

Mental Health and Well-Being for a Healthy PA

Accessing basic resources such as healthcare, housing, childcare, and food became more difficult for Pennsylvanians during the COVID pandemic. Long-term impacts continue to affect those with mental illness, resulting in social isolation, disruption, and financial hardship.

Suicide is the second leading cause of death in Pennsylvania for people ages 10 to 34 years old.¹ Suicide deaths in Cumberland and Perry Counties have doubled from 2019 to 2022. In just the two months of April-May 2023, 14,721 calls were received in Pennsylvania to the federally mandated crisis number 988.² From 2021 to 2023 in Cumberland County, there was a 10.4 percent increase in 911 calls that were coded as psychiatric (compared to a 4.1 percent increase in overall 911 calls).

Because of increasing health needs, rising prices, and long-standing workforce shortages, demand for mental health services has reached an all-time high. We must increase funding at the county level, advance mental health parity, provide stronger workforce incentives, and strengthen 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 13 years. The demand for services is increasing, while program expenses continue to rise to recruit and retain an qualified workforce. Since FY19-20, the number of individuals in Cumberland County receiving county mental health services increased by seven percent. Counties play a crucial role in providing necessary mental health services to our communities. The Commonwealth needs to invest funding strategically into county mental health services to support the existing safety net and increase the availability of services.

Improve mental health parity

While the Affordable Care Act (ACA) of 2010 improved mental health parity, it did not fully address all concerns, according to the National Alliance on Mental Illness. One example is Medicare – the ACA 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 inpatient hospitalizations for any other health conditions.³ At the federal level, decision-makers should ensure ongoing improvement of comprehensive mental health coverage and consumer protections.⁴ 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

People looking for mental health care often face rejection or long waiting lists due to a shortage of providers or providers who are not taking new patients. In 2020, a Well Being Trust report found that 33 percent of individuals wait over a week to see a mental health clinician, 50 percent travel over an hour for treatment, and 50 percent of U.S. counties lack psychiatrists.”⁵ 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 to encourage more people to join or return to the mental health workforce.

Providing a lifeline with 988

The National Suicide Hotline Designation Act of 2020 established 988 as a call hotline for suicide prevention. Launched in 2022, the intent was 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 support 988 responses and bolster access to services in Pennsylvania, including the creation of more crisis stabilization centers and peer respite centers, which allow for individuals in need to receive mental health evaluation and resources. We support continued planning to successfully maintain 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 mental health systems in schools improve student and school outcomes. Comprehensive school mental health systems result in increased academic success, less exclusionary discipline, a better school environment, and improved behavior.⁶

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 goal of SAP is to offer assistance to families, school personnel, and community members when students exhibit behavioral indicators that may hinder their academic achievements. Local school districts are taking additional measures to enhance education quality, including hiring professionals, training staff, and implementing evidence-based 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 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2021) 2024 Mar 20. Available from URL: www.cdc.gov/injury/wisqars.

² Saunders, H. Taking a Look at 988 Suicide & Crisis Lifeline Implementation One Year After Launch. KFF. July 14, 2023. https://www.kff.org/mental-health/issue-brief/taking-a-look-at-988-suicide-crisis-lifeline-implementation-one-year-after-launch/?gad_source=1. Accessed April 24, 2024.

³ 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.

⁴ 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.

⁵ Healing the Nation: Where to Begin? Washington, DC, Well Being Trust, 2020. Available here: <https://healingthenation.wellbeingtrust.org/>.

⁶ 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