



BASIC NEEDS

FREEDOM FROM TRAUMA, VIOLENCE, & ADDICTION

1,000% increase in calls to the federal Disaster Distress hotline

>50% of American children experience at least one adverse childhood event

33% of Americans wait more than a week to access a mental health clinician

67% of American adults believe their sleep was healthier before the pandemic

45% of Americans said they felt “down, depressed, or hopeless” for several days in the previous week

Facts adapted from the Basic Needs: Freedom from Trauma, Violence, & Addiction and Basic Needs: Public Health Deep Dives

THE IMPACTS OF TRAUMA, VIOLENCE, AND ADDICTION on human life are far reaching. Adverse childhood experiences and toxic environments can harm health and well-being across a lifespan and generations. Unfortunately, quality mental health and addiction care has long been difficult to access, hard to afford, and too uncoordinated, and underfunded to provide real healing.

To address our mental, emotional, and social health needs as whole persons, and particularly the loss, trauma, and substance misuse occurring in the wake of COVID-19, we must move toward ensuring everyone has access to integrated, comprehensive, multi-sector, community-based care, solidly anchored in the promotion of mental health and emotional resilience.

KEY ISSUES

- **Depression is the leading contributor to disability**, with far-ranging effects on physical, social, and emotional health.
- **With increasing rates of unemployment**, the number of uninsured is rising even as the need for care increases.
- **Without viable community treatment options**, those in need often go without care, or are forced into more expensive emergency services.
- **COVID-19 has highlighted vulnerabilities within our current delivery system**, underscoring that care in the clinical or hospital setting is not always feasible or the most effective approach.
- **The traditional mental health workforce does not have the capacity** on its own to meet the demand for services. This was true prior to COVID-19 and is even more evident now.
- **A large body of research on “task-shifting”** demonstrates how many of the tasks of treating addiction and mental health needs—such as screening and tracking improvement, providing aspects of supportive counseling, coaching skills in self-care—can be done by trusted nonclinical health professionals.

PIVOTAL MOVES

A SELECTION OF IDEAS FOR CHANGING COURSE

ENSURE ACCESS TO CARE, NOW

Emergency funding must be dedicated to clinicians and organizations treating individuals with mental health and substance use disorders.

A significant portion of emergency funds should be set aside for organizations serving those enrolled in Medicaid.

CHANGE DELIVERY OF MENTAL HEALTH CARE

Integrate mental health staff and universal screening into primary care, improve assessment and referral pathways, undertake outreach into communities and schools, and ensure that digital care is available.

Adopt a “no wrong door” approach that allows people to secure the appropriate level of care without imposing burdens that worsen their distress.

Distribute the workforce to reach people where they are.

TRANSFORM THE MENTAL HEALTH WORKFORCE

Implement a Community Health Service Corps that is dedicated to prevention and to meeting distinct needs with culturally sensitive approaches.

Embrace task-shifting—package clinical and cultural knowledge with methods that heal and prevent harm, led by the community.

Leverage clergy, teachers, community health workers, parents, trusted peers to change the character and expand the reach of mental health services.

Large-scale efforts to shift care into communities will require strong community leadership and a unifying infrastructure, as well as steps to ensure availability and equitable distribution.

GET THE FACTS & PUT THEM INTO ACTION

Implement real-time surveillance of critical issues like suicide, drug overdose deaths, and the incidence of mental health diagnoses in crises.

Devote additional resources to evaluating community and clinical interventions that mitigate or even prevent behavioral health conditions.

Translate findings into effective education and skill-building rooted in best practices and enhanced by technical and peer assistance.

CONNECTIONS

PATH TO RENEWAL

We need to face the reality of a broken, fragmented system of mental health care. Effective action to address this failure will impact each area of renewal discussed in the next section of this document. It will enhance civic life through commitment and investment in community solutions. It will strengthen the economy by providing meaningful jobs, improving improved educational attainment, increasing productivity, and reducing costs. It will improve social, emotional, and spiritual well-being by creating accessible and culturally competent support services.

ADAPTED FROM
THE **BASIC NEEDS:**
FREEDOM FROM
TRAUMA, VIOLENCE,
& ADDICTION DEEP
DIVE

Mental health and addiction issues touch every one of us—either directly or through someone we love. The consequences of trauma, violence, and exclusion threaten our well-being, and undercut our freedom to flourish. We all have healing to do, even as some of us suffer disproportionately as a result of systemic inequities borne by our race, ethnicity, gender identity, and socio-economic status. It's time we recognize that whatever may divide us, that which connects us is greater still. **Let us turn to one another and listen, learn, recover and find new ways to heal, thrive and grow our collective resilience.** Our lives, families and nation depend on it.

TYLER NORRIS
WELL BEING TRUST