Behavioral Health Crisis Services Expansion Act

Senator Catherine Cortez Masto

Today, millions of Americans are struggling with worsening mental health. Severe major depression, suicide and anxiety are on the rise, with one in five adults and one in six young Americans experiencing the effects of mental illness annually.¹

As COVID-19 devastates the economic and physical wellbeing of families across the country, the toll on the Americans' mental health grows too. Loneliness and isolation are exacerbating underlying physical and mental health conditions, leaving individuals at greater risk of severe COVID-19 illness, and making it harder for people to weather the pandemic. Young people, LGBTQ+, and communities of color have been particularly hard-hit. According to Mental Health America, more people are reporting thoughts of suicide and self-harm than the organization has ever recorded.²

No matter their condition, **too often**, **individuals don't have access the behavioral health services that would address their needs.** In 2018, less than half of adults with mental illness received some form of treatment for their condition. Stigma associated with behavioral health treatment, high health care costs, and insufficient provider workforces are all barriers to access that contribute to unmet mental health needs across communities.

That's especially true for individuals with serious mental illness and those experiencing behavioral health crisis. These individuals present frequently in all communities, and come from all economic and social backgrounds. They may require specialized emergency care, comprehensive behavioral health services, and assistance in navigating the complicated set of continuing treatments and wraparound services that can help them manage their condition and lead healthy lives.

Too often, communities don't have the systems in place to respond to behavioral health crises. Instead, law enforcement or non-behavioral medical personnel are often the first responders for individuals experiencing behavioral health crisis, tasked with managing cases that may fall outside of their traditional scope of work. In many cases this leads to unnecessary arrests and incarceration, inappropriate emergency service utilization, longer-term hospital stays and readmissions, and other poor and inefficient outcomes.

Thus, communities are suffering the costs associated with a lack of investment in behavioral health crisis services. **More important, patients are suffering.** Not only do inappropriate responses ignore the needs of the patient, but they may also intensify the crisis and give rise to other long-term challenges; in too many instances, they result in tragedy. **Communities must respond to behavioral health crisis in the same way we respond to other emergencies;** Americans experiencing behavioral health crises deserve the same prompt, high-quality care as is delivered to individuals with physical medical emergencies.

This measure offers a suite of policies to give communities the tools they need to develop a continuum of behavioral health crisis services with the objective of stabilizing the individual, and engaging them in appropriate continuing treatment to address the problem that led to the crisis. It ensures that every person in crisis receives the right response in the right place every time.

¹ NAMI

² Mental Health America