SOCIETY OF BEHAVIORAL MEDICINE

POSITION STATEMENT:

Increase Access to Mental Health Services due to COVID-19-Related Parent and Family Stress

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SUMMARY STATEMENT

Society of Behavioral Medicine supports increased mental health services access via expansion of Community Behavioral Health Clinics; enhanced funding for Federally Qualified Healthcare Centers and School Based Health Centers; in-state licensing waivers; and incentivizing provider participation in Medicaid.

THE PROBLEM

The COVID-19 pandemic has affected millions of families causing unforeseen medical, social, emotional, and economic challenges. Profound stressors, such as widespread unemployment, stay-at-home orders, disruptions in school and childcare, and essential workers' demanding and hazardous jobs, have significantly impacted parents' mental health. For children, increased stress may result from multiple factors, including home confinement and disruptions in social, family, and academic domains. When basic human needs such as safety, food, and shelter are threatened or not met, there are often serious mental and physical health consequences. Indeed, over half of U.S. adults reported an increase in stress during COVID-19,[1] with even greater stress among parents,[2,3] women,[1,3,4] those unemployed,[3] and individuals with lower income and from racial/ethnic minority backgrounds.[1,2] These increases in stress can be associated with profound mental and behavioral health concerns, with experts citing increased risk of anxiety, depression, post-traumatic stress disorder, substance misuse, and suicide.[5-9] It is imperative that the extensive social and emotional ramifications of this pandemic are addressed to respond to this mental health crisis.

Prior to COVID-19, millions of Americans had insufficient access to mental health resources.[10] Specifically, one in five adults with serious psychological distress were uninsured, and one in five did not receive needed medical care due to cost.[11] As of 2014, the majority of insurance plans were mandated to cover mental health and substance use disorders.[12] Yet alarmingly, an estimated 27 million people could be newly uninsured due to loss of employer-sponsored health insurance coverage since COVID-19,[13] further limiting access to mental health resources during a time of increased need.

Moreover, there are over 2,500 School Based Health Centers (SBHC) in the U.S., providing healthcare access to >6.3 million students, predominantly from low-income families. Most (65%) of these SBHCs offer behavioral health services,[14] and students are 10 times more likely to seek mental health counseling when a SBHC is available.[15] Due to school closures, many SBHCs have transitioned to providing telehealth services; however, these mental health access points remain lower than pre-COVID-19 levels. Public health policies must address the vast mental health concerns of these youth and take action to expand access during this global pandemic and beyond.

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CURRENT POLICY

The Coronavirus Aid, Relief, and Economic Security Act (CARES)[16] included $425 million dollars in funding – only 0.02% of the entire package - for Substance Abuse and Mental Health Services Administration (SAMHSA) programs, including dedicated funding for Certified Community Behavioral Health Clinics (CCBHC), suicide prevention programs, and mental health and substance use disorder emergency grants. Moreover, $50 billion in provider relief was available to known Medicaid providers for health care-related expenses or lost revenue attributable to COVID-19, with $10 billion allotted for rural providers (including rural Federally Qualified Health Centers [FQHCs]). Yet, there is an extreme shortage of mental health providers who accept Medicaid; for example, only 35% of psychiatrists accept new patients with Medicaid, with low reimbursement rates cited as the most common barrier.[17]

Via Waiver 1135, the Centers for Medicare & Medicaid Services (CMS) has broadened access to telehealth services, with reimbursement rates equivalent to in-person visits for the duration of the COVID-19 public health emergency. States can also seek CMS approval for certain flexibilities, including requests to temporarily waive the requirement that out-of-state practitioners be licensed in the state where they are providing services, as long as they have an equivalent license in another state.[18] There have also been some local-level initiatives for increasing access to mental health care that can potentially serve as models for adoption in other areas (e.g., the Chicago Department of Health partnered with community mental health organizations to provide enhanced funding and telehealth capabilities to expand access to mental health services among people living with serious mental illness).[19]

RECOMMENDATIONS

The COVID-19 public health emergency has highlighted both longstanding and novel barriers to mental health access, and reinforces the urgent need for mental health reforms. SBM recommends federal legislators catalyze mental health reforms in the following ways:

- Increase funding for mental health care access via expanding Certified Community Behavioral Health Clinics (CCBHCs) in every state. CCBHCs help meet critical mental health needs, as they provide a comprehensive range of mental health and substance use disorder services to systemically oppressed populations and receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these populations.[20]
- Expand funding for FQHCs to more adequately meet mental and behavioral health needs. This is imperative given the extreme shortage of mental health providers for patients who have Medicaid, and compromised access to telehealth due to lack of universal Internet broadband availability.
- Support and promote mechanisms or policies that facilitate interjurisdictional practice.
- Incentivize qualified mental health practitioners to accept and treat patients who have Medicaid to increase the availability of high-quality services for the most vulnerable populations.
- Increase funding for SBHCs to include expanded coverage for remote delivery of services for schools providing remote education (e.g., telephone, video [including dedicated sites for video conferencing to overcome internet access barriers]). School reopening plans vary across districts, so this expansion will be particularly important for schools that will be fully remote.

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ENDORSEMENTS

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