Core Principles to Reframe Mental and Behavioral Health Policy

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Historic and modern-day policies rooted in discrimination and oppression have created and widened harmful inequities impacting many communities of color. Effectively and equitably addressing mental health requires intervening at systemic and policy levels to dismantle the structures that produce negative outcomes like generational poverty, intergenerational and cultural trauma, racism, sexism, and ableism. Changing social, economic, and physical environments alongside key mental and behavioral health supports through immediate relief and longer-term fixes impact individual and community mental health and wellbeing.

An individual's mental health is impacted by and informs nearly every aspect of their life, identity, and community. CLASP looks at how one's social, economic, and physical environment impact individual and community views of mental health and wellbeing. To improve mental health outcomes, we must think about an individual and family's economic security, family support, and their community's built environment. CLASP recognizes the influence of intergenerational and cultural trauma on communities and believes that all mental and behavioral health practices should be trauma-informed and healing-centered.

Policymakers must significantly reform and reimagine systems that support the wellbeing of people with low incomes. This includes, but is not exclusive to:

- Universal health coverage, as noted in **our health care principles**;

- Recognizing and creating policy to alleviate the stress imposed by living without consistent access to basic needs, such as food and housing, coupled with the oppressive requirements of programs (i.e. work requirements in Medicaid, lengthy paperwork) that are supposed to help

struggling families **but are rooted in racist and paternalistic stereotypes**;

- Understanding the breadth of ways mental health and wellbeing can be supported and need to be funded; and

- Recognizing that the justice system should not be the first touchpoint for anyone to receive mental health services.

Policymakers must look beyond the current system to reimagine what is possible to help communities of color thrive. This reimagining requires centering voices of lived experience, which is an integral part of CLASP's process. Through policymaking and evaluation, communities with lived experience must be included and meaningfully consulted, to ensure that they are getting the care that they need. Those with lived experience must define our understandings of mental health, identifying challenges and barriers and helping to generate solutions.

CLASP's mental health work advances systems and policy change with an explicit focus on how a person's race and ethnicity affects how they interact with the health system. Without a direct understanding of how mental health and wellbeing are seen by those who are living in poverty, we cannot create effective policy solutions.

Core Principles for Mental and Behavioral Health Policy

CLASP has identified the following principles for advocates and policymakers to consider as we develop policy proposals at the local, state, and federal levels. We urge policymakers to apply the same approach to mental health and other systems that impact wellbeing. When proposing changes to the mental health system, consider the following:

1) **Redefining Mental Health:**
   Mental health systems and other systems that affect one's wellbeing should focus on assets-based framing, on wellness and prevention at both the structural and individual levels, rather than diagnosis and deficit-based framing.

2) **Expanding Access to Care:**
   To achieve comprehensive mental health care, we need to expand the current mental health system. We must establish universal health care, and implement and enforce mental health parity, at least equivalent to what is needed for physical health services.

3) **Enhancing Culturally Responsive Services:**
   Changes to our mental health system must explicitly promote equity and address health inequities. Policymakers must acknowledge and remove structural barriers impacting mental health and mental health access. These barriers include historical trauma and systemic racism, which have resulted in mistrust of providers, services, and systems.

4) **Addressing Social Needs:**
   Public health recommendations highlight the importance of addressing the root causes of

community health challenges. This includes focusing on the social determinants of health, such as housing and education. Mental and behavioral health policy solutions must follow suit. They must address the underlying social and economic conditions in communities that limit or foster good mental health, as well as addressing individuals' basic needs.

5) **Strengthening Quality Infrastructure:**
A proper data surveillance system and care management infrastructure must be in place to improve care provision. Data needs to be disaggregated by race/ethnicity and age, and continuously collected in youth-friendly and culturally responsive spaces. Providers must be appropriately trained in the above principles, including offering culturally responsive care, receiving implicit bias trainings, and understanding and dismantling societal and structural racism.

6) **Building a Robust and Diverse Workforce:**
Meeting communities' mental and behavioral health needs calls for more providers across different areas of expertise, coming from many racial/ethnic backgrounds. Policymakers must create a pipeline to bring more providers of color into the workforce who represent and understand the communities they are working with.

Principle 1: In order to focus on wellness and prevention, we must redefine our understanding of mental and behavioral health to be asset-based and community-informed.

The United States has historically alienated and marginalized people with mental health conditions. The mental health system currently focuses on treating illness rather than on prevention. Policymakers must shift the target of mental health policy from diagnosis to wellness to reach more populations.

- **Redefine mental health in terms of strengths, not problems**. Health extends beyond preventing problems or illness; mental health promotion should strengthen every person's ability to cope with adversity through enhancing their ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, wellbeing, and social inclusion.

- **Incorporate a wellness framework into what is considered "medically necessary care" and what is deemed "health care."** Policies must ensure mental health services meet people where they are, e.g. through harm reduction.

- **Prioritize social connection and community wellbeing**. A person's mental health and wellness is integrally linked to the wellness of the entire community. Community safety, for example, impacts an individual's safety and security, and therefore their mental health. Working to better the community is of central importance to individual mental health.

- **Ensure mental health care focuses on prevention**. This includes primary prevention, such as improving mental health literacy, building trust, improving screening mechanisms, and increasing peer support groups. It also is about boosting secondary prevention strategies, such as early intervention and treatment.

- **Support access to services across an individual's whole life**. Policies should incentivize providers to provide and people to receive follow-up and continued care. Policymakers should also work to bridge child and adult systems. Specific outreach and programming should occur during pivotal periods in a person's life, whether during early childhood; as a young person during a transitional age; during and right after pregnancy; and so on.

Principle 2: We have to improve and increase mental and behavioral health access.

For all communities to access effective care, policy solutions must include universal health care coverage, enforcement to equitably cover physical and mental/behavioral health, and a holistic view of mental and behavioral health. Mental health is at the core of a person's livelihood, so interventions and supports must happen in places beyond the traditional physical health visit.

- **Ensure actual parity between physical and mental health coverage, particularly within state Medicaid programs.** Federal policy should incentivize states to fully implement the Affordable Care Act's (ACA) mental health parity and prevention provisions. Any future changes to federal health care law should ensure full coverage for mental health services, while also carrying out and enforcing the Mental Health Parity and Addiction Equity Act (MHPAEA).

- **Integrate mental and behavioral health with physical health.** Mental health care should be integrated with physical health in all states and localities to ensure that providers coordinate with each other, and services are available in the same location and on the same day.

- **Support cross-sector collaboration.** Because mental health impacts nearly every aspect of a person's life, mental health support thrives from cross-sector collaboration with other sectors, including schools, workplaces, the justice system, workforce centers, and early childhood programs. However, the justice system must not be the first point that a person receives mental and behavioral health services.

- **Promote equitable access to mental and behavioral health supports in communities.** Mental and behavioral health supports need to be accessible to people in their communities. This includes recognizing transportation as a major barrier to seeking health care, ensuring telehealth options are available to populations with limited access to broadband and mobile devices; recognizing data and phone access as barriers, and expanding access to care in communities with low incomes.

- **Ensure care is available at all times.** To meet the needs of patients, health facilities and community-based organizations that provide mental health services within communities need to be operational at every hour of the day, to accommodate people who work beyond the 9-to-5 workday, or who have other responsibilities. This could be done through grant mechanisms and/or supported state funding.

- **Encourage efforts to build community trust.** Although options for services may exist within a community, trust must be built between providers and systems and community. Individuals

must be assured that systems like child welfare, the U.S. Immigration and Customs Enforcement, or law enforcement will not harmfully intervene.

Principle 3: Mental and behavioral health services must be culturally responsive.

The U.S. Substance Abuse and Mental Health Services Administration's data indicates that people with low incomes have less access to mental health services, and people of color are disproportionately likely to receive low-quality behavioral health services.[1,2] The long history of criminalization[3] of both the mental health needs and the healing practices of communities of color, as well as reinforced stigma in communities due to cultural norms, racism, and discrimination, has resulted in discomfort and distrust for many communities of color to seek mental health services.

- **Acknowledge and address the historical and cultural trauma caused by past and present policy choices.** Culturally responsive and linguistically concordant care is necessary to treat trauma effectively. Policymakers must understand that trauma experienced by individuals and their communities threaten mental health.

- **Expand mental health services that respond to and embrace racial/ethnic and cultural identities.** These identities play a critical role in providing effective mental health services, i.e. having a provider with a similar cultural/ethnic background, or providing care in-language.

- **Credential culturally sensitive treatment and modalities for "non-traditional" health care providers.** Such providers include peer support specialists and navigators. Policy must also support culturally specific services, including services provided by community-based organizations (CBOs) that support individual and community wellbeing. People should have access to a variety of reimbursable and approachable avenues for their health care.

- **Support cultural interviewing, i.e. understanding elements of one's culture that is important to them, as well as indigenous/culturally derived healing practices, both of which are critical in developing effective support.** Cultural supports using the arts and cultural ceremonies are critical to the wellbeing of individuals and communities. They should be adequately funded.

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Principle 4: Mental and behavioral health care must focus on social needs.

Unless the root causes of negative mental health outcomes, like racism and discrimination, housing and food insecurity, job quality, and the built environment are addressed, individuals with low incomes, particularly people of color, will continue to experience negative mental health outcomes, further propagating intergenerational trauma.

- **Address the Social Determinants of Health (SDOH) to promote wellness and prevention at the structural level.** SDOH are factors including a family's economic stability; a person's educational opportunities; a community's unique social context; the health care and services a person has access to; the neighborhood where you live, and how it is structured/its environment that shape our physical and mental health. Policymakers must recognize how these areas beyond the health care system influences our mental health. They must invest in communities and neighborhoods with predominantly low incomes to close mental health gaps.

- **Support individuals' access to basic needs.** Policymakers must ensure that access to programs support individuals in meeting their basic needs, without having to be patronized or re-traumatized by the process of seeking and retaining benefits through intrusive paperwork or insensitive questions/treatment.

- **Support state approaches to address SDOH.** Federal agencies should help states develop financing strategies based on a SDOH framework to promote culturally responsive services for communities of color. Providing comprehensive care requires moving beyond a fee-for-service payment model, focusing on value-based strategies that benefit individuals and states, putting health care outcomes first. When effectively put in place, this strategy can ultimately provide cost-savings in the long-term.

- **Acknowledge and address the impact of Adverse Childhood Experiences (ACEs).** ACEs are traumatic events that happen in childhood. They are linked to many lasting, harmful consequences on a person's physical and behavioral health. Addressing how social determinants of health contribute to ACEs can help prevent trauma caused by environmental factors, like poverty or racism. To recognize and support ACEs in young people's lives, policies can promote implicit bias training among mental health providers. Such efforts can help providers avoid re-traumatizing youth, and prevent them from exacerbating stigma or shame among families. Appropriately conducted mental health screenings, early treatment, and continuing to support young people can help prevent some of ACEs' negative effects once they've occurred.

- **Improve public health literacy, with a focus on mental health.** Policy strategies can ensure that people living in households with low incomes are aware of the impacts of depression, anxiety, substance use, severe mental illness, how prevention and wellness is important, and what services are available. For example, community discussions and public health/provider-led conversations can raise public awareness.

Principle 5: Effective mental and behavioral health care calls for quality care in all areas, and comprehensive data.

Culturally responsive mental health care requires an infrastructure that shows gaps in services, a comprehensive data surveillance system, and provider training.

- **Expand or build a mental health surveillance system at the federal and state levels that includes data disaggregated by race/ethnicity and age**. A strong system would also continuously collect data related to individuals' mental health and wellbeing (e.g. rather than annually), including qualitative data from the community, and data collected from a various set of sectors.

- **Create appropriate and effective quality outcome measures that capture disaggregated race/ethnicity data of who is receiving services.** It should also gather details on the mental and behavioral health services people seek, and how a person's health fared across their life cycle.

- **Incentivize supportive infrastructures within a clinic or social service agency to put the patient's mental health at the center.** Infrastructures should allow for person-centered innovations, such as quality care management of mental and behavioral health, including team-based care with a care manager, and integration of physical and mental and behavioral health services.

- **Create value-based payment models focused on equity.** These models should focus on collaborative and team-based care, disaggregated race/ethnicity data, and incentivizing equitable care by tracking the quality of culturally-responsive care a person receives.

- **Institute implicit bias and systemic racism training for providers.** Any mental health policy solution needs recognize that all people experience stress, that supports for people of color are not "one-size-fits-all," and that assumptions about racial/ethnic groups hinder effective and timely care and treatment.

Principle 6: Meeting the mental and behavioral health needs of communities calls for an enhanced workforce.

Policymakers can improve the quality of care and access to it by increasing and diversifying the range of current and future mental health providers. This means expanding diversity not only by race or ethnicity, but also by broadening the definition of who is "qualified" to match community needs.

- **Advance affordable education for future mental health professionals.** Diversify the behavioral health workforce by working towards debt-free college and strengthening and expanding loan repayment strategies. Ensure education and training programs for mental health professionals are accessible and affordable for all.

- **Support lived experience as equivalent to educational experience by expanding state scope-of-practice laws and increasing reimbursements for peer support providers**. Many people in different communities who hold negative views of medication or one-on-one

therapy may prefer peer support services from those with shared experiences, and therefore may benefit more from peer support structures than therapy.

- **Integrate providers with various credentials/professional expertise in mental and behavioral health systems to ensure a diverse workforce.** Providers should come from multiple backgrounds/identities, while ensuring that there is adequate racial and ethnic representation at the medical professional level.

- **Promote fair pay and sufficient training for all mental health providers.** All mental health professionals must be adequately trained and paid for their time. High job quality must be assured for everyone in the mental healthcare workforce, including a living wage, fair scheduling, paid sick time, and paid family and medical leave.

- **Develop strategies to connect appropriate providers to communities in need.** Recognize the difficult, and often laborious process for patients and facilities to find providers who adequately meet the needs of different communities by amending network adequacy regulations.[4,5] People of color are not a monolith. Providers need to understand communities they serve and work to build trust. Mental health services and providers must keep this in mind through service delivery and system development.

Conclusion

One's mental health impacts all aspects of an individual's life. As such, strong mental health systems will have beneficial impacts on justice, education, workforce development, and myriad other systems. We hope policymakers use these principles as a guide to ensure communities living in low-income households, and in particular, people of color, are considered in future policy proposals. Reimagining our mental and behavioral health systems will need bold ideas, and will ultimately help Americans feel stronger, healthier, and more economically secure.

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Endnotes

[1] Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer. United States, Volume 5. **https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/National-BH-BarometerVolume5.pdf**.

[2] Substance Abuse and Mental Health Services Administration. Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. **https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf**.

[3] Fisher, W.H. Beyond Criminalization: Toward a Criminologically Informed Framework for Mental Health Policy and Services Research**.** Adm Policy Ment Health. 2006 Sep; 33(5): 544–557. **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811041/.**

[4] McAndrew, C. and S. Hernández-Cancio. Network Adequacy and Health Equity: Improving Private Health Insurance Provider Networks for People of Color. Families USA. August 2014. **https://familiesusa.org/wp-content/uploads/2019/09/ACT_Network-Adequacy-Brief_final_082214_web.pdf**.

[5] Centers for Medicare and Medicaid Services. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability. April 2017. **https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf**.