Health Policy Compendium

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Over 50 million or 20.78% of American adults in 2019-2020 reported experiencing mental illness (Mental Health America, 2023). Strikingly, 4.84% of adults reported having serious thoughts of suicide equating to over 12.1 million individuals in 2020 (Mental Health America, 2023). Thus, mental illness contributing to mental health emergencies such as suicide is on the rise. The potential for a mental health crisis is a real threat for individuals with mental illness and a mental health crisis can feel extremely overwhelming. It is of utmost importance that mental health emergencies be addressed quickly and effectively (Mental Health America, 2023). As with any crisis, a mental health crisis is unpredictable and often occurs outside of normal business hours. Even with treatment plans in place and involvement of mental health professionals, “unpredictability is the nature of mental illness” (National Alliance of Mental Illness, 2023, para. 4).

To prevent suicide and support those experiencing crisis, the federal government passed S.2661 National Suicide Hotline Designation Act of 2020 which designated 9-8-8 the universal telephone number for national suicide prevention and mental health crisis hotline (Congress.gov, n.d.). Starting on July 16th, 2022, North Dakota residents can utilize this number to speak with a trained crisis counselor and connect with a local crisis center (North Dakota Health & Human Services, 2023). Despite the 9-8-8 designation, a third of all adults with mental illness (28.2%) reported they were unable to receive treatment in time of crisis (Mental Health America, 2023). In North Dakota, 81.0% of communities reported not having enough mental health providers to serve their residents (CAMS Care Preventing Suicide, 2023). Regardless of federal regulation, below average mental health resources on a state level hinders access to support services for those with mental illness and behavioral health emergencies.

Background

Unfortunately, suicide is the 9th leading cause of death in North Dakota and the 2nd leading cause of death in individuals ages 10-34 years old (CAMS Care Preventing Suicide, 2023). It was three times more common in 2019 to die by suicide than in a motor vehicle accident or an alcohol related event in North Dakota (CAMS Care Preventing Suicide, 2023). Historically, individuals in crisis are trained to seek help by calling 9-1-1 or presenting to their local emergency department (Kalter, 2019). However, research has shown that emergency department visits for mental illness are alarmingly long sometimes exceeding 48 hours. Additionally, these individuals often experience poorer outcomes and have a reduced quality of care (Mulrooney, 2022). Kalter (2023) relates that the flood of behavioral health visits to the emergency department is directly linked to poor or nonexistent insurance coverage for mental health conditions and a shortage of trained mental health professionals.

To combat “avoidable” emergency department visits and to better serve patients experiencing a behavioral health crises, state and federal agencies sought to make digital and technology-based resources available to mental health patients (Mulrooney, 2022). President Biden announced a strategy to address the national mental health crisis in March 2022 which included, “expanding community behavioral services, integrating mental health treatment into primary care settings, and increased behavioral health navigation resources” (The White House, 2022, para. 5). In response to this strategy, legislators passed S.2661 National Suicide Hotline Designation Act of 2020 which became effective across all 50 states on July 16th, 2022 (Congress.gov, n.d.). The National Suicide Hotline Designation Act of 2020, “officially designates 9-8-8 at the universal telephone number for suicide prevention and mental health assistance in the U.S.” (Congress.gov, n.d., para. 1). Anyone who calls 9-8-8 will be routed to the National Suicide Prevention Lifeline or the Veterans Crisis line. A fee related to 9-8-8 services is collected by each state and is held in a designated account. All profits, per legislation, must be spent on 9-8-8 support services. Additionally, every state’s Department of Health and Human Services (HHS) must have a strategy for how they will provide skilled, specialized services for the lesbian, gay, bisexual, transgender, and queer youth, minorities, and rural individuals (Congress.gov, n.d.).

In North Dakota, residents can call or text 9-8-8 twenty hours a day, seven days a week to speak with the state’s Lifeline crisis center, FirstLink. Calling 9-8-8 does not automatically dispatch the 9-1-1 system, rather, the crisis counselor will only activate emergency systems when there is imminent risk to someone’s life. If additional services or support is needed, FirstLink will connect the resident with their local Human Service Center’s crisis team. If the crisis center is unavailable, residents are automatically routed to the national crisis center. In North Dakota, there are four cities with designated crisis facilities: Bismarck, Fargo, Jamestown, Minot. In Bismarck, Fargo and Minot, the crisis centers welcome walk-in appointments Monday-Friday 8 a.m. to 5 p.m. and telehealth service are limited to established clients. Jamestown’s crises center also welcomes walk-in appointments but limits availability Monday-Thursday 9 a.m. to 5 p.m (Department of Human Services, 2023). In a largely rural state with limited crisis locations, it is unlikely that individuals in crisis will travel potentially hundreds of miles to a crisis center. Moreover, limited hours of availability hinder the ability to support individuals in their unpredictable time of need.

Current Climate

The vision of 9-8-8 is to, “have additional crisis services available in communities across the nation, much the way emergency medical services work” (North Dakota Health & Human Services, 2023, para. 1). In response to the National Suicide Hotline Designation Act of 2020 and to meet this vision, many states such as New Jersey provided additional funding to assembled mobile crisis response units and stabilization resources to supplement the existing mental health care resources. Other states expanded ambulatory care and paramedicine to reduce the use of Emergency Department visits (Everett, 2021). In Pennsylvania, for example, crisis counselors can activate a mobile mental health crisis team on site for 9-8-8 callers to provide therapeutic intervention or transportation for further evaluation (Department of Human Services, 2023).

The North Dakota Department of Human Services established the Behavioral Health Division to manage mental health services on a state level. Unfortunately, North Dakota cut mental health funding in response to economic issues which contributed to a lack of crisis services and worsened the mental health provider shortage. Therefore, S.2661 is a huge victory for North Dakotan as this federal legislation created 24 hours/7 days a week over the phone behavioral healthcare through 9-8-8 services (Congress.gov, n.d.). Unfortunately, if a crisis cannot be resolved over the phone in-person services falls back to what the state can provide. In North Dakota, a “mobile crisis response team” (Health & Human Services North Dakota, 2023, section 3) is available but will only provide services within a 45-mile radius of ND’s eight largest cities. Anyone outside this 45-mile radius is referred to the nearest critical access hospital (Hjelmstad, 2021). It is ambiguous from the North Dakota HHS website when this team is available and what support the team provides. However, the Human Service Center does reference local crisis facilities, as mentioned above, the crisis centers have limited locations and narrow hours of operation (Health & Human Services North Dakota, 2023). To this authors knowledge and research, North Dakota does not have any in-person or mobile crisis units available to patients outside traditional business hours aside from Emergency Department services. This is likely related to the shortage of mental health providers.

Discussion

It has been reported that North Dakota’s mental health system is in crisis. Many might be shocked to learn that more people in North Dakota die by suicide or drug overdose than in highway accidents (Perry, 2021). There is growing concerns regarding the mental health provider shortage and in North Dakota, 46 of the 53 counties have reported a mental health care provider shortage (North Dakota Health & Human Services, 2022), see appendix A. The increase in mental illness diagnoses and rising suicide rates will continue to climb unless state regulators develop strategies to meet the needs of those struggling with behavioral health issues.

The Substance Abuse and Mental Services Administration (SAMHSA) released a statement urging states and territories to set aside funds to develop, “core crisis elements including centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and region or state-wide crisis call centers coordinating in real time” (Everett, 2021, section 3). It is unclear how North Dakota law makers intend to use the profits made from 9-8-8 or if additional funding like what other states have chosen to implement is pending legislation. However, the North Dakota Department of Human Services has developed strategies and launched crisis response systems to support residents experience mental illness. For example, North Dakota lawmakers developed the Health Care Professional Student Loan Repayment Program in House Bill 1396 to combat the mental health provider shortage. This bill offers loan repayments up to $22,000 to advanced practice registered nurse working in a behavioral health setting for up to five years. In 2020, the state was able to fund two psychologists and six behavioral health providers (Bauman & Leighton et al., 2022). Additionally, the creation and development of the four crisis centers throughout ND with a response team is a direct result of S.2661 (Huck, 2022).

Many statewide organizations continue to lobby for change and advocate for behavioral health services. For example, The Acute Psychiatric Treatment Services Committee continues to advocate for increasing the school counselor requirements, expanding inpatient psychiatric facilities, and developing strategies to increase the number of mental health professionals (Huck, 2022). In previous years, the main opposition to expansion of behavioral health services is North Dakota was funding. Fortunately, in September 2022, SAMHS granted the Behavioral Health Division of ND a four-year System of Care Expansion and Sustainability Grant which awarded $3 million to build and expand behavioral health services (Health and Human Sercies North Dakota, 2022). The state has until 2026 to utilize this money; HHS state the grant with be used on “outpatient services, 24-hour crisis emergency services, intensive home-based outreach and case management, intensive day treatment, respite care, recovery support services, and transition from the child/youth services to the adult delivery system” (Health and Human Sercies North Dakota, 2022, para. 2). Although the stated changes have yet to occur, this author is hopeful that in the years coming law makers will revolutionize mental health services in North Dakota through the utilization of this grant enabling residents to have access to quality behavioral health services in times of crisis.

Conclusion

With the passing of the National Suicide Hotline Designation Act of 2020, more individuals suffering from mental illness or experiencing a mental health crisis can receive 24/7 help from qualified professionals. The new crisis hotline gives states the opportunity to “reimagine their crisis service provisions” (Everett, 2021, section 2). Sadly, 9-8-8’s success is limited to sufficient crisis center accessibility, mental health care providers availability, and development of mobile crisis units on a state level. The System of Care Expansion and Sustainability Grant awarded to North Dakota by SAMHS has allowed the state to create four crisis centers and a mobile response team with a 45-mile radius of eight ND cities. Additionally, House Bill 1396 has financially incentivized individuals seeking a career in behavioral health by providing tuition reimbursement. These promising changes after the enactment of 9-8-8 are exciting changes for North Dakota residents and are hopefully only the beginning of larger changes yet to come for behavioral health services. Advanced Practice Registered Nurses (APP) can continue to use their voice through involvement in behavioral health committees and serving as preceptor/mentors for individuals seeking a career in mental health. Additionally, APPs can reach out to congressional representatives or submit letters to the Department of Behavioral Health Services regarding the lack of mental health services in North Dakota, the provider shortage, and better utilization of the Sustainability Grant. Furthermore, APPs can urge HHS to look at changes and additional fundings other states have implemented that has impacted the mental health crisis in their state. More effective & direct access will lessen the burden on emergency medical services and law enforcement. Increasing behavioral health services and reducing the provider shortage can help prevent metal health crisis or reduce suicide rates by providing direct, efficient, and individualize care to those experiencing crisis.

References

CAMS Care Preventing Suicide. (2023). North dakota suicide statistics, rate and prevention. CAMS-Care. <https://cams-care.com/state-statistics/north-dakota/>

Congress.gov. (n.d.). S.2661: National suicide hotline designation act of 2020. <https://www.congress.gov/bill/116th-congress/senate-bill/2661>

Department of Human Services. (2023). 988 national mental health crisis line. <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/988.aspx>

Everett, A. (2021, May 14). Groundbreaking developments in suicide prevention and mental health crisis service provision. Substance Abuse and Mental Services Administration. <https://www.samhsa.gov/blog/groundbreaking-developments-suicide-prevention-mental-health-crisis-service-provision>

Health and Human Sercies North Dakota. (2022, September 12). Health and human services receives federal grant to expand behavioral health services for children and youth. North Dakota State Government - ND Portal. <https://www.nd.gov/news/health-and-human-services-receives-federal-grant-expand-behavioral-health-services-children>

Health & Human Services North Dakota. (2023). Crisis services. Health and Human Services North Dakota. <https://www.hhs.nd.gov/behavioral-health/mental-health/crisis-services>

Hjelmstad, G. (2021, June 10). Enhanced crisis response services to help north dakotans. https://www.valleynewslive.com. <https://www.valleynewslive.com/2021/06/10/enhanced-crisis-response-services-help-north-dakotans/>

Huck, A. (2022, June 22). What’s being done to address the youth mental health crisis in north dakota? KX NEWS. <https://www.kxnet.com/news/state-news/whats-being-done-to-address-the-youth-mental-health-crisis-in-north-dakota/>

Kalter, L. (2019, September 3). Treating mental illness in the ed. AAMC. <https://www.aamc.org/news-insights/treating-mental-illness-ed>

Mental Health America. (2023). The state of mental health in america. <https://www.mhanational.org/issues/state-mental-health-america>

Mulrooney, L. (2022, December 13). Reducing “avoidable” ed visits for mental health could cut billions in costs, improve patient outcomes. AJMC. <https://www.ajmc.com/view/reducing-avoidable-ed-visits-for-mental-health-could-cut-billions-in-costs-improve-patient-outcomes>

National Alliance of Mental Illness. (2023). Navigating a mental health crisis. National Alliance of Mental Health. <https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis>

North Dakota Health & Human Services. (2022). North dakota health professional shortage areas: Mental health [PDF]. <https://ruralhealth.und.edu/assets/4736-21127/nd-mental-hpsa-scores.pdf>

North Dakota Health & Human Services. (2023). 988- Frequently asked questions. <https://www.hhs.nd.gov/988-faqs>

Perry, J. (2021, December 6). People are dying unnecessarily because north dakota has failed to face its mental health crisis. Dickinson Press. <https://www.thedickinsonpress.com/opinion/editorials/other-view-people-are-dying-unnecessarily-because-north-dakota-has-failed-to-face-its-mental-health-crisis>

Sonja, Leighton, K., Bernhardt, K., Knutson, S., & Peterson, M.-L. (2022, October). Behavioral health workforce in north dakota: Education requirements, licensing requirements, and licensed professionals [PDF]. North Dakota Healthcare Workforce Group. <https://www.wiche.edu/wp-content/uploads/2022/09/Behavioral-Health-Report-FINAL-COMPLETE.pdf>

The White House. (2022, March 1). Fact sheet: President biden to announce strategy to address our national mental health crisis, as part of unity agenda in his first state of the union. <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/>

Diagram

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