

## Transforming Mental Health and Addiction Services

*The National Academy of Medicine convened the Vital Directions for Health and Health Care: Priorities for 2021 initiative which, following a 2016 initiative of the same name, aims to provide expert guidance to the new presidential administration and nation on several focus areas for U.S. health policy. The following highlights the Vital Directions 2021 article on mental health and addiction services, published in Health Affairs in January 2021. Visit [nam.edu/VitalDirections](https://nam.edu/VitalDirections) for more information.*

### Overarching Challenges for U.S. Mental Health and Addiction Services

For the past 50 years, the model for care and advocacy in the mental health and addiction, or behavioral health (BH), field has resulted in unmet needs and persistently poor BH outcomes, particularly for people of color, immigrants, and people with low incomes. Experts identify the BH policy areas in greatest need of reform:

**Waiting for patients to access the system.** Meeting people “where they are” requires active outreach, engagement, and consideration of each individual’s clinical and socio-economic circumstances, including through community-based services, telemedicine, mobile health clinics, and lower thresholds to entering care.

**Criminalization of people with BH disorders.** Police often play a central role in the lives of people with serious mental illness, creating longer sentences and higher rates of jail recidivism. Evidence supports the decriminalization of crimes linked to drug-seeking behaviors or due to substance use disorders (SUD) and/or mental illness, instead treating them as public health issues.

**Undervaluing of the role of social determinants.** Social context contributes to negative mental health outcomes and greater prevalence of SUD. BH outcomes can be improved with structural interventions to meet social needs, such as affordable housing, education, and job opportunities.

### Policy Priorities

1. The shortage of BH providers must be addressed by expanding the workforce, including through loan repayment programs to underrepresented populations and non-physicians.
2. Accountability measures need to focus on outcomes, at both the individual and population levels.
3. Social services should be integrated within BH clinical care, including through value-based payment models.
4. Cross-sector collaboration is needed to aggregate funds from multiple agencies outside of federal and state health care agencies, as care for individuals is multifactorial and often contingent on issues outside of traditional medical care.
5. Public health agencies should be able to track the effectiveness of their BH systems by linking patients’ clinical outcome data and using analyses to target investments for system improvement.

These actions by policymakers will change supporting structures to advance these policy priorities and ultimately help improve BH outcomes.