



# **Executive Summary** **Reimagining Behavioral Health**

**A New Vision for Whole-Family,  
Whole-Community Behavioral Health**

KALI GRANT, SOPHIE KHAN, INDIVAR DUTTA-GUPTA,  
NATHANIEL COUNTS, MADELINE REINERT, & THERESA NGUYEN

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## Georgetown Center on Poverty and Inequality

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The work of GCPI is conducted by two teams: the Initiative on Gender Justice and Opportunity and the Economic Security and Opportunity Initiative.

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Mental Health America (MHA)—founded in 1909—is the nation's leading community-based nonprofit dedicated to addressing the needs of people living with mental illness and to promoting the overall mental health of all Americans. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for people at risk, integrated care, services, and supports for people who need it, with recovery as the goal. Much of our current work is guided by the Before Stage 4 (B4Stage4) philosophy—that mental health conditions should be treated long before they reach the most critical points in the disease process. Learn more about MHA, go to: [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net).

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# Executive Summary



**H**ealth challenges pose one of the greatest barriers to economic equity, and economic challenges pose one of the greatest barriers to health equity. In particular, *behavioral* health is central to our well-being. Both behavioral health and economic challenges harm an individual's ability to work, learn, care for themselves and others, and ultimately lead the life they want to live. And particularly for the 12.3 percent of people in poverty in the U.S.,<sup>i</sup> these challenges cause and compound one another, worsening socioeconomic disparities.

The U.S. falls woefully short in how it approaches and addresses the issue. We do little to actively support the behavioral health of individuals and families throughout their lives and across the communities where they live. We consistently fail to ensure that everyone has access to *any*,<sup>ii</sup> let alone *quality*, mental health and substance use treatment. Worse, our systemic failure to meet behavioral health needs harms people who already face significant adversity the most—particularly people with low incomes, people with disabilities, people of color, and people with other adverse life experiences or who face other structural barriers.

For our nation to reach its potential as a just, inclusive, and thriving society, our systems, structures, services, and communities must prioritize holistic approaches to supporting behavioral health, with attention to reducing socioeconomic disparities for already-struggling people. Achieving this vision requires a paradigm shift that reflects the realities of people's lives and the nature of behavioral health conditions.

## We Need Systems Change

The foundations of our behavioral health delivery system were created long before we developed our current understanding of how behavioral health works and how it can be promoted. The behavioral health delivery system was also designed for and by more advantaged members of our society, often neglecting the diverse experiences and needs of people of color and low-income groups. Over time, the path dependency of siloed institutions and structures has created hurdles for aligning prevention and service delivery with people's lived experiences. As a result, today when someone needs behavioral health supports for themselves or a loved one, they must navigate a complex network of uncoordinated and disjointed systems, structures, and services that span multiple sectors and have various requirements for access.

The current health sector is ill-suited to provide straightforward access to high-quality mental health or substance use treatment and care.<sup>iii</sup> Institutions and systems in the health sector lack effective internal coordination—and external coordination with health-adjacent systems.<sup>iv</sup> Institutions in health-adjacent sectors often lack the tools and resources necessary to support the behavioral health needs of children and families. These uncoordinated systems make it difficult for anyone to access care for their behavioral health needs, especially if someone is also struggling with serious or multiple challenges related to economic hardship, adverse life experiences, or disadvantaged identities. For example, an individual or their family member struggling with unmet behavioral health or other basic needs may fall through the cracks as they move between and across sectors and interact with various separate stakeholders—including

<sup>i</sup> Fontenot, Kayla, Jessica Semega, and Melissa Kollar. "Income and Poverty in the United States: 2017." U.S. Census Bureau, 12 September 2018. Available at <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-263.pdf>.

<sup>ii</sup> "Access to Care." University of Wisconsin Population Health Institute, and Robert Wood Johnson Foundation, retrieved 24 June 2019. Available at <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care>.

<sup>iii</sup> The Future of the Public's Health in the 21st Century. Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century, Washington, D.C.: National Academies Press (US), 2002. Available at <https://www.ncbi.nlm.nih.gov/books/NBK221227/>.

<sup>iv</sup> "Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series." Washington, D.C.: National Academies Press, 2006. Available at <https://www.ncbi.nlm.nih.gov/books/NBK19833/>.



insurance systems, health providers, and pharmaceutical companies in the health sector; and parole officers, employment and training services, social workers, and case workers in various human service and other health-adjacent systems (such as education, criminal justice, workforce, and child welfare systems).

Even a robust health sector approach to supporting behavioral health would be insufficient in isolation. Other sectors must reconsider and transform their roles in ensuring behavioral health, especially for disadvantaged populations. Yet, few resources in any sector are devoted to preventing and mitigating behavioral health conditions, promoting healthy development, and shaping a positive social context for families and communities. Despite a voluminous body of research on interventions for diverse populations across diverse settings that prevent or mitigate the development of behavioral health conditions, no sector is currently well-equipped to deliver these strategies.

## The Whole-Family, Whole-Community Approach

Any agenda to improve behavioral health outcomes must address the **UNIQUE BEHAVIORAL HEALTH CHALLENGES** people experiencing poverty face

While this report does focus on health coverage and the scarcity of quality, accessible behavioral health services, it goes further to present a proactive vision for a system that takes care of the whole person in their context across the lifecycle: the whole-family, whole-community behavioral health approach. Taking care of the whole person requires considering their socioeconomic well-being, surroundings and communities, and families and social networks. The whole-family, whole-community behavioral health approach offers a unifying framework of approaching sector- and system-level behavioral health challenges by supporting families and individuals holistically.

Using this approach, the report provides traditionally-siloed sectors with a shared basis of knowledge on the behavioral health needs of low-income people, women, and other key at-risk populations. It identifies common barriers to improving service quality and delivery and then identifies recommendations for policy and systems change. The report takes an expansive view of behavioral health and what influences it, integrating evidence across disciplines and traditions—from clinical research to sociology to the mental health and substance use recovery movement.

## Report Structure

This report first reimagines the ways that our current family- and community-serving sectors, systems, and institutions could support behavioral health and well-being, and then presents a vision for closing sector- and system-wide gaps, strengthening transitions, and managing system overlap. Lastly, the report situates these systems-based changes within a broader community-based context, identifying how together and separately, these systems can better function within a broader ecosystem of community-based and community-oriented resources and supports. Thus, this report reimagines the very systems, services, and supports people should be able to access.

Specifically, Chapter I (“Whole-Family, Whole Community Behavioral Health Approach”) introduces a framework for addressing behavioral health through a whole-family, whole-community approach; Chapter II (“Common Behavioral Health Conditions & Compounding

Factors”) provides an overview of the most common behavioral health conditions and of the most common social determinants of health (SDOHs); Chapter III (“An Agenda for Whole-Family, Whole-Community Behavioral Health”) presents an overarching agenda for addressing the behavioral health needs of whole families and whole communities, particularly for the lowest income families in the U.S.; and Chapters IV-VI (Opportunity Areas) highlight the behavioral health needs of three populations—mothers and their families, families involved with the child welfare system, and people involved with the criminal justice or juvenile justice (CJ/JJ) systems—and offer holistic, population-specific recommendations.

## Summary of Recommendations

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The report outlines a set of overarching policy, programmatic, and practice recommendations for addressing the intertwined and interdependent behavioral health and health-adjacent needs of low-income individuals, families, and their communities. Together and separately, the recommendations push us closer to achieving the vision of whole-family, whole-community behavioral health for every individual, family, and community at all stages of life and along the continuum of well-being.

Recommendations are organized according to four main priorities, each of which supports the whole-family, whole-community approach:

1. Health Sectors & Systems Should Account for & Respond to Realities of Behavioral Health & Compounding Factors
  - 1.1 Ensure Access to Needed Health Services & Supports
  - 1.2 Leverage Opportunities to Improve Holistic Health Services Delivery
  - 1.3 Establish Shared Goals & Hold Health Stakeholders Accountable
  - 1.4 Strengthen & Expand the Health Workforce
  - 1.5 Re-Orient Systems to Prioritize Agency of Individuals & Families in Health Sector
2. Health-Adjacent Sectors & Systems Should Support & Improve Behavioral Health
  - 2.1 Strengthen & Establish Foundational Economic Security & Opportunity Supports
  - 2.2 Nurture the Relationship Between Employment & Behavioral Health
  - 2.3 Help Families Meet Their Intertwined Caregiving & Behavioral Health Needs
  - 2.4 Re-Orient Health-Adjacent Sectors & Systems to be Responsive to Behavioral Health
3. Health & Health-Adjacent Sectors Should Close Gaps & Smooth Transitions Between Them
  - 3.1 Create Seamless User Experiences Across Sectors & Systems
  - 3.2 Promote Effective & Efficient Cross-Sector Collaboration
  - 3.3 Ensure Accountability for Effective Service Delivery & Handoffs
4. Communities Should Support Behavioral Health & Well-Being at All Times for Everyone
  - 4.1 Leverage Community Assets for Holistic Service Delivery



#### 4.2 Build Safe, Inclusive, & Supportive Environments

#### 4.3 Universalize Access to Behavioral Health Information & Supports

Additional, more specific recommendations also appear at the end of the three chapters on key “opportunity areas” for this issue: maternal behavioral health, behavioral health and child welfare, and behavioral health and the justice system.

