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Title

Policies for primary care to advance behavioral health equity

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: The burden of mental health needs is high and varies by race and ethnicity. While inadequate access to mental health treatment is universal, there are notable disparities in Black, Asian, Hispanic, Native Hawaiian, and multiracial communities. Structural barriers to accessing care perpetuate systemic inequities. Federal policy action is needed to advance mental health equity across the United States.

Objective: To identify policies and case studies to inform the development of federal policy recommendations to improve equity in behavioral health. Study Design and Analysis: Policy and environmental scan guided by the Intersectionality-Based Policy Analysis Framework. A national advisory panel also provided expert input. Setting or Dataset: National Conference of State Legislatures policy databases; plus environmental scan and literature review results. Population Studied: A focus on policies to improve racial equity, with attention to intersectionality. Intervention: Federal policies; state and local policies with potential for federal scaling. Outcome Measures: Policies to reduce the economic and health burden of mental health disparities. Results: Six cross cutting policy principles were developed to guide policy recommendations, including sufficient and sustainable funding, improved data collection and disaggregation by race and ethnicity, establishing behavioral health equity and quality measures, prioritizing community-driven interventions, addressing stigmatizing language in laws and policies, and creating more equitable governance structures and policy making processes. Policy recommendations include actions to increase access to care, address social determinants of health, expand and re-train the workforce to better meet the needs of minoritized communities, expand insurance coverage and enforcement of parity, and acknowledgement of the additional disparities and burden imbedded in intersectional populations due to racism, systematic oppression, and minority stress. Case studies of successful or promising implementation will also be presented. Conclusion: Improving behavioral health equity among minoritized communities requires a multi-prong approach. There are policy solutions to amplify primary care's role in providing equitable behavioral health care. Scaling and expansion of existing policies and implementation of new policies can be mechanisms to reduce behavioral health disparities for youth and adults