ZVMS Policy Brief
MENTAL HEALTH

SUMMARY

Mental health access is a complicated issue requiring the ***appropriate services*** to be available in the ***right place at the right time***. Addressing mental health needs in Minnesota necessitates a multidisciplinary approach that both aims to prevent and treat mental health crises as well as building community resiliency and wellbeing.

BACKGROUND

The impact of COVID-19 has stretched beyond physical morbidity and mortality. The pandemic has had important mental health and well-being consequences in the setting of an already stressed mental health system in our state. Here in Olmsted County, a survey administered in 2021 (COVID Impact Survey) showed decreases in all five domains of the World Health Organization Wellbeing Index (WHO-5) from 2018. The Olmsted County COVID Impact Survey also demonstrated increased substance use and increased financial stress during the pandemic.[1]

These trends mirror state and national data regarding mental health and substance use. A national study demonstrated increases in mood disorder symptoms, mental health care treatment and unmet mental health needs between April 2020 and February of 2021.[2] Here in Minnesota, overdose deaths have been increasing since 2000, and, specifically, nonfatal opioid overdoses increased from 2,826 in 2019 to 3,990 in 2020, with the greatest number being in the 25 to 35 age group.[3] There continues to be shortages of beds and providers across the state to meet the mental health needs of communities.[4] These increased mental health service needs will require intentional, continuous efforts around delivering mental health resources in Minnesota – both in developing sustainable infrastructure and a robust workforce.

DISCUSSION

Addressing mental health needs in the state will take coordinated efforts from local municipalities and state and national legislatures, health systems and community organizations. There is not a single solution, rather many potential ways to move efforts forward in a meaningful way. Below are ways in which the legislature could play an active, essential role in these efforts.

RIGHT PLACE AND TIME – ED BOARDING TIME & INPATIENT BED SHORTAGES

Issue: Emergency room boarding is the term for individuals being held in the emergency department while they await inpatient treatment, a particular issue that was unique to psychiatric crises prior to the COVID-19 pandemic. This practice results from a shortage of mental health beds. In particular, COVID has exacerbated the shortage of beds because of social distancing needs, closed units because of outbreak, physicians and provider burnout, and nursing shortages. While emergency departments can serve as a tool for connecting individuals in mental health crisis to resources, they are often poorly equipped to provide appropriate mental health services in a timely manner.

> **Options:** One potential way to circumvent the problems with ED boarding times is to support alternatives for crisis care. Important steps have been made in Olmsted County to provide an alternative to the Emergency department – namely, the Southeast Regional Crisis Center, which

provides 24/7 support to individuals in mental health crisis. Ongoing financial support for projects like this crisis center, including support to collect and analyze data on its impact, will help the state to better understand the role of crisis centers in alleviating ED boarding times and expediting access to mental health resources. In addition to supporting alternatives to the emergency department, we recommend supporting efforts to increase inpatient psychiatric bed capacity, including increasing reimbursement rates, 24 hour access to substance use disorders treatment, and an increase in the number of short-stay crisis beds.

RIGHT SERVICES – PROVIDER GAPS

Issue: A key component to alleviating gaps in mental health access is ensuring that we are training an adequate number of providers. Minnesota currently has 120 total designated mental health professional shortage areas, requiring an increase of 82 practitioners to remove these designations.[5] A 2017 report by the National Council for Mental Wellbeing estimated that by 2025 the estimated shortage of psychiatrist nationally will be approximately 6,090 to 15,600.[6]

Options: Addressing the gaps in mental health will take creative solutions to both attract and distribute behavioral health teams. Workforce development of a multidisciplinary team where each team member can perform to their professional capacity is an important component. This means providing financial incentives for psychiatrists to work in designated HPSAs, financial support for integrated behavioral health training in primary care and burnout prevention efforts. Additionally, we would support efforts to make telehealth options permanent in order to allow mental health services to more easily be distributed evenly geographically and in areas of high need at any particular time.

RECOMMENDATION

The pandemic has exacerbated existing gaps in mental health care in Minnesota, and the legislature should continue to support innovative solutions to decrease these gaps. One important step in SE Minnesota has been the launching of a regional crisis center, which provides an alternative to the emergency department for those who are in mental health crisis.

We recommend financial and administrative support for state programs that (1) provide alternatives to the emergency department for those in mental health crisis and increase the availability of inpatient beds; 2) strategically expand the mental health workforce in designated HPSAs and make telehealth provisions permanent to allow for more nimble distribution of mental health practitioners based on need; and (3) enhance efforts to achieve mental health parity by ensuring all individuals living with mental health disorders, including substance use disorders, have timely access to recommended treatment.

REFERENCES

(1) https://www.olmstedcounty.gov/sites/default/files/2021-04/COVID19ReportFINAL.pdf
(2) https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm?s_cid=mm7013e2_w
(3) https://www.health.state.mn.us/communities/opioids/opioid-dashboard/index.html
(4) https://mn.gov/dhs/assets/mental-health-month_tcm1053-291228.pdf
(5) https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
(6) https://www.thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage_National-Council-.pdf?daf=375ateTbd56