

MENTAL HEALTH ACCESS

MetroWest 2024

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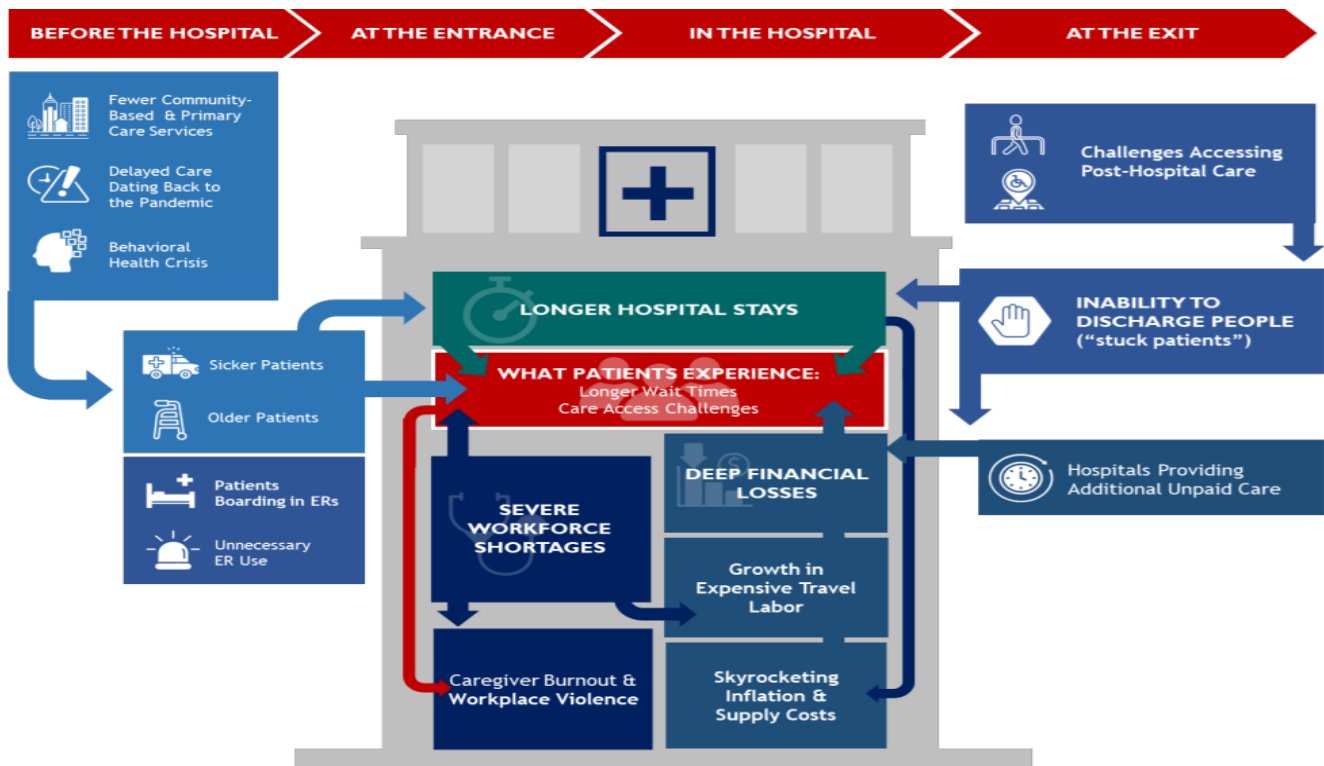
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Problem Statement:

The COVID-19 pandemic exacerbated the demand for mental health services in Massachusetts and highlighted the lack of providers, inadequate insurance reimbursements, inpatient capacity and long wait times. This has led to longer wait-times in Emergency Departments while patients wait for open beds as well as in the community while patients wait for available providers². The wait for providers is further complicated by both low reimbursement rates for providers, which discourage new providers from entering the field, and inconsistent insurance coverage, which means that patients must find providers who have availability *and* also accept their insurance.

The chart below illustrates the complicated system of Mental Health Care in the Commonwealth.



INSIDE THE HEALTHCARE CRISIS | MAY 2024

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Background:

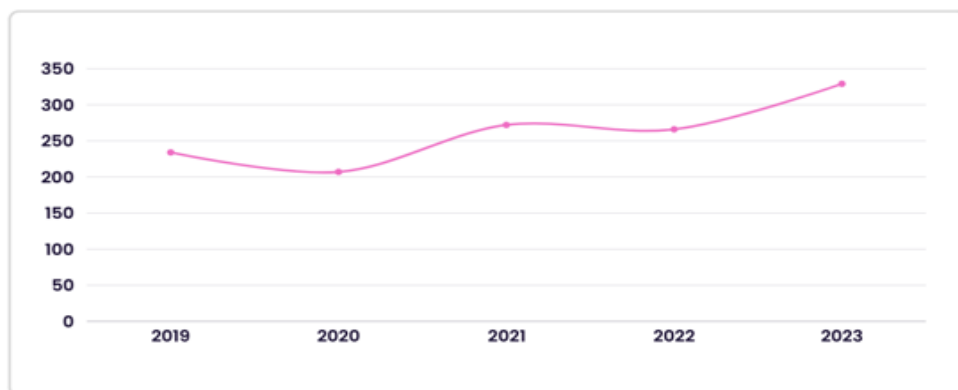
According to NAMI (National Alliance on Mental Illness), 1,155,000 adults in Massachusetts have a mental health condition.³ That's more than six times the population of Worcester.⁴ In addition, 273,105 people in Massachusetts live in a community that does not have enough mental health professionals.⁵

According to the 2023 MetroWest Community Health Assessment by the MetroWest Health Foundation, Mental Health was a top issue identified by survey respondents, with only 14.3% very satisfied.⁶ For those that did respond, the top reasons individuals were unable to access mental health services were:

- Lack of Mental Health providers
- Long wait times for appointments
- Lack of insurance coverage for Mental Health services

MetroWest towns, like Natick, have seen an increase in the amount of psychiatric emergency services calls over the years. Many of these calls end up being section 12's which then result in a transport to a nearby Emergency Department.

Psychiatric Emergency Services Calls - Natick



● Total calls

NATICK POLICE PES CALLS 2019-2023

Many hospitals, specifically emergency departments, are dealing with a healthcare crisis. According to a recent report from the Massachusetts Health and Hospital Association, factors such as patients boarding (extensive stays) in the Emergency Departments, inability to discharge patients, unnecessary use of emergency rooms, and severe workforce shortages all play a role in the crisis. Behavioral health has some of the highest vacancy rates in Massachusetts hospitals which contribute to the current access issues.²

In 2021, the Association for Behavioral Healthcare found that for every 10 clinicians that enter mental health clinics, 13 leave.¹ Staffing vacancies, in addition to existing providers leaving, contribute to longer wait times, larger wait lists, fewer individuals served and overall strain to an already stretched system.



Some Emergency Departments such as Natick and Norwood have closed permanently or have not reopened, which has also had a huge impact on the amount of people going to the other hospitals. Steward hospitals also currently faces some uncertainties which could possibly add to the impact. Around 500 patients a day wait in the ED or medical-surgical floor for days or even weeks waiting for a specialized bed to become available. On average, about a fifth of all staffed ED beds are occupied by individuals awaiting a specialized psychiatric bed.²

On the other end of this spectrum, there are not enough inpatient psychiatric beds available in Massachusetts to meet the needed demands. Since 1970, the number of Department of Mental Health (DMH) beds in Massachusetts has decreased from 1200 to 693. The lack of beds contributes to long wait times and extended stays in the emergency room. It often takes up to 79 days before patients are admitted and have access to an inpatient psychiatric bed. The decrease in beds is related to several factors including funding and lack of staffing. In addition, the exchange of information from provider to the Emergency Department (ED) to the psychiatric facility is also delayed and slows the entire treatment process down even further.⁷

Limited access to DMH services can significantly increase wait times for admission of non-DMH clients in need of acute care, and exacerbate issues with Emergency Department boarding of individuals waiting for hospital admission. As a result of high demand and inadequate capacity, Emergency Department boarding for behavioral health clients has increased substantially.⁸

There is currently a behavioral health crisis that is affecting individuals and providers as well as hospitals. Prevention is key. It is important to normalize talking about mental health and try to address any issues before they turn into a crisis. The recommendations which follow help to address this crisis.



Policy Changes

- **Bill: S.1248**
 - An Act to increase investment in behavioral care in the Commonwealth
- **Bill: S.2678**
 - An Act to create a mental health workforce center of excellence

Education

- **Local public health and community groups provide education to the general public and migrant families about:**
 - When to seek Emergency Care
 - Community Behavioral Health Centers
 - Immigration status and access to mental health care

Promotion

- **Massachusetts Behavioral Helpline through local public health department campaigns**

Recommendations:

1. Support bills currently before the State Legislature, S.1248, an Act to increase investment in behavioral health care in the Commonwealth and S.2678, An Act establishing a behavioral health workforce center of excellence.

Even before the pandemic, mental health was a sector of healthcare that has always been underfunded. Bill S.1248 would create a timeline as well as a process to increase behavioral health expenditures in Massachusetts.

Bill S.2678 would create a center where data would be collected to advise policy leaders on how to address the crisis on the behavioral health workforce. The center would look at things such as expanding loan forgiveness opportunities for practitioners, training opportunities, establish a professional advisory committee and examine other matters that may arise.

2. Encourage community members to work on normalizing talking about mental health by creating educational awareness campaigns, supporting and/or joining anti-stigma efforts through NAMI (National Alliance on Mental Health) or the McLean Hospital, creating events around mental health, encourage peer support groups, and promote the Massachusetts Behavioral helpline as well as the suicide and crisis hotline.

It is also important to educate community members when it is and isn't appropriate to access the Emergency Department and what other options are available such as CBHC's (Community Behavioral Health Centers).

3. Strengthen care coordination and communication between providers and facilities during times of crisis as well as discharge and/or transport. Encourage and support greater insurance reimbursements to not only behavioral health providers but also to hospitals for extended stays.

4. With the increase in migrant individuals and families it is important to inform community members that you do not hurt your immigration status when you apply for public health insurance. MassHealth does not share any information with immigration officials and you will not have extra problems if you do not have immigration papers. Having this information may help reduce unnecessary ED visits.⁹

References:

- ¹(2022, February). *Outpatient Mental Health Access & Workforce Crisis Issue Brief*. Retrieved from Association for Behavioral Health: http://www.abhmass.org/images/resources/ABH_OutpatientMHAccessWorkforce/Outpatient_survey_issue_brief_FINAL.pdf
- ² (2024, May). *Causes & Consequences: Inside the Healthcare Crisis*. Massachusetts Health Hospital Association: <https://www.mhalink.org/wp-content/uploads/2024/05/Inside-the-Healthcare-Crisis-MHA-Report.pdf>
- ³ SAMHSA. (2019, December 18). *2017-2018 National Surveys on Drug Use and Health: Model-Based Estimated Totals (in Thousands) (50 States and the District of Columbia)*. Retrieved December 12, 2020 <https://www.samhsa.gov/data/sites/default/files/reports/rpt23259/NSDUHsaeTotals2018/NSDUHsaeTotals2018.pdf>
- ⁴U.S. Census Bureau City and Town Population Totals: 2010-2019 <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-cities-and-towns.html>
- ⁵ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of September 30, 2020 available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas>.
- ⁶ MetroWest Health Foundation. 2023 *MetroWest Community Health Assessment*.
- ⁷ (2019, August). *Overview of the Department of Mental Health*. https://www.mass.gov/info-details/overview-of-the-department-of-mental-health?_gl=1*ncdhcj*_ga*MTk5NDcwMzkzNS4xNjQ1MDE5OTEy*_ga_MCLPEGW7WM*MTcxNzUxNTkyNi4xNi4xLjE3MTc1MTYwMzQuMC4wLjA.
- ⁸ (2023, April). *Strategies to Reduce Wait Times and Enhance Access to Behavioral Health Services*. Massachusetts Department of Mental Health. https://www.mass.gov/doc/strategies-to-reduce-wait-times-and-enhance-access-to-behavioral-health-services/download?_ga=2.198175399.964284816.1717379719-1994703935.1645019912&_gl=1*eo2dha*_ga*MTk5NDcwMzkzNS4xNjQ1MDE5OTEy*_ga_MCLPEGW7WM*MTcxNzUxNTkyNi4xNi4xLjE3MTc1MTU5ODguMC4wLjA.
- ⁹ (2023) *Roadmap through the mental health system in Massachusetts*. National Alliance on Mental Illness of MetroWest.