

Key Messages

Investments Needed to Tackle Behavioral Health Crisis Made Even Worse by COVID-19

- 1. COVID-19 has exacerbated behavioral health challenges. Economic insecurity, social isolation, health concerns, the strain of caring for others or working on the front lines — all have taken their toll.**
 - Anxiety and depression among adults nearly quadrupled between mid-2019 to January 2021. More than 41% of American adults reported symptoms associated with anxiety and/or depressive disorders. And new or increased substance use to manage stress due to COVID-19 has been reported among 13% of American adults.
 - Nationally, drug overdose deaths increased by 34% between 2020 and 2021; California saw an even more dramatic increase, with overdose deaths rising by more than 50% during the same period.
 - Lower income people report higher rates of major negative mental health impacts compared to higher income people. In America, 33% of lower-income households experienced high distress compared to only 17% of upper-income households.
 - At the same time, the distress experienced because of the accumulation of racial discrimination, racial violence, or institutional racism is having a real effect on Black and Hispanic adolescents and adults. Compared to white adults (23%), Black adults (31%) are more likely to report that the pandemic had a major negative impact on their mental health.
 - Youth suicide risk has risen to alarming levels. Hospital emergency department visits for suspected suicide attempts among youth ages 12 to 17 were more than 31% higher in 2020 than in 2019. The numbers are so alarming that the U.S. Surgeon General recently issued a rare public health advisory on the mental health challenges confronting youth, urging action to address what he called an emerging crisis exacerbated by pandemic hardships.

- 2. These spikes mean demand for behavioral health care has increased during a time when the number of providers has decreased, and the challenges in delivering care have never been more complex.**
 - Front-line workers are experiencing high rates of burnout and increased anxiety. A poll in mid-April found that 64% of households with a health care worker said worry and stress caused them to experience at least one adverse effect on their mental health.
 - Mental health providers are also feeling the effects of the pandemic. 78% of psychiatrists surveyed self-reported burnout and 16% had symptoms of major depressive disorder.

- 3. California must prioritize behavioral health investments in prevention, early assessment, identification of needs, and aggressive treatment for all, regardless of health coverage or zip code.**
- Despite major improvements in health care coverage over the past decade, substantial discrepancies persist in available behavioral health care among commercial health plans and public programs.
 - To address California's behavioral health crisis, strategies must mirror those in primary health care where the goal is to **prevent** illness by **detecting early signs**.
 - Investing in prevention, early intervention, and a continuum of services in every community will help Californians with behavioral health needs avoid acute care, hospitalization, incarceration, conservatorships, and institutionalization.
 - Expanding and retaining California's behavioral health workforce must be a priority if we hope to meet the state's growing need for mental health and substance use disorder treatment.
- 4. California must set and monitor improvements in its residents' behavioral health, aiming to improve by at least 10% each year. Specifically, California should measure progress, making sure to:**
- Reduce the delay from onset of symptoms to engagement in treatment for mental health and substance use disorder needs.
 - Reduce the disparities in behavioral health service utilization among racial, ethnic, and sexual orientation/gender identity populations.
 - Reduce the proportion of individuals with mental health and substance use disorder needs in jails and prisons.
 - Reduce the rate of re-hospitalization following a psychiatric hospitalization.
 - Increase the number of children and youth receiving screening for behavioral health needs.
 - Improve the satisfaction of consumers and families with the behavioral health care services they receive.
- 5. California must maximize new behavioral health infrastructure investments to save lives and build permanent treatment capacity.**
- The multi-billion-dollar behavioral health investments in the 2021 Budget Act offer a rare chance for California to create lifesaving care for individuals in crisis.
 - Federal investment is also needed. The Build Back Better Act, which passed the House in November but has stalled in the Senate, includes funding for mental health and substance use disorder care. The bill includes several provisions to increase access to behavioral health services, including \$40 million for behavioral health needs of family caregivers and \$25 million for initiatives to address the behavioral health needs of individuals with intellectual and developmental disabilities. It also expands the Community Mental Health Services Demonstration Program and makes permanent the option for states to provide mobile crisis intervention services.
 - Partial hospitalization levels of care, 24/7 crisis support, naloxone, and crisis and transitional residential treatment can often avert the need to treat an individual in a more costly and restrictive inpatient hospital setting.

- Building on their recent crisis stabilization and acute treatment service investments, California's hospitals are ready to partner with local health and behavioral health providers to bring new levels of care to those in need.