

Mental Health Services Reform in Georgia



Georgia's state and local agencies struggle to adequately address serious mental illness (SMI) challenges, including homelessness, recidivism, and high mortality.

Homelessness has a damaging effect on mental and behavioral health.

Homelessness is “associated with poorer mental health outcomes” and can contribute to the development of SMIs. Suicidal ideation is extremely high in homeless individuals with SMI, with almost 8% reporting suicide attempts within the last months’ time. Ensuring access to housing is a necessary component to a holistic approach to public health.

House Bill 520's stipulation that Medicaid coverage includes psychiatric services would help close the demographic gap in mental health care.

“Continuity of Care” is necessary to facilitate reintegration for individuals with SMIs.

Individuals with SMIs are much more likely to experience repeated short periods of incarceration, which leads to worse mental health outcomes. In-reach programs during incarceration and referrals to community mental health services on release can reduce this recidivism.

Behavioral health services are a necessary part of reproductive justice.

Mental health conditions are the second leading cause of maternal mortality in Georgia, and the majority of post-delivery pregnancy-related deaths were Medicaid recipients. Providing psychiatric services under Medicaid would be a significant step in reducing maternal mortality.

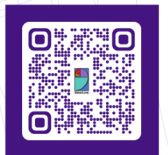
“Continuity of Care” is necessary to facilitate reintegration for individuals with SMIs. Medicaid coverage of psychiatric services can help address structural inequality.

Women are twice as likely to experience depression as men, but black women are half as likely as their white counterparts to seek care, in part due to limited access to healthcare providers. Since black women in Georgia are also disproportionately likely to be enrolled in Medicaid, House Bill 520's stipulation that Medicaid coverage includes psychiatric services would help close this demographic gap in mental health care.

Georgia would join a number of other states enacting similar mental health services reforms, including New York, Illinois and Oregon.

Prominent examples include:

- **The FY2024 New York State Budget** provided funds to provide housing and employment support for people with serious mental illnesses as well as requiring insurance providers adopt network adequacy standards for mental health coverage.
- **The Oregon State Health Improvement Plan**, initiated in 2020 by the Oregon Health Authority, is a five-year plan to reform its approach to health care, including provisions to support transitions from incarceration or institutionalization to stable housing and ensuring that comprehensive behavioral healthcare services are reimbursed.



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