and adversity that also increase the risk of developing a mental health condition or exacerbating a current issue. The federal government should allow Medicaid funds to be used for reimbursing the education of housing authorities about the risks of housing insecurity and what resources are available to meet those needs in addition to the guide's other policy recommendations.
- **Native Americans.** Native Americans have been disproportionately affected by the opioid and suicide epidemic, partially due to intergenerational trauma. To ensure Native Americans benefit from the same policies as others, *Healing the Nation* recommends, among other things, the federal government ensure the Indian Health Service is engaged in the same reform efforts as the Centers for Medicare and Medicaid Services in mental health and increase funding to build capacity for these efforts as appropriate.
- **Veterans.** One-in-five veterans of the Iraq or Afghanistan conflicts have major depression or Post-Traumatic Stress Disorder (PTSD), and one-in-four show signs of substance use disorders.<sup>7</sup> Veterans must be given timely access to high quality mental health and well-being services. To reach this goal, the guide recommends the federal government provide funding to ensure all veterans transitioning to civilian life are connected with comprehensive services and supports and receive education on possible warning signs for which they may want to seek services.
- **LGBTQ People.** Children who identified as a sexual or gender minority were more than three times as likely to have attempted suicide.<sup>8</sup> Much of these disparities likely arise from discrimination and isolation and are compounded by a lack of access to culturally competent care. *Healing the Nation* recommends the federal government create incentives in reforms that improve school culture and student mental health and provide additional financing for schools that implement effective strategies that reduce disparities in belonging and safety for students that identify as LGBTQ, including specialized services for suicide prevention.

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- **Immigrants.** Policy should ensure that people immigrating to America have the support they need to thrive. Once in America, individuals may face exclusion and isolation as they try to navigate a new social and economic context, and this too may lead to worse mental health outcomes. As such, the guide suggests the federal government make it impermissible to use any information related to seeking mental health treatment for any aspect of immigration enforcement and provide funding to disseminate this information to immigrants and for education about the availability of mental health services as part of immigration services.

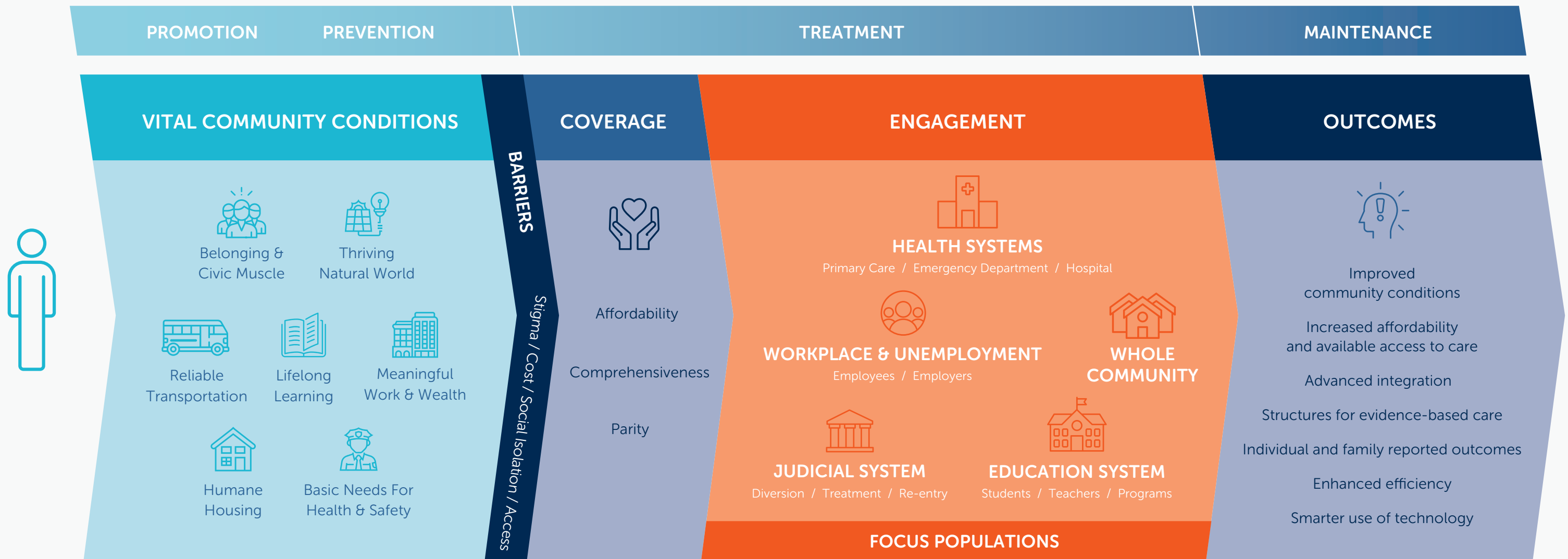
**No matter where you start with this guide—with a target population, access point, or intervention strategy—there is a way to create a more comprehensive policy to improve and evaluate mental health outcomes.**

**The guide identifies specific federal legislative and/or regulatory actions that policy makers can choose from in order to improve different aspects of our nation’s approach to mental health. Here are just five of those actions that can be taken right now:**

- 1 The federal government should ensure that hospital payment models and quality programs **incentivize assessing mental health at every interaction as a vital sign** — not only during well visits. This should include integrating screening and treatment into episode-based payment models for health conditions for which there are frequent mental health comorbidities, such as cardiovascular diseases, cancers, and pulmonary diseases.
- 2 The federal government should **provide long-term funding for states to continue programs** such as Money Follows the Person and the Balancing Incentive Program to ensure people with intellectual and developmental disabilities and mental health conditions have consistent access to comprehensive, high-quality services and supports outside of institutional settings.
- 3 The federal government should **increase incentives for individuals to join the mental health workforce** and for training programs to actively recruit and effectively train diverse individuals to meet underserved needs and provide more culturally competent care.
- 4 The federal government should **create a seed fund that supports primary care providers**, especially Federally Qualified Health Centers and Rural Health Centers, in developing the necessary capacity to begin seeking sustainable reimbursement for integrated mental health care services (which could be effectively paired with parity initiatives).
- 5 The federal government should create incentives in funding programs that go to municipalities that have **created effective policies or strategies for ensuring access to affordable housing**.

# Framework for excellence in mental health and well-being

The framework for excellence in mental health is a guide for changemakers at every level of society who seek to improve mental health outcomes and promote well-being for millions of Americans.



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## References

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