

Mental Health and Well-Being for a Healthy PA

COVID-19 exacerbated the challenges of everyday life and made accessing basic resources like health services, affordable housing, childcare, and food more difficult for many Pennsylvanians. Moreover, the social isolation, disruption and financial hardship brought about by the pandemic have had a lasting effect on people who struggle with mental illness.

Suicide is the second leading cause of death in Pennsylvania for people ages 10 to 34 years old. In 2020, more than 76,000 people called the Suicide Prevention Lifeline in Pennsylvania. From 2019 to 2021 in Cumberland County, there was a 28 percent increase in 911 calls that were coded as psychiatric (compared to a 4 percent increase in overall 911 calls). Suicide deaths in Cumberland County nearly doubled (increasing from 14 to 26, between 2019 and 2021) and rates almost tripled in Perry County (growing from 6 to 15).

As a result of rising health needs, inflation, and long-standing workforce shortages, demand for mental health services has reached an all-time high. Critical policy solutions include increasing county-based funding and advancing mental health parity, plus creating stronger workforce incentives, developing the National Suicide Prevention 988 hotline, and strengthening school mental health systems.

Access

Increase funding for county-based services

The populations of Cumberland and Perry Counties have grown by more than 10 percent since 2010. However, the Cumberland-Perry Mental Health Office has not had a budget increase by the state in over 10 years. Amidst the rise in annual insurance, salary, and related operating expenses, the agency has successfully contained administrative costs to less than 6 percent of its budget. But the demand for services continues to increase, despite fewer financial and staffing resources to meet demand. Between 2019 and 2021, the number of individuals in Cumberland County receiving county mental health services increased by 15 percent.

Counties provide essential community-based mental health services, such as community residential programs, family-based support, outpatient care, and crisis intervention, which are critical to the well-being of our communities, especially for those without sufficient insurance coverage. The Commonwealth needs to strategically invest funding into county mental health services to support the existing safety net and increase the availability of services.

Improve mental health parity

According to the National Alliance on Mental Illness, the Affordable Care Act (ACA) of 2010 improved mental health parity but still fell short in some ways. One example is Medicare – it limits individuals to just 190 days of inpatient psychiatric hospital care over their lifetime. Achieving parity would mean lifting that cap - just as there is not a cap for in-patient hospitalizations for any other health conditions.¹ At the federal level, decision-makers should ensure ongoing improvement of comprehensive mental health coverage and consumer protections.² At the state level, policymakers should enhance state-level insurance requirements, as well as continue oversight and enforcement of existing parity measures in the ACA.

Systems

Incentivize the workforce

Individuals seeking mental health care are often declined or put on a waiting list because of a lack of providers or the limitations of providers who aren't accepting new patients. According to a 2020 report by Well Being Trust, "33 percent of individuals who seek care wait more than a week to access a mental health clinician, 50 percent drive more than a one-hour round trip to mental health treatment locations, and 50 percent of U.S. counties have no psychiatrist."³ Key factors that further strain the workforce are the cost of education to enter a poorly compensated field and to locate in underserved areas, such as rural communities like Perry County. To encourage more people to join the mental health workforce or return to the workforce, federal and state policymakers should expand loan repayment programs for mental health professionals to practice in underserved areas and raise Medicaid reimbursement rates for treating mental illness.

Providing a lifeline with 988

The National Suicide Hotline Designation Act of 2020 established 988 as a call hotline for suicide prevention. Launching in 2022, the intent is to strengthen and expand the Lifeline and transform the behavioral health crisis care system to one that saves lives by serving anyone, at any time, from anywhere. Several core elements will support 988 responses and bolster access to services in Pennsylvania, including co-responder models that coordinate with police and mental health professionals; the creation of more crisis stabilization centers; and peer respite centers, which allow for individuals in need to receive mental health evaluation and resources. The estimated annual cost to have an effective crisis call center in Pennsylvania is projected to be \$30 million. We support continued planning to successfully launch 988 and identify a sustainable funding mechanism to offer these essential mental health services.

Support comprehensive school mental health systems

According to the National Center for School Mental Health, "Effective comprehensive school mental health systems contribute to improved student and school outcomes, including greater academic success, reduced exclusionary discipline practices, improved school climate and safety, and enhanced student social and emotional behavioral functioning."⁴

In Pennsylvania, there is a Student Assistance Program (SAP) in each middle and high school, as well as in some elementary schools, including in Adams, Cumberland, and Perry Counties. The purpose of SAP is to provide resources for families, school personnel, and community members when students are showing warning signs of behavioral problems which may impact their academic success. Local school districts have built upon these efforts in a variety of ways, including hiring additional professionals, providing training for staff, conducting needs assessments, and implementing additional evidence-based processes, policies and practices. Local school boards should support their school districts in identifying and implementing the most appropriate strategies to improve the well-being of their students.

¹ National Alliance on Mental Illness. Medicare 190-Day Lifetime Limit. <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Medicare-190-Day-Limit>. Accessed April 7, 2022.

² National Alliance on Mental Illness. Affordable Care Act Coverage Expansions & Consumer Protections. <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Affordable-Care-Act-Coverage-Expansions-Consumer-Protections>. Accessed April 7, 2022.

³ Healing the Nation: Where to Begin? Washington, DC, Well Being Trust, 2020. Available here: <https://healingthenation.wellbeingtrust.org/>.

⁴ Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. Advancing comprehensive school mental health: guidance from the field. 2019. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine. www.schoolmentalhealth.org/AdvancingCSMHS