INTRODUCTION

Unmet behavioral health needs persisted in the United States years before the COVID-19 pandemic, with the pandemic worsening the situation by contributing to an increasing prevalence of behavioral health conditions.\(^1\) In 2019, of an estimated 51.5 million adults nationwide who experienced mental illness, less than half (48.8%) received services.\(^2\) The American Psychological Association surveyed providers in 2020 and 2021, noting significant increases in demand for treating anxiety disorders (84% in 2021, 74% in 2020), depressive disorders (72% in 2021, 60% in 2020), and trauma- and stress-related disorders (62% in 2021, 50% in 2020).\(^3\) Workforce shortages contribute to unmet behavioral health needs nationwide, particularly among rural communities, non-English speaking communities, and for youth.\(^4\)

Youth mental health challenges have reached crisis levels during the COVID-19 pandemic, according to United States Surgeon General Vivek Murthy.\(^5\) CDC data show there was a 31% increase in mental health-related emergency department visits for suspected suicide attempts among 12-17-year-olds compared to the previous year. This increase was even more pronounced for young girls, with 50% more visits in the winter of 2021 compared to the same period in 2019.\(^6\) Furthermore, the 2021 LGBTQ Youth Mental Health Survey conducted by the Trevor Project found that 70% of LGBTQ youth rated their mental health as “poor” most of the time or always during the pandemic.\(^7\)

States and territories are adopting a wide array of policies to improve mental and behavioral health, including significant investments in suicide prevention, support for youth mental health, and improving access through telehealth.

LEGISLATIVE TRENDS

SUICIDE PREVENTION

The U.S. Surgeon General first identified suicide prevention as a national public health priority in 1999 and, after years of increasing suicide rates, instituted a call to action to fully implement the National Strategy on Suicide Prevention in 2021.\(^8\) The national strategy focuses on upstream prevention efforts, including enhancing economic supports, promoting and enhancing social connections, and providing additional services and resources to underserved and high risk groups such as American Indians/Alaskan Natives and military veterans.\(^8\) It also calls for improving downstream prevention efforts, such as implementing the national 988 crisis help line (operational on July 16, 2022) and developing safe care transitions for patients experiencing a mental health crisis.\(^8\)

During the 2021 legislative sessions, at least 21 states enacted new laws relating to suicide prevention. Of those states, at least 12 states enacted laws related to implementing the 988 crisis helpline. New laws in six states (Arkansas, Illinois, Indiana, New Jersey, South Carolina, and Texas) require certain student identification cards to include information about the helpline. At least three states (Colorado, Virginia, and Washington) enacted laws to support a network of crisis call centers to implement the helpline. Colorado’s new law calls for funding a nonprofit organization to operate its hotline, including 24/7 intervention services and crisis care coordination across the state. Washington state’s new law establishes a state crisis call center network to provide 24/7 intervention services, triage, care coordination, referrals, and connections. Virginia’s new law creates a Crisis Call Center Fund financed through fees collected by wireless providers to support the development of a call center.

YOUTH MENTAL HEALTH

In 2021, at least 19 states enacted laws to support youth mental health, including specific youth suicide prevention measures and increasing trauma-informed care. At least three states (Illinois, Rhode Island, and Oregon) enacted laws to prevent youth suicide by increasing awareness about the issue. Oregon’s new law includes funding for a Youth Suicide
Nearly 130 million Americans lived in Mental Health Care Professional Shortage areas in 2021.9

Intervention and Prevention Coordinator within the Oregon Health Authority to work with partners to create a statewide youth suicide prevention strategic plan.

Several states enacted laws increasing mental health awareness among students or implementing mental health screening programs. Arizona enacted a law directing the State Board of Education to work with the Department of Health Services and mental health advocates to incorporating mental health and social and emotional learning into the statewide health education curriculum. New Jersey’s new law creates a grant program to provide recipient schools funding to screen students grades seven to 12 for depression.

Some states enacted laws to prevent adverse childhood experiences, which have been linked to poorer mental health and behavioral health outcomes. Hawaii’s new law creates a trauma-informed care taskforce within the Department of Health to develop a framework that can be applied in any school, community organization, or entity that has contact with youth.

**TELEHEALTH ACCESS**

At least 24 states enacted laws expanding telehealth access in 2021 to a service that promotes greater mental or behavioral healthcare access. Florida’s new law supports pilot programs providing telehealth prenatal and home visiting programs, including depression screenings, to pregnant people.

In 2021, at least 11 states and Washington, D.C. enacted laws to facilitate mental health telehealth services across state lines. Delaware’s new law enables mental health and behavioral health providers—including social workers—licensed in another jurisdiction to provide telehealth services to people in Delaware after registering with the Division of Professional Regulation. Ten states (Alabama, Arkansas, Kentucky, Maine, Maryland, Minnesota, New Jersey, Ohio, Tennessee, and West Virginia) and Washington, D.C. passed laws to join the Psychology Interjurisdictional Compact (PSYPACT), which facilitates telepsychology services across state lines and provides for temporary in-person practice.

**LOOKING AHEAD**

ASTHO expects states to continue supporting mental and behavioral healthcare access, including:

- Laws facilitating the implementation of the national 988 crisis helpline.
- Suicide prevention measures, including specific focus on youth, BIPOC (Black, Indigenous, and People of Color) and LGBTQ+ communities, and veterans.
- Policies to reduce adverse childhood experiences, including the promotion of a trauma-informed workforce and supporting approaches that promote prosocial and healthy behaviors.
- Expanding telehealth options for mental and behavioral health needs, such as entering interstate compacts to allow licensed providers to administer care across state lines.

9. KFF. “Mental Health Care Professional Shortage Areas (HPSAs).” Available at https://www.kff.org/other/state-indicator/mental-health-care-health-profession-al-shortage-areas-hpsas/?currentTimeframe=0&sortModel%5B%22%5D%3D%22Location%22%2C%22sort%22%2C%22asc%22%2C%22%7D. Accessed 12-22-2021.

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