

# HEALTH AND HUMAN SERVICES (HHS)

Resolution HHS-24-24

## ADDRESSING MENTAL HEALTH IN THE WORKPLACE

WHEREAS, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 21%, or more than 50 million Americans, are experiencing a mental health condition and Americans' mental health has been exacerbated by the COVID-19 pandemic, with reported symptoms of anxiety and/or depression increasing from 11% to nearly 32%;

WHEREAS, over half of adults with mental health conditions do not receive treatment and 42% reported they were unable to afford the treatment they need;

WHEREAS, according to the Department of Health and Human Services Office of Minority Health, African American adults in the US are more likely than white adults to report persistent symptoms of emotional distress, such as sadness and feeling like everything is an effort;

WHEREAS, African American adults living below the poverty line are more than twice as likely to report serious psychological distress;

WHEREAS, despite the needs, only one in three African American adults with mental illness receives treatment, according to SAMHSA;

WHEREAS, according to the Kaiser Family Foundation, 11.5% of African Americans versus 7.5% of white Americans are uninsured;

WHEREAS, according to the American Psychiatric Association, African Americans are less likely to receive guideline-consistent care, less frequently included in research, and more likely to use emergency rooms or primary care rather than mental health specialists;

WHEREAS, untreated mental health conditions can negatively impact employee performance, rates of illness, absenteeism, and accidents;

WHEREAS, individuals are quitting their jobs due to mental health conditions, and may be dropping out of the workforce altogether;

WHEREAS, most employees look for workplaces that support mental health when looking for new job opportunities;

WHEREAS, workplaces are a significant contributor to Americans' mental health and well-being;

WHEREAS, there is a severe shortage of mental health service providers in the United States, with an estimated 350 individuals for every one mental health provider;

WHEREAS, only 2% of psychiatrists and 4% of psychologists in the United States are Black;

WHEREAS, people with mental health conditions often struggle to find and afford mental health care in their areas;

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WHEREAS, accessing mental health care can be particularly challenging for individuals from underserved communities, including Black, Indigenous, People of Color (BIPOC) and rural communities;

WHEREAS, minority groups have less access to mental health services and are less likely to receive high-quality care and provider discrimination and lack of culturally competent mental health care create barriers for underserved communities seeking care;

WHEREAS, individuals in rural and underserved communities face barriers to receiving mental health care, including provider shortages, transportation barriers, and social stigma;

WHEREAS, unequal access to mental health care may exacerbate negative outcomes, making treatment and recovery more difficult; and

WHEREAS, the State Exchange on Employment and Disability (SEED), an initiative of the U.S. Department of Labor's Office of Disability Employment Policy, convened the Mental Health Matters National Task Force on Workforce Mental Health Policy, which made recommendations for policy improvements to address nondiscrimination, parity and benefits, workplace care and supports, underserved racial and ethnic and rural communities, and behavioral health workforce shortages and state behavioral health resource systems.

THEREFORE BE IT RESOLVED, the National Black Caucus of State Legislators (NBCSL) urges state policymakers to take actions to enhance nondiscrimination, mental health parity and benefits to protect people with mental health conditions by:

- Adopting state nondiscrimination laws that protect people with mental disabilities from discrimination and require insurance plans to provide coverage for medically necessary mental health treatment;
- Requiring health insurance plans to provide equal coverage for mental health treatment as for other medical treatment;
- Requiring workers' compensation to provide eligibility for workers exposed to psychologically traumatic work-related events;
- Requiring employers to allow sick leave to be used for diagnosis, care and treatment of mental illness;

BE IT FURTHER RESOLVED, that the NBCSL urges state policymakers to take actions to enhance workplace care and supports for people with mental health conditions, such as by:

- Educating employers on the reasonable accommodations available to support workers with mental health conditions;
- Ensuring that state Medicaid programs provide reimbursement for tele mental health services after the end of the COVID-19 public health emergency;
- Requiring health insurance benefit plans to cover tele mental health care;
- Providing low- or no-cost mental health care to state employees;
- Requiring health insurance plans to cover annual mental health wellness examinations;

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- Educating employers and providing resources about worksite wellness and/or Mental Health First Aid;
- Providing tax credits for employers who provide worksite wellness programs;
- Providing Employee Assistance Programs for public employees;
- Providing tax and other incentives for employers to provide Employee Assistance Programs;
- Creating state infrastructure and offices to study, provide resources about, and make recommendations for state mental health care;

BE IT FURTHER RESOLVED, that NBCSL urges state policymakers to target underserved racial and ethnic and rural communities for mental health resources by:

- Creating equity-focused agencies, task forces, offices, and advisory councils to make recommendations regarding behavioral health disparities and social determinants of health;
- Requiring state legislation and regulations to recognize and address historic and systemic barriers to health and economic equity by including racial impact statements;
- Requiring state agencies to prepare blueprints, reports and plans to ensure that equity is addressed systemically, including via collaboration and coordination among agencies;
- Requiring data collection regarding equity-related issues, health care disparities, and social determinants of health;
- Increasing access to culturally relevant education and training for behavioral health providers;
- Requiring implicit bias continuing education for mental health providers;
- Establishing and funding mental health crisis services and criminal justice diversion programs;
- Encouraging recruitment, training and retraining of mental health professionals who reflect the diversity of the populations they serve;
- Deploying community broadband access in underserved and rural communities;

BE IT FURTHER RESOLVED, that NBCSL urges state policymakers to address behavioral health workforce shortages by examining the following on a temporary basis:

- Joining the Interstate Counseling Compact, which allows eligible licensed professional counselors to practice in other compact states, provided they are licensed to practice in at least one compact member state;
- Allowing psychologists who complete certain additional training to prescribe mental health medications;
- Providing resources for training and degrees in mental health fields;
- Revising licensure requirements to increase the number of providers;
- Supporting greater use of behavioral support specialists, such as peer specialists, community health workers, and paraprofessionals;
- Requiring state Medicaid programs to reimburse for peer support services;

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- Providing mental health hotlines, low- and no-cost mental health care services, and other support services for mental health care workers;
- Designating and funding crisis hotline centers or services and crisis care coordination for individuals accessing the 988 suicide hotline; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

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**Sponsored by: Rep. Vivian Flowers (AR) and Rep. Ajay Pittman (OK)**

**Policy Committee: Health and Human Services (HHS)**