



Mental Health for US Policy Platform

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When it comes to effectively and holistically addressing mental health and substance use disorders, we know what works—yet we have not made the policy changes and transformative investments required. Our policy platform outlines the main steps our country must take to improve our currently struggling systems, resulting in better outcomes for all people affected by mental health and substance use disorders and reduced deaths from suicide and overdose.

Prevention: Stakeholders on the local, state, and national levels must unite to foster healthy environments for all Americans that support mental health as a part of overall health.

- The U.S. health care system must prioritize “check up from the neck up” screenings and early interventions so that we can treat mental health and substance use disorders (MH/SUDs) “before stage four,” starting with perinatal behavioral health.
- Policymakers should prioritize funding and resources that promote early intervention and treatment in early care and education systems by implementing a comprehensive and multidisciplinary approach to mental health. This includes efforts such as social-emotional learning initiatives, increased access to mental health professionals for all students and as part of Individualized Education Programs (IEPs), home visiting programs, and mental health curricula and programs in schools that help people understand signs and symptoms and when to seek help.
- Comprehensive approaches to supporting mental health and reducing risks for suicide must be prioritized by educational institutions, law enforcement agencies, emergency rooms and hospitals, workplaces, and Employee Assistance Programs (EAPs).
- Local, state, and national policymakers must provide additional resources to meet the needs of marginalized communities in relation to MH/SUDs, such as people of color, members of the LGBTQ+ community, Native Americans, and those in trauma-impacted neighborhoods.
- The federal government must make substantial increases in medical research for mental health, suicide prevention, substance use disorders, and diagnostic tools to better understand the conditions and to provide better resources and more effective treatment for those struggling.

Access and Intervention: All people with mental health conditions, including substance use disorders and eating disorders, deserve timely access to affordable treatment and recovery services that treat the mind and the body.

- Federal and state governments should fully enforce the Mental Health Parity and Addiction Equity Act of 2008 (Federal Parity Law), which requires insurers to cover treatment for MH/SUDs no more restrictively than treatment for illnesses of the body, such as the flu, diabetes, or heart disease.
- Policymakers must invest resources that strengthen and grow the mental health workforce and ensure there are enough inpatient and outpatient resources across the country to provide needed care to a broad array of patients. Providers must have the freedom to use telemedicine, especially in rural areas.
- Equip the law enforcement community and other first responders with the tools they need to help those affected by MH/SUDs, including the overdose reversal medicine,



naloxone; training to recognize when someone is experiencing a mental health crisis and how to de-escalate such situations; and information about community resources.

- Policymakers should invest in improved community crisis services—such as mobile crisis units, crisis hotlines, crisis centers, and the use of non-law enforcement transportation—to help those in crisis, focusing on providing care and supportive services rather than engaging law enforcement.
- Our criminal justice system should not criminalize diseases of the brain and warehouse those in need of treatment in jails and prisons. We must expand crisis intervention teams, increase the use of drug and mental health courts, make medication-assisted treatment (MAT) available to those currently incarcerated, and abolish mandatory minimum sentencing.
- Medicaid must be retained and protected, and Congress should eliminate limits on care within Medicaid and Medicare and put an end to coverage discrimination within these programs.
- The life-saving drug naloxone should be available in every community setting, including workplaces, libraries, community centers, train and metro stations, universities, and schools.
- The National Suicide Prevention Lifeline Network and the nation's crisis centers must be funded by federal, state, and local entities to meet the current needs and future demand.
- Congress should expand Certified Community Behavioral Health Clinics (CCBHCs) across the country to address the mental health workforce shortage and make enhanced services available in community settings.
- Emergency services personnel, first responders, teachers and school administrators, primary care professionals, students, and other members of the community should be educated through trainings such as Mental Health First Aid and Ending the Silence to recognize the signs of when someone is struggling, know how to reach out, and where to refer for professional help when needed. Trainings should be culturally and linguistically competent and invested in to provide the best care to each community.

Recovery: Recovery from mental health and substance use disorders is not one-size-fits-all. A wide variety of recovery services, treatments, and supports should be available to those who need them.

- Behavioral health and primary care treatment providers must adopt evidence-based services and implement measurement-based care to maximize the likelihood of recovery.
- Policymakers should protect and expand programs that provide supported housing, peer and caregiver support, system navigation, medication-assisted treatment, community integration, job and skill training, and education for people affected by mental health and substance use.