

# A BETTER WAY TO A HEALTHY CONNECTICUT

## MENTAL HEALTH

JANUARY, 2022



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**Coming on the heels of the COVID pandemic, mental health and mental health services are front and center.**

Senate Republican Leader Kevin Kelly

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# THE MENTAL HEALTH CRISIS



**IN CONNECTICUT, 26.8% OF ALL  
ADULTS REPORTED SYMPTOMS OF  
ANXIETY OR DEPRESSIVE DISORDER**

(KFF ANALYSIS OF U.S. CENSUS BUREAU PHASE 3.1 7/5/2021)

**LAST YEAR, THE NATIONAL ALLIANCE  
ON MENTAL ILLNESS (NAMI) HELPLINE  
RECEIVED 1,027,381 CALLS.  
THAT'S UP 23% FROM 2020 – WHEN CALL  
VOLUME WAS UP 27% OVER 2019.**

The COVID-19 pandemic has negatively impacted people's mental health and created barriers to those seeking mental health care.

Stress, loneliness, job losses, loss of childcare, school closures, and loss of loved ones are just some of the ways the pandemic has taken a toll on people's emotional and mental health. An increase in trauma including domestic violence, as well as limited access to in person support, has also impacted people's wellbeing. The economic downturn has been associated with an increase in mental health issues and increased substance abuse across the U.S.

Connecticut residents are experiencing these issues, and our state is also experiencing an overburdened mental health system.

It is a priority for the Connecticut General Assembly to address the mental health crisis and help all people -- including women, children, and vulnerable populations -- across our state access needed, quality health care to support their mental health and the health of their loved ones. The following proposal includes measures to move forward in addressing this crisis.





## **INCREASE ACCESS TO MENTAL HEALTH CARE**

### **Expand coverage for mental health care professionals**

To increase capacity and availability of mental health treatment, this proposal recommends requiring the state HUSKY program expand the professionals that qualify for reimbursement to include a licensed social worker with a master's degree who is working under the supervision of a psychologist or licensed clinical social worker. By expanding the professionals that qualify for reimbursement we can increase access and remove barriers to care for individuals on the state HUSKY program and address capacity issues throughout the mental health system.

All too often mental health intervention is delayed due to a limited number of providers accepting new patients and especially those accepting patients on HUSKY. The strain on the system, including workforce issues and an overburdened mental health system, delays access to care. Delaying mental health treatment can cause issues to rapidly progress and individuals often end up in emergency rooms or hospitals where care is more expensive. Instead of someone languishing in an emergency room or hospital, early intervention results in better health outcomes and reduced costs.

### **Make telehealth permanent, especially for mental health**

Telehealth has been crucial during the pandemic to connect people to health care providers. Even as in person visits became available, the benefit of telehealth, especially for mental health services, has been widely recognized. Telehealth reaches people in underserved areas, people who lack nearby providers, as well as people who may be hesitant or see drawbacks to an in person visit.

It is important to continue to provide mental health treatment in all forms to increase access. Therefore, this proposal recommends removing the sunset for telehealth services by amending the general statutes, including Public Acts 21-9 and 21-133, to repeal the June 2023 end date.





## **SUPPORTING THE MENTAL HEALTH WORKFORCE**

Quality mental health care begins with a strong workforce. Recruiting top talent to serve Connecticut residents must be a priority to ensure access to quality medical care.

It's estimated that 31.5% of CT residents live in a mental health provider shortage area (USAFacts 2021). Especially at a time when worker shortages have been reported in Connecticut and across the U.S., recruitment is vital.

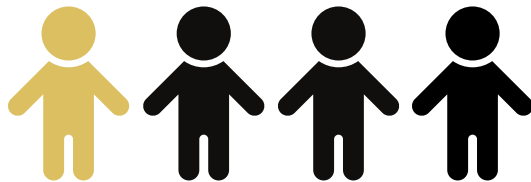
To support and grow the mental health workforce, this proposal recommends establishing a tuition reimbursement program for mental health care providers who commit to practice in the state for a specified period of time.

# CHILDREN'S MENTAL HEALTH

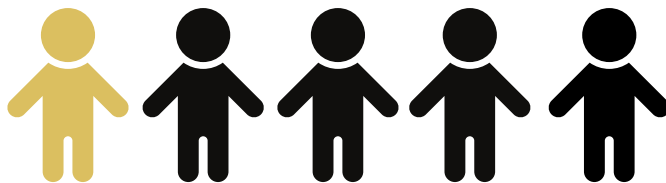
On December 7, 2021, U.S. Surgeon General Dr. Vivek Murthy issued an Advisory highlighting the urgent need to address the nation's youth mental health crisis. According to the report:

- Depressive and anxiety symptoms among youth doubled during the pandemic, with 25% of youth experiencing depressive symptoms and 20% experiencing anxiety symptoms.
- Negative emotions or behaviors such as impulsivity and irritability, associated with conditions such as ADHD, have moderately increased.
- In early 2021, emergency department visits in the United States for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time period in early 2019.
- Pandemic-related measures reduced in-person interactions among children, friends, social supports, and professionals such as teachers, school counselors, pediatricians, and child welfare workers. This made it harder to recognize signs of child abuse, mental health concerns, and other challenges.

## 1 IN 4 YOUTH EXPERIENCE SYMPTOMS OF DEPRESSION



## 1 IN 5 YOUTH EXPERIENCE SYMPTOMS OF ANXIETY



Connecticut has experienced this crisis. Connecticut hospitals are experiencing a surge in behavioral health cases amongst children. In October, 2021, Connecticut Children's Medical Center saw the number of children coming to their emergency department seeking urgent behavioral health care nearly triple. The increase across the health care system led to an overflow of young patients in emergency departments with limited bed space and long waits for inpatient or community-based care.





# ADDRESS THE YOUTH MENTAL HEALTH CRISIS

## **Mental Health Availability for Children**

All Connecticut's children deserve access to quality mental health care. The unmanageable pressure on the system and capacity issues cannot be ignored. To address the need for acute mental health care beds at healthcare facilities, this proposal includes establishing a working group of hospital professionals, mental health care providers, and representatives from the Department of Public Health and the Department of Mental Health and Addiction Services to develop a plan to increase treatment opportunities for children suffering from mental health issues. We must involve all stakeholders in this process to ensure every child has a voice in fixing the system.

## **Social Media Impact Study**

Many questions have been raised about the impact of social media on young people's mental health and wellbeing. During this time of mental health crisis impacting children, Connecticut can take steps to better evaluate the impact of social media to understand the experience of our children and how we can support them. This proposal includes an evaluation of the impact of social media on the mental health of students by establishing a study on two schools that are substantially similar in student population size and makeup wherein mobile phones are prohibited at one school and not in the other for a period of time. The study would evaluate and compare the number of mental health issues experienced by students at each school to draw conclusions and issue recommendations. The study would be administered by UCONN who would oversee the request for proposals from the organization to conduct the study and also the selection of the school districts who would participate, on a voluntary basis, in the study.

## **Family Care Coordinator**

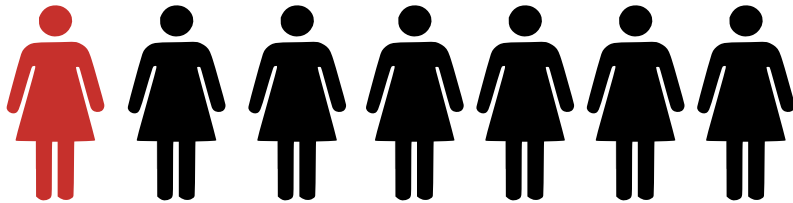
Connecticut's education system is foundational to not only educating children, but also to connecting young people in need with support. We can better protect students who are struggling with their mental health and are in need of services by establishing a temporary Family Care Coordinator. The Family Care Coordinator would be school based and would work during the pandemic and recovery with school psychologists and/or social workers to help navigate the daunting and disconnected mental health system.

This proposal also recommends exploring ways to link the Family Care Coordinator to work effectively with hospitals with care coordinator teams to find and provide services. The goal is to bridge communication between schools and pediatricians or acute medical care to ensure a continuum of care. The proposal also recommends examining ways to enhance the sharing of information regarding service availability, including which providers are accepting patients so that parents can more quickly find and access services.



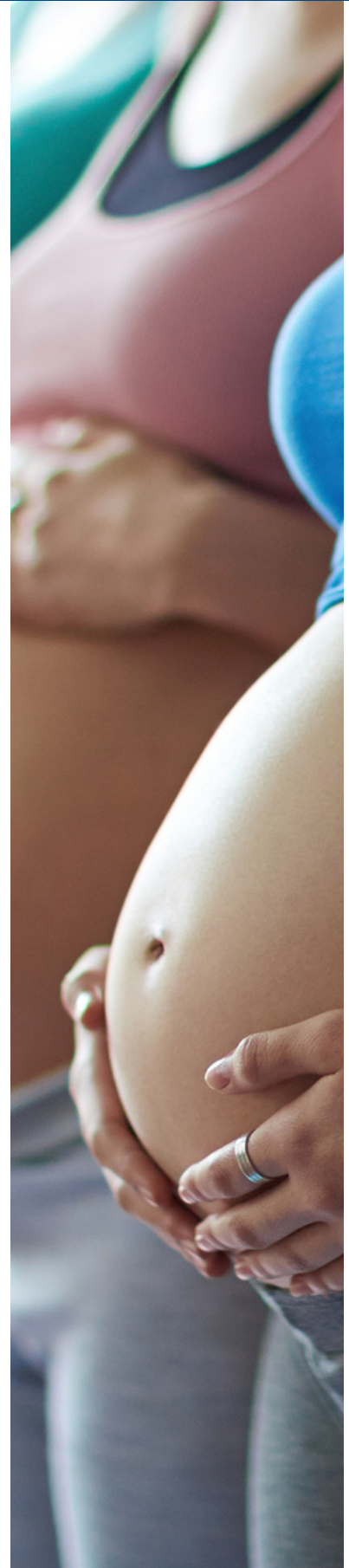
# MATERNAL MENTAL HEALTH

## 1 IN 7 WOMEN IN THE U.S. EXPERIENCE PERINATAL MENTAL HEALTH COMPLICATIONS.



- Depression and anxiety are associated with increased risk of preterm delivery, reduced mother-infant bonding, and delays in cognitive/emotional development of the infant, which may persist into childhood. (Moms Are Not OK: COVID-19 and Maternal Mental Health, Front. Glob. Womens Health, 19 June 2020)
- Studies reveal that postpartum depression (PPD) leads to increased costs of medical care, inappropriate medical treatment of the infant, discontinuation of breastfeeding, family dysfunction, and an increased risk of abuse and neglect. (Earls MF, Yogman MW, Mattson G, et al).
- Research suggests suicide is a leading cause of maternal death in the 1st year following childbirth.
- Studies have shown that women of color experience postpartum depression at a rate of close to 38 percent compared with approximately 13 to 19 percent for all postpartum women. (Postpartum Depression and Race: What We All Should Know,” Psychology Benefits Society blog, June 21, 2016)

Prevention and treatment is critical yet it is estimated that **50% of women** who are depressed remain undiagnosed during and following pregnancy.



# CONNECTICUT MUST ACT

Connecticut lags behind other states in **screening requirements** and **education** for both providers and patients.

At a time when mental health disorders are increasing at an alarming rate and the COVID-19 pandemic has worsened stressors such as social isolation, economic insecurity, anxiety and fears of infection, and financial hardship, we must act to support maternal mental health, which has long-reaching effects on the physical, intellectual, and emotional development of mothers, children, and families. According to the KFF COVID-19 Vaccine Monitor (March 15-22, 2021), **nearly three in ten mothers say they needed and were unable to get mental health services in the past year.**

This proposal includes the following **policy changes to better support mothers and their children.**

## 1) REQUIRE AND INCREASE SCREENING FOR PERINATAL MOOD AND ANXIETY DISORDERS (PMADS)

Currently, Connecticut does not require screening women for PMADs.

Regarding Medicaid, Connecticut allows, rather than recommends or requires, that women be screened as medically necessary at child wellness visits until the child turns one.

New Jersey, Illinois, and West Virginia require that an obstetrician, nurse or midwife screen women before they leave the hospital after giving birth, and at several post partum visits. Connecticut must consider similar action to connect mothers to important screenings and ensure insurance covers these measures.

This proposal also recommends that Connecticut require that Medicaid and Commercial insurances follow the American Academy of Pediatrics Guidelines with Child Wellness Visit screenings. The current guidelines recommend screening mothers at their infants' 1-2-4 and 6-month appointments.





## 2) REQUIRE EDUCATION ON PMADS FOR PROVIDERS AND PATIENTS

### **Provider Education**

Connecticut currently does not require education for providers regarding PMADs, as other states do. California, for example, requires hospitals to provide maternal mental health training to clinical staff who work with pregnant and post partum women. New Jersey has also implemented a similar statewide initiative for training.

This proposal recommends that Connecticut require training/education and implement successful education models that have been effective in other states.

### **Patient Education**

In addition to provider education, patient education is an important step to help mothers and their loved ones understand what they are experiencing and when they should seek help. While a majority of mothers experience the "baby blues" it is estimated that for 15% to 20% of women the "blues" could develop into experiencing more significant symptoms of depression or anxiety. Informed care and patients armed with knowledge can prevent a worsening of these symptoms and quicker access to treatment.

This proposal recommends that Connecticut implement a patient education system similar to what is required in New York State in which hospitals and birthing centers provide new mothers with information about PMADs after they deliver and encourage providers to give this information to mothers in the presence of family members.

In addition, this proposal recommends that Connecticut establish an easily accessible and user friendly web portal to connect mothers to the same information distributed at hospitals. This will provide a singular state database and resource that mothers and their family members can easily access and refer back to at any time.



### 3) ENSURE THAT THERAPY IS COVERED BY INSURANCE

It is vital that we have a system that helps people identify when they need to seek help. But it is just as important that the system supports access to treatment when that help is needed.

Therefore, this proposal includes requiring that postpartum depression therapy be covered by commercial Insurances.

Finally, this proposal would expand telehealth coverage to include postpartum visits and therapy.

### 4) RAISE PUBLIC AWARENESS AND BREAK THE STIGMA

Raising awareness about maternal mental health is an important step in ending the stigma that still surrounds mental health challenges and removing barriers to treatment. Connecticut can support efforts to change the narrative by establishing in statute May as **Maternal Mental Health Month** and officially recognizing May 5th, **World Maternal Mental Health Day**, in the state of Connecticut.

### 5) ADDITIONAL SUPPORT

Beyond the above support methods modeled on successful programs in other states, this proposal encourages the legislature to further explore ways to support maternal mental health by examining the feasibility of home health visits, developing partnerships with Postpartum Support International Connecticut in bringing training on PMADs to the state and support directly to families, and improving access to supportive services such as doulas. State law requires the Department of Public Health to conduct a scope of practice review to determine whether Connecticut should require certification of doulas. The report is due to the legislature in February of 2022. The legislature must consider ways to support access to doulas and support methods in line with the findings of the report in progress.