

# Enhancing Public Health Investments Improve Access to Care

## Situation and Need

The burden of disease caused by mental illness in the United States is staggering. The high cost of preventable hospitalizations, avoidable incarcerations, and the worsening suicide and opioid epidemics, illustrates how much our nation has to gain by making smart investments in preventing and treating mental illness, including substance use disorders.

**Accordingly, the APA calls on Congress and the administration to enhance investments in public mental health programs through SAMHSA, HRSA, NIH, and other agencies in FY20.** In particular, Congress should increase funding to enhance the physician workforce devoted to the opioid crisis, enhance physician diversity and strengthen crisis services that can help combat the suicide and opioid epidemics.

## APA Position

According to NIMH, nearly one in five U.S. adults—nearly 45 million people—live with some form of mental illness. More than 30% of them—14 million people—live with a serious mental illness (SMI), such as schizophrenia or bipolar disorder, with 40% of them receiving no treatment. CDC data show that nearly 45,000 Americans age 10 or older died by suicide and 42,000 died from opioid overdoses in 2016. Individuals with chronic conditions or acute crises need access to quality psychiatric care and services that promote recovery, as well as protect and enhance their lives. Federal investments are critical.

**Workforce:** The U.S. health care system faces a shortage of psychiatrists. In the coming years, demand will continue to outpace the supply of psychiatrists in clinical practice. Therefore, APA supports investments in programs designed to enhance the psychiatric workforce, including programs focused on education and training, loan repayment, and the availability of psychiatric care in underserved areas.

**Care for those in Crisis:** APA supports measures that divert people in crisis away from emergency departments and law enforcement to environments more suitable to their needs. We support increasing funding through the Community Mental Health Services Block Grant (CMHSBG) to enable states to plan for, develop and support evidence-based crisis programs that serve individuals at elevated risk of suicide, including adults with serious mental disorders, children with serious mental and emotional disturbances, and those with opioid addiction. Crisis resources should also be coordinated with enhanced investments in implementing the National Suicide Hotline Improvement Act.

## Workforce and Crisis Requests for FY 2020

**Workforce:** Sustain current investments and add \$25 million for the new Loan Repayment Program for the Substance Use Disorder Treatment Workforce, authorized in section 7071 of the SUPPORT Act. Increase funding for SAMHSA's Minority Fellowship Program (MFP) to \$14.7 million and maintain funding for other physician workforce programs.

**Crisis/Suicide:** Provide \$35M in new funding for the CMHSBG to enable states to enhance their crisis planning and services. Provide \$80M for National Suicide Prevention Lifeline.

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