Addressing Unique Needs

Individuals with mental health needs are not a homogenous group — each individual has a range of other identities based on their race, ethnicity, primary language, gender or gender identity, sexual orientation, disability, veteran’s status, or life circumstances. Unfortunately, most mental health services were developed and tested by non-Hispanic white middle-class men on white middle-class men. This legacy informs the training that mental health providers receive and impacts the care they are able to provide. Research demonstrates this empirically — evidence-based treatments are not as effective for some groups when applied without adaptation,\textsuperscript{1} and for issues like linguistic differences, may not be effective at all. In some cases, miscommunications about needs or insensitivity to differences may even lead to worse outcomes than no treatment at all.\textsuperscript{2} Access to mental health services and supports is meaningless unless they are effective for that individual.

\textbf{ACCESS TO EFFECTIVE SERVICES}

As federal policy works to expand access to care for individuals with mental health conditions, it must consider their unique needs. Access to services, non-discrimination, and other requirements meant to ensure fair treatment of all need to take the perspectives of individuals with intersecting identities into account in order to make the policies meaningful.

\textbf{ACTION ITEMS}

- The federal government should ensure that incentives in federally funded mental health care access programs for underserved populations, including provider training programs, consider the unique needs of each community and what qualifies as underserved.

- The federal government should direct specific guidance on, and fund audits of, access and non-discrimination requirements for Medicaid managed care and fee-for-service state plan design as they relate to access to effective mental health care for different intersections. This includes ensuring coverage of the mental health services that best meet the needs of individuals and requiring corrective action to train providers in effectively addressing the mental health needs of people with different intersections.

- The federal government should increase the incentives for individuals to join the mental health workforce and for training programs to actively recruit and effectively train individuals with different intersections to meet underserved needs.

\textbf{SUPPORTING EQUITY-FOCUSED RESEARCH}

Many mental health interventions have not been meaningfully evaluated for effectiveness on different subpopulations, and it is unclear whether they need to be adapted. In addition, many interventions pioneered by subpopulations for dealing with mental health in their communities have not received funding for evaluation, so they have not had the opportunity to demonstrate effectiveness and attain scale. Mental health research policy must help dive deeper and increase breadth to ensure it is inclusive and effective for everyone.

\textbf{ACTION ITEMS}

- The federal government should institute a scoring preference in grants for research that promotes the efficacy of interventions for subpopulations.

- The federal government should set aside research funding to support evaluations of innovations pioneered by subpopulations that have not had the chance to be evaluated.


Individuals with Co-Occurring Mental Health Disorders and Intellectual and Developmental Disabilities

People with intellectual and developmental disabilities (IDD) die 16 years earlier, on average, than the rest of the population. Health care clinicians too often fail to understand their health care needs, resulting in the denial of critically needed services — especially related to mental health. Not only do many clinicians generally lack the knowledge and skills to serve people with IDD, but they also frequently misunderstand whether behaviors are associated with the person’s IDD or mental health condition. Individuals with IDD face a higher prevalence of mental health conditions, and policy must better promote health equity for this population.

ENSURING ACCESS TO EFFECTIVE CARE
By more intentionally considering the intersecting needs of individuals with IDD and mental health conditions, federal policy can ensure that they receive access to meaningful care.

ߛ ACTION ITEMS
• The federal government should provide long-term funding to states to continue programs like Money Follows the Person (MFP) and the Balancing Incentive Program (BIP) to ensure that people with IDD and mental health conditions have consistent access to comprehensive and high-quality services and supports outside of institutional settings.
• 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 on the ground and ensure that individuals with IDD and mental health conditions get access to effective care.
INTEGRATING SERVICES
Integration of effective mental health services and supports into maternity care has received even less attention than other primary care settings, despite the increased stress and developmental implications of pregnancy. That said, a number of innovative maternity care models have been pioneered that provide different kinds of support to women and have been linked to better mental health outcomes, but these have not attained scale. Federal policy can accelerate the integration of services and expand access to effective models of care.

ACTION ITEMS
• The federal government should make Medicaid coverage for women up to one year postpartum a mandatory eligibility category for coverage.

• The federal government should include measures of screening and effective coordination of care for maternal behavioral health in hospital incentive programs for care transitions and quality/safety — including coordination with social services throughout the perinatal period, such as the early intervention Program for Infants and Toddlers with Disabilities (Part C of the Individuals with Disabilities Education Act).

• The federal government should dedicate community development resources for building new centers that offer evidence-based models of comprehensive perinatal care that includes behavioral health supports in underserved areas, in instances where such care would be covered by state Medicaid programs.

• The federal government should create a seed fund that supports maternity care providers in developing the necessary capacity to begin seeking sustainable reimbursement for evidence-based models of comprehensive perinatal care that includes behavioral health supports.

• The federal government should make available planning grants and state learning collaboratives to design and implement effective Medicaid waivers and state plan amendments that meaningfully expand access to evidence-based models of comprehensive perinatal care that includes behavioral health supports.

Pregnant and Postpartum Women
Maternal depression occurs in 10%–20% of new mothers, and the likelihood increases if the mother has had previous depression or financial hardship. Maternal mental health affects the health of the child as well, with unaddressed problems increasing the child’s risk of developing his or her own mental health problems later in life. Despite the prevalence of maternal mental health (MMH) conditions and their impact on early childhood development, pregnant and postpartum women consistently lack access to educational, economic, and health-related assistance.

SPOTLIGHT: FOCUS POPULATIONS
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Unhoused Individuals

Nearly half of America’s unhoused population suffers from a severe mental health condition and/or substance use disorder.¹ 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 need. It is critical to prevent losses of housing or minimize the duration of being unhoused as much as possible to decrease the negative mental health impacts.

PREVENTING HOUSING INSECURITY
While health care has begun to identify housing insecurity as a top priority associated with higher costs and worse outcomes, much less attention has been given to systematic approaches to preventing housing insecurity. Screening and intervention strategies should help connect people to services when they are at risk of becoming housing insecure — not only once they have reached that point. Federal policy can pilot and scale effective approaches to prevention, and it can help ensure that there are affordable housing opportunities available.

ACTION ITEMS
• The federal government should allow Medicaid funds to be used to reimburse education for housing authorities about risks for housing insecurity and what resources are available to meet those needs, and to coordinate those connections if any of those risks are immediately present.
• 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.

ACCESS TO PERMANENT HOUSING
If someone does become unhoused, the most effective intervention is to place them in new housing and support them in this placement. Cost-benefit analyses show that this approach, often called Housing First, cost $23,000 less per person each year than individuals who are housed in shelters.² Federal policy can help communities better capture these longer-term financial benefits and invest in affordable housing.

ACTION ITEMS
• The federal government should expand the Department of Housing and Urban Development’s (HUD’s) Housing First approach, and also dedicate some funds to supporting communities to initiate different financial mechanisms and instruments that could promote additional investment based on the long-term benefits of the program.
• The federal government should include incentives in both HUD and Medicaid funding for coordination to comprehensively support people in their housing placements.

Native Americans

Native Americans have been disproportionally affected by the opioid and suicide epidemic, partially due to intergenerational trauma. Native Americans also face particularly complex policy issues — the Indian Health Service is funded as a separate system from Medicaid, and Native Americans on tribal lands are governed by tribes instead of states, both of which can lead to disparities in how well Native Americans are included in policy reforms.

**FOCUS MENTAL HEALTH POLICY REFORMS FOR NATIVE AMERICANS**

Native Americans could benefit from all of the reforms discussed in Healing the Nation and associated fact sheets, and need policy to support them as they face vast health disparities. At the same time, federal policy must consider the need for additional capacity, given a legacy of federal disinvestment. Policy must also appreciate the sovereignty of the tribes and ensure that the sovereign tribes have what they need to implement evidence-based strategies for mental health.

**ACTION ITEMS**

- The federal government should require that all federal funding sources for mental health be distributed to tribes as well, and given priority based on the greater mental health disparities.
- The federal government should ensure that 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.
- The federal government should make funds available for tribes to build the necessary capacity to join states in the learning collaboratives around different mental health reforms advocated for in this agenda.

“Policy must also appreciate the sovereignty of the tribes and ensure that the sovereign tribes have what they need to implement evidence-based strategies for mental health.”
Veterans

Data show that veterans often experience greater mental health needs at a higher incidence than the general population. 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.¹ Not only do veterans have higher rates of need, they also have a separate system serving them — the Veteran’s Health Administration — which comes with additional policy considerations.

ENSURE SERVICES FOR ELEVATED NEEDS
Being a veteran is another intersection that requires intentional policy consideration. Policy also needs to ensure that the Veteran’s Health Administration is included in reform efforts and has sufficient capacity to meet needs. Federal policy can further build the capacity of the Veteran’s Health Administration for mental health and ensure that it remains cutting-edge.

ACTION ITEMS
• The federal government should ensure that the Veteran’s Health Administration is engaged in the same reform efforts as the Centers for Medicare and Medicaid Services for mental health, and that Veteran’s Health Administration sites are included in incentive programs for expanding access to underserved populations.
• The federal government should provide funding to ensure that all veterans transitioning to civilian life are connected with comprehensive services and supports and receive education on possible warning signs in the future, for which they may want to seek services (e.g. depression).

LGBTQ People

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) people experience profound mental health disparities — and children who identify as a sexual or gender minority are almost twice as likely as their heterosexual, cisgender, or binary peers to report feeling so sad or hopeless that it interfered with their daily activities.\(^1\) Much of these disparities likely arise from discrimination and isolation, and are compounded by lack of access to care that considers the specific needs and experiences of the population.

SET STRONG NORMS FOR SAFETY AND INCLUSION
Many of the reforms for LGBTQ individuals in general will promote access to more effective care. Additional policy attention is needed to prevent the discrimination and exclusion that is likely driving the disparities. The policy opportunities build off of many of the education, workplace, and community policies to offer solutions that are more specific to the needs of this population.

_ACTION ITEMS_
- The federal government should **codify comprehensive non-discrimination protections** for individuals that identify as LGBTQ.
- The federal government should create incentives in **policy reforms that improve school climate and culture and/or student mental health** and provide additional financing for schools that implement effective strategies to reduce disparities in belonging and safety for students that identify as LGBTQ. This should include specialized services for suicide prevention for LGBTQ youth.
- The federal government should include requirements in federal funding for child welfare and transition-aged-youth programs for **evidence-based training in effective strategies for children and youth who identify as LGBTQ**.

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PROACTIVELY ENGAGE IMMIGRANTS
Federal policy can invest in more proactive systems for engaging immigrants to improve mental health and ensure that they have what they need to thrive in their new lives in America.

**ACTION ITEMS**
- The federal government should 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.
- The federal government should fund education about the availability of mental health services as part of immigration services, along with screening and referral to culturally competent mental health care for those interested.
- The federal government should fund municipalities to pilot, evaluate, and scale different approaches to socially and economically engage immigrants and reduce the rates of isolation and exclusion.