



The Center for
High Impact Philanthropy
School of Social Policy & Practice
UNIVERSITY of PENNSYLVANIA

health in mind

a philanthropic guide
for mental health
and addiction





About Us

The Center for High Impact Philanthropy is a trusted source of knowledge and education to help donors around the world do more good. Founded as a collaboration between the School of Social Policy & Practice and alumni of the Wharton School, it is the premier university-based center focused on philanthropy for social impact. To learn more, visit:

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There has never been a more urgent time to address mental health and addiction.

One in five people experience a mental health disorder and one in ten experience a substance use disorder (SUD), contributing to rising rates of so-called deaths of despair—those related to drugs, alcohol, or suicide.¹ Beyond the devastating loss of life, every day, millions of people, their loved ones, and their communities live with the challenges of mental health and addiction. This human toll is matched by an economic toll: more than \$200 billion in healthcare costs,² reduced workforce productivity,³ over-taxed social services,⁴ and nearly \$200 billion in lost earnings each year in the United States alone.⁵

But there is hope.

In recent years, researchers and clinicians have gained a new and deeper knowledge of the brain. More and more evidence exists on which approaches are most effective at preventing, treating, and supporting the recovery and long-term management of mental health disorders and addiction. At the same time, there is increased public awareness of the need to better address mental health and addiction.

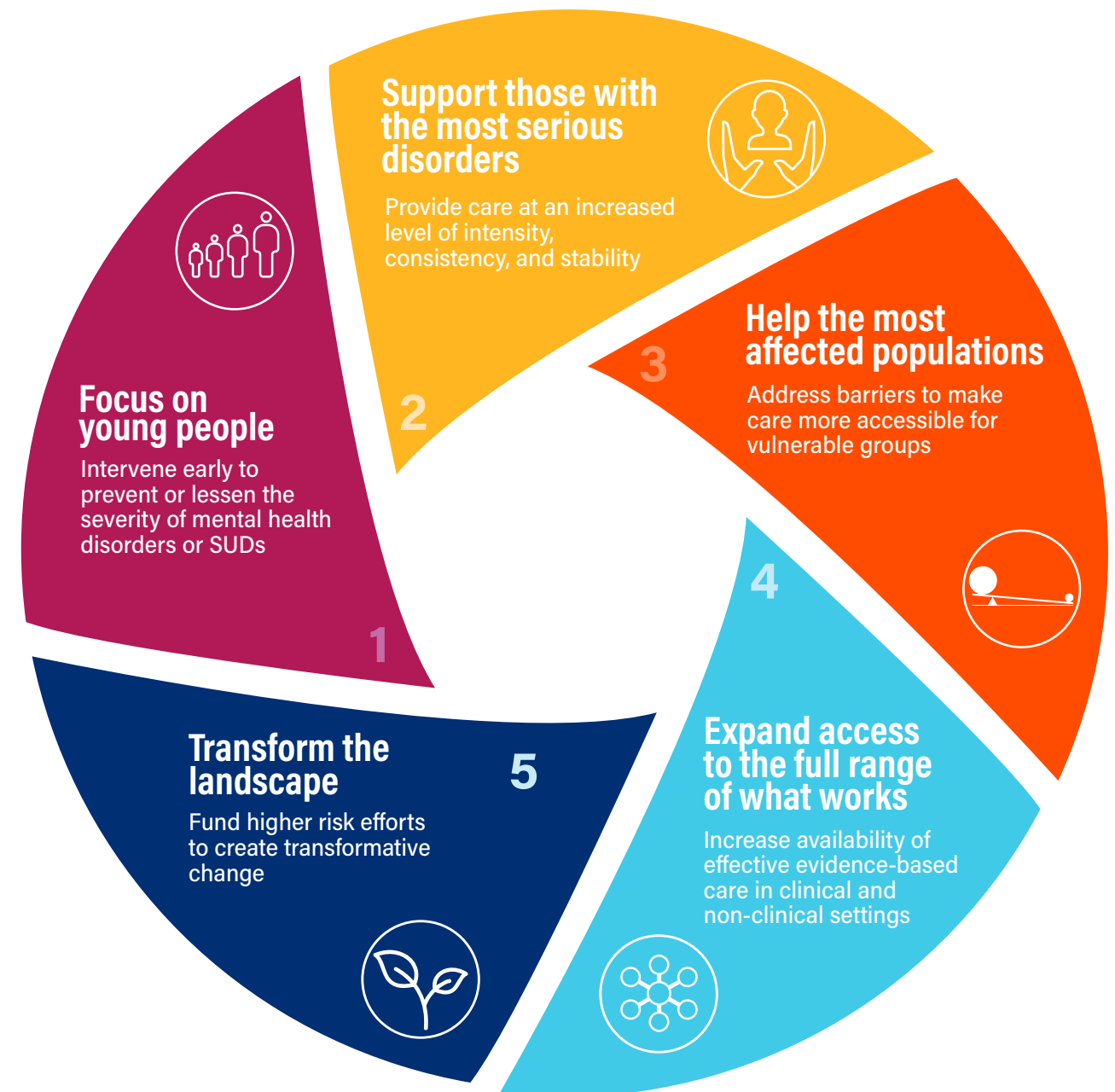
This combination of knowledge, attention, and public engagement makes it a unique time for philanthropy to act. Mental health disorders and SUDs are intrinsically linked to outcomes across

a host of philanthropic causes that have long been the focus of many individual and institutional funders. For example, we know that adverse childhood experiences (ACEs) and parental depression affect early childhood development and school success; that undiagnosed and untreated mental health disorders are linked to homelessness, unemployment, and incarceration; that young people in foster care and people in prison disproportionately experience mental health disorders and SUDs; and that the current opioid epidemic is ravaging families and communities across the country.

Against this context, funders often ask: How can I help?

5 Strategies to Address Mental Health and Addiction

Our review of the best available evidence synthesizes academic literature, research, and existing frameworks while incorporating the perspectives of donors, clinicians, and practitioners. We also engaged individuals living with mental health disorders and SUDs, along with their caregivers, and incorporated feedback from more than 50 experts in workshop and small-group settings. From this work, five strategies emerged as the most promising ways for philanthropy to better address mental health disorders and addiction in the United States. Together, they provide a comprehensive view of the areas that have both the greatest need for support and potential for impact over time.



How Philanthropy Can Help

Philanthropic support takes many forms. It can fund nonprofit programs that provide direct services to those in need; increase the capacity of systems so that programs can function more effectively and efficiently; fund research that underpins these programs; and support policy initiatives that are needed to sustain them. It can also back innovation with the potential for game-changing progress.

At CHIP, we have a broad view of how philanthropy can help. Across the many social impact areas our team has analyzed, we find that philanthropic support typically falls within one of four categories of ways that philanthropy can help. Similar to financial investment asset classes, these categories often reflect different levels of risk, timeframes for results, and social impact return profiles. All have potential for high impact. However, some funders may lack the expertise, patience, risk-tolerance, networks, or personal comfort level to invest in all categories. In addition, criteria for selecting ways to help and types of evidence for assessing progress differ among these categories. Throughout this guide, we will provide specific examples of ways to help within each of these categories, matched to each of the five strategies that emerged from our applied research.

A Broad View of How Philanthropy Can Help

Across the many social impact areas CHIP has analyzed, philanthropic support typically falls within one of four categories. Here we provide general guidelines related to timeframe to impact, associated risks and rewards, measurement of results, and conditions for success. While not hard and fast rules, funders have found these guidelines helpful in choosing opportunities to pursue and in recognizing the tradeoffs in those choices. Nonprofits have also found these guidelines helpful in prioritizing activities and managing funder expectations.

| ENTRY POINT | APPROXIMATE TIME FRAME FOR RESULTS | RISK/REWARD CONSIDERATIONS |
|---------------------------------|------------------------------------|---|
| Direct Services | 3-5 years | <p>Strengths: Lower risk since generally less complex; often addresses immediate need; specific client/beneficiary outcomes are relatively easier to measure</p> <p>Limitations: Doesn't change underlying conditions or causes</p> |
| System Capacity Building | 5 years + | <p>Strengths: Potential for more sustainable change</p> <p>Limitations: Higher investment risk/uncertainty of results due to greater complexity (e.g. more players with potentially competing interests and incentives); progress can be harder to measure and attribute to any one funder's work</p> |
| Policy/Advocacy | 1-10 years + | <p>Strengths: Can leverage resources of other stakeholders (e.g. government and business) in ways that lead to more widespread and sustainable change</p> <p>Limitations: Higher investment risk/uncertainty of results including potential reputational/political risk; progress harder to measure</p> |
| Research/Innovation | 5-10 years + | <p>Strengths: Breakthrough could lead to widespread change over the long term</p> <p>Limitations: Higher investment risk/uncertainty - i.e. money and time spent learning only what doesn't work</p> |

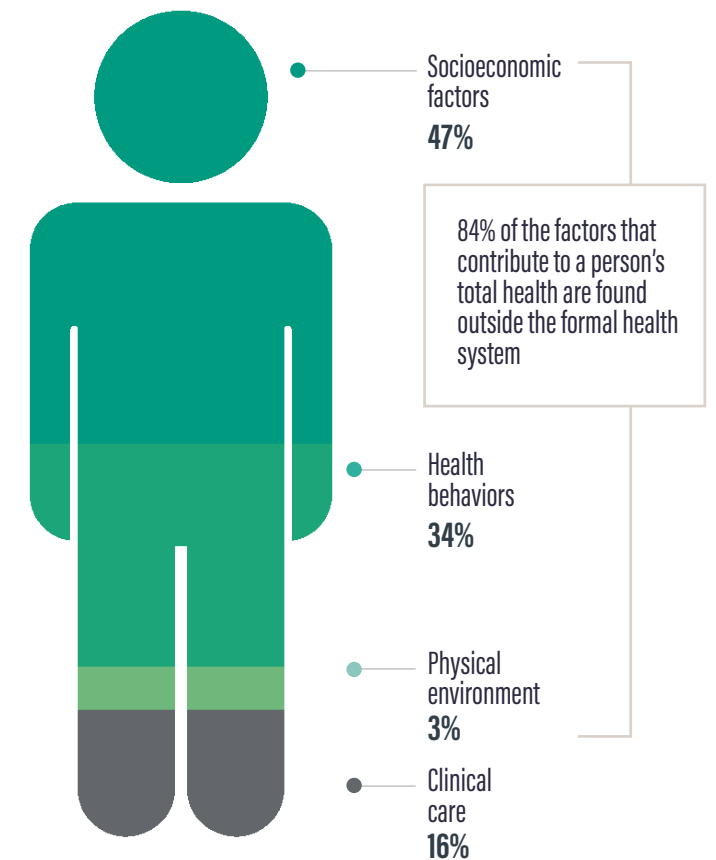
A Broad View of Mental Health and Addiction

In order to identify the opportunities that have the greatest potential for impact, this guide approaches mental health disorders (e.g. depression, anxiety, or schizophrenia) and addiction (including both alcohol use disorders and drug use disorders) as a collective. Mental health disorders and SUDs are not the same and do not have to occur in tandem, however co-occurrence is common. Approximately half of the over 20 million people with a SUD in the United States also have a mental health disorder.⁶ Mental health disorders and SUDs often also co-occur with other chronic health conditions, such as diabetes, cardiovascular disease, chronic respiratory diseases, and cancer, as well as intellectual disabilities. In fact, most of the factors that influence a person's total mental and physical health are found outside of the clinical care system.⁷ It makes sense, then, that many approaches that address mental health disorders—such as strong social supports, treatment using therapy and/or medication, efforts to reduce stigma or isolation, and connections to educational and employment opportunities—are often also successful in reducing the burden of addiction.

The following pages introduce CHIP's Framework for Philanthropic Funding, followed by a more detailed discussion of each of the five strategies to help. We start with improving mental health disorders and addiction in young people. We next highlight ways donors can focus specifically on bringing what works to the individuals and populations with the greatest needs. Then we address how to reduce gaps in the availability of effective tools for all people. We end with opportunities to radically transform the way society approaches mental health disorders and addiction, by supporting research and innovation.

84% of the factors that influence a person's total health are found outside clinical care

Social, economic, and physical factors significantly influence behavioral health outcomes.



Source: Hood, C., Gennuso, K., Swain, G., & Catlin, B. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventative Medicine*.

Language Matters

Many terms are used interchangeably when discussing mental health and addiction. But some terms carry stigma that can prevent people from seeking or receiving appropriate care. In this guide, we use "addiction" in general usage and "substance use disorders" when referring to a medical condition. For more information, visit our website, www.impact.upenn.edu/health-in-mind.

CHIP's Framework for Philanthropic Funding

At CHIP, we see four categories of philanthropic opportunities that donors can support: direct services, system capacity building, policy and advocacy, and innovation, including research and development. Each carries its own risks, benefits and time horizons. The strategies in our guide include solutions that span all four categories. We list them here, with examples of ways to help for each strategy.

The rest of the guide provides additional details on each of the strategies in our framework. For each, we outline the case for pursuing that strategy, then provide examples of specific solutions to support. Opportunities of every size exist within each category. The most effective programs are those informed by those directly affected, those implemented with adequate support to apply evidence-based models with fidelity, and those that evaluate outcomes and impact.

| STRATEGY | WHAT'S NEEDED | HOW TO HELP |
|--|--|--|
| <p>1</p> <p>Focus on young people</p> <p>Intervening early can prevent or mitigate risk and reduce the severity of a mental health disorder or SUD. For those at elevated risk due to genetic factors or adverse childhood experiences, early diagnosis and connection to quality care can lead to better long-term outcomes.</p> | <ul style="list-style-type: none"> A strong start to life Support for school-aged youth Resilience and life skills | <ul style="list-style-type: none"> Direct services: Home visiting and parenting skills programs; integrated mental health education in schools; peer-led programs System capacity building: Skills and resources for pediatric mental health care; trauma-informed education practices Policy/Advocacy: Additional qualified providers in schools; increased provider reimbursement; insurance coverage of life skills programs Research/Innovation: Evaluation of long-term outcomes; youth suicide-prevention programs |
| <p>2</p> <p>Support those with the most serious disorders</p> <p>People with serious mental health disorders or SUDs may require care at an increased level of intensity and consistency. For example, they may need immediate life-saving responses as well as support in areas such as housing and employment to ensure longer-term stability.</p> | <ul style="list-style-type: none"> Alternatives to incarceration (ATI) Reentry support Specialized care Comprehensive support services | <ul style="list-style-type: none"> Direct services: Coordinated specialty care programs; medication-assisted treatment; comprehensive support schemes System capacity building: Specialized technical assistance for non-specialty providers; care in under-resourced settings; crisis intervention team training Policy/Advocacy: More services eligible for payment; ATI policies and programs; reduced Medicaid restrictions Research/Innovation: Multi-stakeholder community partnership approaches |

| STRATEGY | WHAT'S NEEDED | HOW TO HELP |
|--|---|--|
| <p>3</p> <p>Help the most affected populations</p> <p>Certain groups disproportionately experience mental health disorders and addiction or are more likely to lack access to appropriate care. Cultural, legal, geographic, and language barriers can prevent people from recognizing and seeking care or impede access to quality and effective treatment.</p> | <ul style="list-style-type: none"> Removal of practical barriers Elimination of cultural and language barriers Decreased stigma, discrimination, and social disconnectedness | <ul style="list-style-type: none"> Direct services: Services tailored to communities of need; multi-language health information; homeless outreach and residential programs System capacity building: Greater provider diversity and cultural humility; improved care within and linkages between systems impacted Policy/Advocacy: Reduced social service restrictions; information campaigns that reduce stigma and discrimination Research/Innovation: Adaptation of existing approaches to meet the needs of specific groups |

| STRATEGY | WHAT'S NEEDED | HOW TO HELP |
|---|---|--|
| <p>4</p> <p>Expand access to the full range of what works</p> <p>Too few people have access to effective evidence-based care. Increasing interventions and practices in clinical settings (e.g. primary care offices) as well as those in non-clinical ones (e.g. stronger supports for caregivers) ensures that all people have access to the full range of what works—as does strengthening connections between these two settings.</p> | <ul style="list-style-type: none"> Workforce expansion programs Crisis response services Integrated health care Family support and involvement groups | <ul style="list-style-type: none"> Direct services: Crisis centers and integrated health centers; family and caregiver support programs System capacity building: Technical assistance for care integration; expanded availability and effectiveness of workforce Policy/Advocacy: Requirements for evidence-based care; greater range of services eligible for insurance Research/Innovation: Evaluation of effectiveness and long-term outcomes; application of evidence from community-based practice |

| STRATEGY | WHAT'S NEEDED | HOW TO HELP |
|--|--|---|
| <p>5</p> <p>Transform the landscape</p> <p>Breakthrough progress requires transforming the way we think and talk about mental health and addiction. Philanthropy is uniquely positioned to fund higher risk areas where a deep evidence base has not yet been assembled, but where the potential for high-reward transformative change exists.</p> | <ul style="list-style-type: none"> Improved understanding of mental health disorders and SUDs Reimagined care delivery New social norms Revamped financing Promotion of comprehensive health and well-being | <ul style="list-style-type: none"> Direct services: Tools to detect symptoms; adaptation of effective programs from other issue areas System capacity building: Outcome-based financing incentives; implementation of existing knowledge Policy/Advocacy: Application and evaluation of new policies in local government Research/Innovation: Exploration of new and better treatments; new uses of outdated approaches to care delivery; better technological approaches |



Focus on young people

One in five children and adolescents experience a mental health disorder such as anxiety, depression, and substance use—as well as triggers for these mental health problems (e.g. stress, bullying, and family problems).⁸ Further, brain plasticity in youth means that adverse childhood experiences (ACEs), such as neglect, abuse, and exposure to violence, significantly influence brain development, creating lifelong vulnerability to mental health disorders. Half of all mental health disorders begin by age 14, and three-quarters begin by age 24.⁹

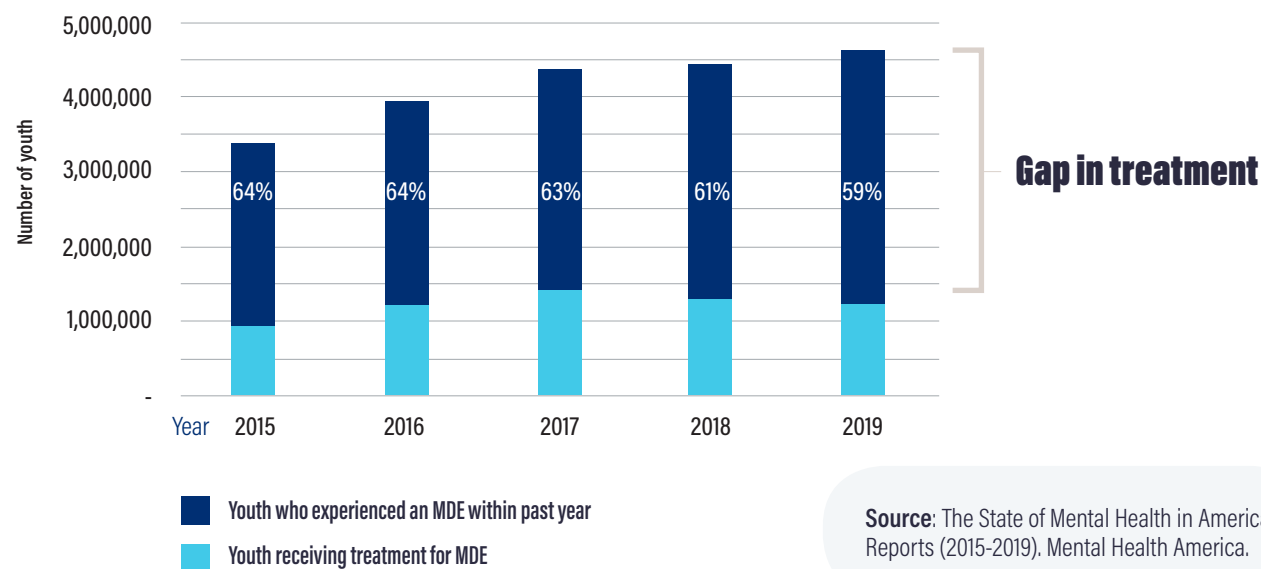
Suicide is now second only to unintentional injury among causes of death for 10- to 34- year-olds.¹⁰ Yet 62% of youth (ages 12-17) with depression, a major contributor to suicide, do not receive any mental health treatment and more than half do not receive the care they need.¹¹

The following are concrete, evidence-based areas to support young people through age 25, organized by developmental stage. To help youth who are not connected to school or work access support for mental health, employment, and more, see our guide, Reconnected: Opportunity Youth, <https://www.impact.upenn.edu/reconnected/>.

Half of all mental health disorders begin by age 14⁹

The majority of youth are not getting the mental health care they need

Nearly two-thirds of youth who experienced a major depressive episode (MDE) within the past year did not receive treatment for their mental health concerns



Source: The State of Mental Health in America Reports (2015-2019). Mental Health America.

A Strong Start to Life

Helping parents develop positive bonds with their children and teaching parenting skills significantly improves child outcomes and parental health. For example, home visiting programs in which a trained and trusted provider delivers practical and emotional support result in fewer child emergency visits, lower maternal stress, reduced anxiety and depression, and lower rates of substantiated child abuse and neglect or involvement in the juvenile justice system.¹²

There is a severe shortage of child psychiatrists, especially in low-income and rural communities. Connecting pediatricians and other providers (e.g. school nurses, counselors) to technology and training that increases literacy in mental health disorders and substance use disorders (SUDs) enables them to screen (and in some cases treat) common disorders while referring more severe cases to specialty providers. Well visits also present an extraordinary opportunity to identify and intervene when young people present with early signs of a mental health disorder or addiction. These supports can also protect children from the increased risk of mental health disorders and addiction that are associated with ACEs.

Support for School-aged Youth

When children experience prolonged “toxic” stress or trauma, their bodies and brains adapt to the feeling of being in constant danger and they may withdraw, becoming unresponsive to adults around them and unable to learn in school.¹³ Education practices informed by and responsive to children who have experienced trauma increase emotional intelligence, build mental health literacy, and help educators engage children. Integrating information about mental health disorders into health curriculum at schools reduces children’s anxiety levels and depressive episodes, with reductions in onset and recurrence in the first year after the intervention.¹⁴

Funding can also provide training and technology to school counselors and other providers who are critical to supporting the diverse needs of students, or support extracurricular activities such as sports, arts, clubs, and volunteer or mentorship opportunities, which have been shown to reduce drug use and improve socio-emotional development. Donors can also support the identification and testing of new approaches to prevent youth suicide.

Resilience and Life Skills

People between the ages of 18 and 25 have the highest rates of mental health disorders of all age groups.¹⁵ Late adolescence is a critical time as individuals transition to greater independence. It is also a high-risk developmental period during which their emotional and self-regulatory maturation is still incomplete. Further, young adults make up a large subset of the veteran population, as well as people in the criminal justice system and foster care system (all populations that have a high rate of mental health disorders and SUDs), yet they have the lowest rate for receiving treatment.¹⁶

Life skills programs can help individuals build skills needed to live independently and achieve school or career success by reducing stress, anxiety, drug and alcohol usage, and rates of incarceration, while increasing graduation and employment rates.¹⁷ One study found that when disadvantaged youth are provided social-cognitive supports, graduation rates increase by up to 14%.¹⁸ Peer-led awareness, prevention, and support programs build mental health literacy and provide opportunities for young adults to engage with their peers. Early research shows that among youth in particular, peers are powerful tools in supporting the mental health needs of their friends and classmates.¹⁹

For additional resources and information, visit our website <https://www.impact.upenn.edu/health-in-mind>

How to Help

Direct Services

- Support home visiting and community programs to help new parents
- Fund school programs to provide integrated mental health education
- Support peer-led programs for young adults

System Capacity Building

- Equip pediatricians and other providers to screen and care for mental health
- Train educators in trauma-informed practices

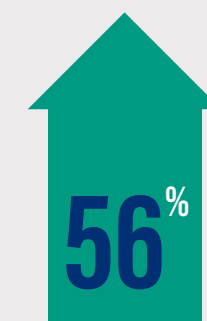
Policy/Advocacy

- Increase funding to support additional qualified providers in schools
- Advocate for the expansion of and reimbursement for life skills programs

Research/Innovation

- Support evaluation of long-term program outcomes
- Develop effective youth suicide-prevention programs

Deaths by suicide among youth have increased in recent years



increase in youth death by suicide, 2010 - 2017

Source: Centers for Disease Control, 2019



Address the needs of those with the most serious disorders

Individuals with serious mental illness (SMI) (e.g. schizophrenia, severe bipolar disorder, and major depressive disorder) and those with severe substance use disorders (SUDs) face greater challenges accessing care and other supportive services needed to thrive. As a result, those with SMI and SUDs experience higher rates of incarceration, homelessness, hospitalization, unemployment, and early death than the general population. For example, while individuals with SMI make up 4% of the general population, they represent 25% of the homeless population and on average die 10 to 25 years earlier due to greater difficulty managing other chronic conditions and from suicide.^{20, 21, 22} Individuals with severe SUDs face similar challenges: More than 700,000 people have died from an opioid overdose since 1999, at a rate that has been growing steadily each year, costing the United States hundreds of billions of dollars.²³

However, comprehensive care and support tailored to the unique needs of these individuals help reduce re-hospitalization and recidivism (i.e., re-arrest, re-conviction, or return to prison), and increase long-term employment. For example, a study of one such program in New York found that participants' involvement in education or employment increased from 40% to 80% and hospitalization rates decreased from 70% to 10%.²⁴ For those people with SMI and SUDs involved in the criminal justice system, alternatives to incarceration and reentry programs often serve as an opportunity to access care when all other attempts have failed. Mental health programs in jails and prisons have been found to reduce recidivism rates by an average of 21%.²⁵

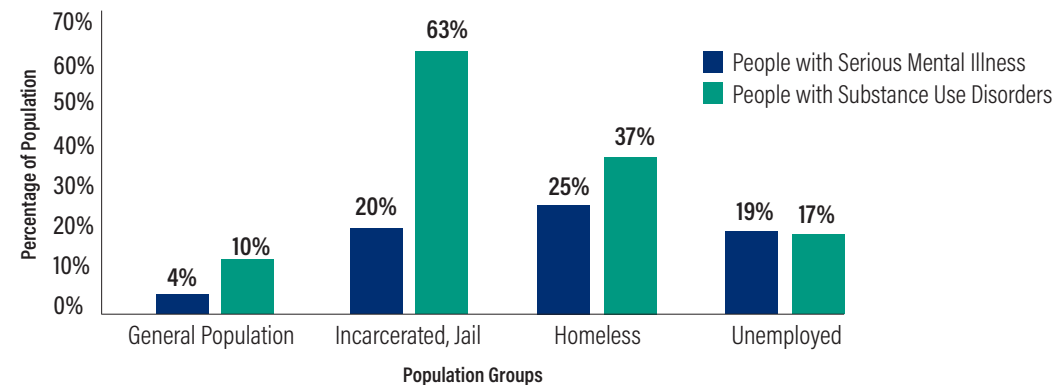
Addressing the needs of those with the most serious disorders not only helps save and improve lives, but also significantly reduces the associated economic costs (e.g. healthcare costs, over-taxed social services, lost earnings, and Medicaid spending). For funders choosing to implement this strategy, we outline the following four opportunities for action.

Individuals with SMI have life spans 10-25 years shorter than the general population²¹

SMI and severe substance use disorders are linked to other philanthropic cause areas

Those with SMI or SUDs are overrepresented in the jail, homeless, and unemployed populations, highlighting the need for solutions that provide supports to these groups

Source: CHIP analysis of data from the Substance Abuse and Mental Health Services Administration, Department of Justice, Treatment Advocacy Center, the U.S. Conference of Mayors, and the Bureau of Labor Statistics (2007-2014)



Alternatives to Incarceration

Individuals experiencing a mental health crisis are more likely to interact with the police than they are to engage with the healthcare system.²⁶ Several approaches can reduce involvement with the criminal justice system or direct people to treatment at the earliest possible stage. Crisis intervention team (CIT) programs are a community partnership between law enforcement, Emergency Medical Services professionals and mental health advocates to provide training to those who are often the first responders to a mental health crisis. Other approaches include community-based resources that keep people from engaging with law enforcement, as well as alternative to incarceration (ATI) policies and programs, which provide prosecutors and police with alternatives when interacting with individuals who have mental health disorders or SUDs.

Reentry Support

An estimated 83% of incarcerated people with a mental health disorder do not have access to the needed treatment while in jail.²⁷ Successful reentry begins by providing care during incarceration. It also includes supports that prevent people from returning to prison or

jail. Individuals who participated in educational and vocational resources during and after incarceration were shown to be 43% less likely to recidivate.²⁸ Funders can also support efforts to remove policy barriers that make it more difficult for those with a criminal record to obtain employment, housing, and education.

Specialized Care

People with SMI and SUDs often need specialized care at an increased level of intensity and consistency. For those with SMI, this may include coordinated specialty care for first episode psychosis (CSC-FEP), a recovery-oriented program that connects young people experiencing their first episode of psychosis to treatment that focuses on improving mental health and achieving personal goals related to work, school, and social and family relationships. For those with severe SUDs, this may include medication assisted treatment (MAT) or harm reduction programs. MAT is a combination of psychosocial and pharmacological treatment. It is the current best practice to treat opioid use disorder, particularly when offered with other supportive services. Harm reduction programs provide targeted overdose education, naloxone distribution, and needle exchange

programs alongside access to care and social services, such as housing.

Comprehensive Support Services

Almost half of homeless adults in shelters have a serious mental health disorder or SUD.²⁹ Those with serious mental health disorders face unemployment rates up to 45%.³⁰ Housing and employment provide physical and financial stability that is critical to maintaining participation in treatment programs and supportive relationships. Housing First, a model in which supportive housing is provided without the precondition of sobriety, leads to discontinued substance use, greater participation in job training programs, and fewer days of hospitalization.³¹ Supportive employment programs provide financial benefits as well as increased pride, self-esteem, and coping strategies. The clubhouse model is a community mental health approach that provides access to general medical and psychiatric care, wellness activities, social relationships, education and vocational training, employment programs, and connections to housing. Its members are more likely to demonstrate greater independence, report having close friendships, and be employed in longer-tenure jobs.³²

For additional resources and information, visit our website www.impact.upenn.edu/health-in-mind

How to Help

Direct Services

- Fund specialized care programs
- Increase range of care provided in detention
- Donate to organizations that provide comprehensive support

System Capacity Building

- Support specialized technical assistance for non-specialty providers
- Provide crisis intervention training for nontraditional advocates (e.g. park rangers)

Policy/Advocacy

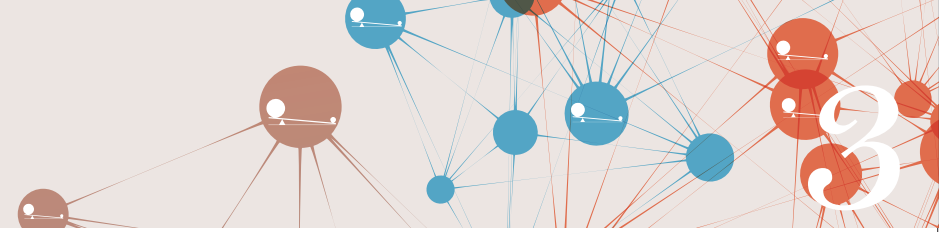
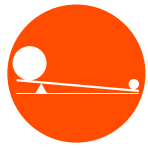
- Expand the range of services that are eligible for insurance
- Support policies and programs that provide alternatives to incarceration
- Remove Medicaid restrictions for incarcerated individuals

Research/Innovation

- Test community partnership approaches

“Yes, there are psychiatrists and therapists in jail, but they don’t have enough [time or resources] to work with. And we wonder why people [with severe conditions] are tied to recidivism.”

— Participant in a Health in Mind focus group at a peer training program



Help the most affected populations

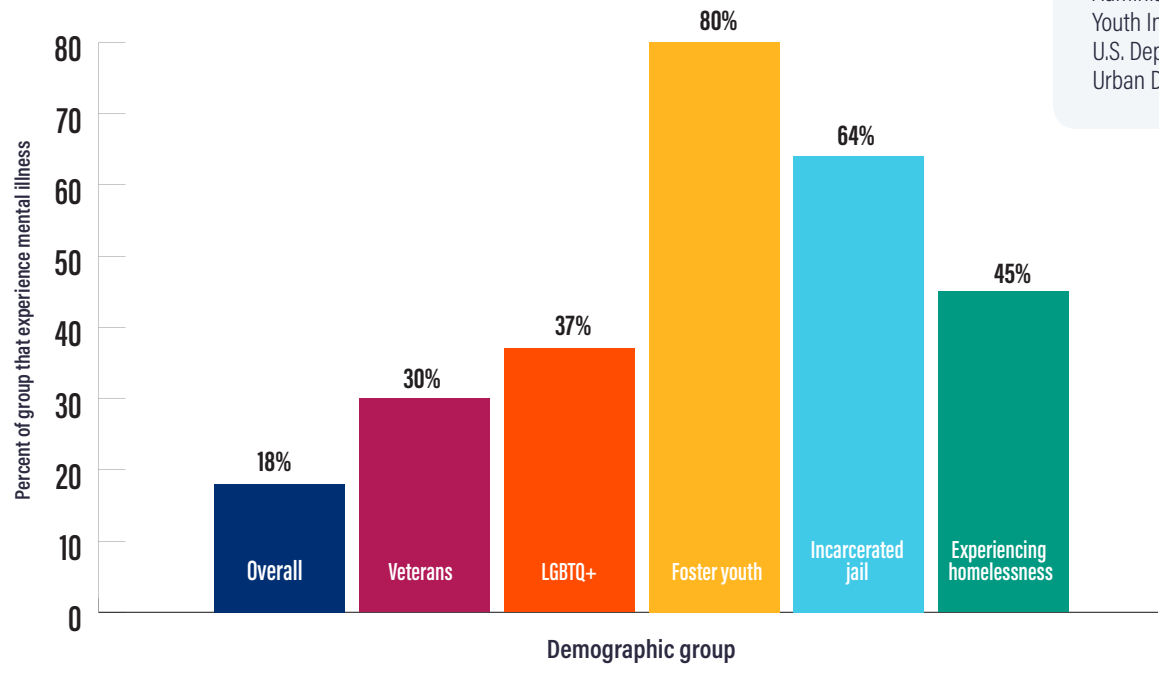
Mental health disorders and substance use disorders (SUDs) are experienced by all types of people from all walks of life. There are certain groups, however, who experience disproportionately high rates of mental health disorders and SUDs, and yet have less access to treatment and supportive services than other groups. This is due to higher levels of trauma and discrimination; cultural, social, and physical disconnection; and/or limited financial resources. These groups include youth, the LGBTQ+ community, communities of color including American Indian/Alaska Natives, older adults, veterans, people living in poverty with or without housing, and those involved in the foster care or criminal justice systems.¹⁵ Elements of systemic exclusion of these groups, whether through racism, bias, or stigma, can also create distrust with healthcare providers. On the opposite page we describe ways funders can tailor solutions to support groups with disproportionately high rates of mental health disorders or SUDs combined with disproportionately low access to care.

20% of veterans who served in Iraq or Afghanistan suffer from depression or PTSD³³

The burden of mental illness is disproportionately carried by certain groups

Veterans, the LGBTQ+ community, youth in foster care, individuals in jail, and those experiencing homelessness all experience mental illness at greater incidence than the overall population.

Sources: Kaiser Family Foundation analysis of 2015 National Survey on Drug Use and Health; Substance Abuse and Mental Health Services Administration; National Foster Youth Initiative; Urban Institute; U.S. Department of Housing and Urban Development



Removal of Practical Barriers

Practical barriers to receiving care for mental health and substance use disorders include the cost of transportation, and the lack of permanent address or childcare. Philanthropy can support low-cost fixes such as expanding service hours to accommodate working parents or supporting homeless outreach programs. Larger investments include supporting residential programs that have family-based therapy and trauma-informed childcare.

“You can’t do full hospitalization or a daytime program that’s 9 a.m. to 2 p.m. every day for six weeks if you’re working with other responsibilities... there should be alternatives to allow more people to get treatment while keeping their job.”
— Participant in a Health in Mind focus group at a peer training program

Elimination of Cultural and Language Barriers

For immigrants and refugees, funding can provide information and services in their native languages and support programs that take into account cultural or legal factors. For Native Americans/American Indians—a group that experiences the highest rate of suicide of any population³⁴—this might mean working with traditional and spiritual healers since research has found indigenous adults experiencing depression, anxiety, or a SUD are significantly more likely to seek help from these individuals than they are to seek help from other medical sources.³⁵ For African Americans, this might mean funding programs to better educate clinicians on issues of race or provide religious leaders with mental health training, since racial micro-aggressions were found to be the largest predictor of dissatisfaction with counseling by African American care recipients.³⁶

Decreased Stigma, Discrimination, and Social Disconnectedness

While mental health disorders and SUDs are often stigmatized in general, some groups experience greater barriers to care due to additional layers of stigma. For example, active duty and military veterans experience PTSD and depression at much greater rates than civilians, yet they may not seek treatment over stigma-related concerns.³⁷ Funders can support programs that help veterans find education or employment upon leaving the service, or that connect service members with shared experiences. LGBTQ+ individuals are also particularly affected. LGBTQ+ adults are more than twice as likely to experience a mental health disorder and twice as likely to experience a SUD than heterosexual adults,³⁸ and almost half of all transgender adults report that they have considered suicide in the past year, compared to 4% of the overall US population.³⁹ For LGBTQ+ youth, funders can support programs that provide information on how to come out to family and friends and information regarding gender-affirming expressions coupled with resources regarding depression, self-harm, and suicide, which are experienced disproportionately by people who identify as LGBTQ+.

For additional resources and information, visit our website: www.impact.upenn.edu/health-in-mind

How to Help

- Direct Services**
Develop cultural and language appropriate programs and information
Support homeless outreach and residential programs
- System Capacity Building**
Provide scholarships to train diverse and culturally aware providers
Increase mental health and addiction care outside the health system
- Policy/Advocacy**
Reduce structural barriers to accessing social services (e.g. mailing address)
- Research/Innovation**
Adapt existing tools and delivery models to meet the needs of specific groups
Study influences on mental health and SUDs outside clinical care

“As a trans woman, I noticed that my symptoms got exponentially better when I finally received treatment that addressed my specific needs, so I wish more young adults with gender identity issues had access to care.”
— Participant in a Health in Mind focus group at a clubhouse



Expand access to the full range of what works

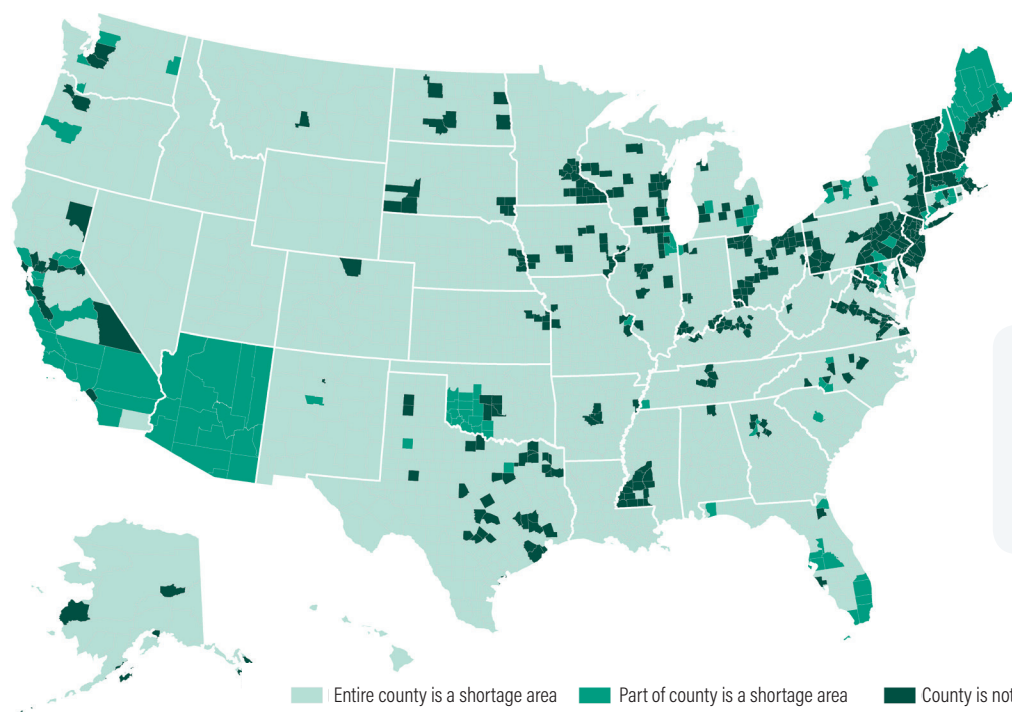
We have tools that identify, treat, and support recovery or management of mental health disorders and substance use disorders (SUDs). But too often, those who would benefit most from these tools can't access them. This is primarily due to cost, a lack of available professionals, and too few services that emphasize the potential of community- and family-based care. For example, more than 85% of counties in the United States do not have enough mental health professionals to meet the needs of the population.⁴⁰ To make matters worse, mental health services are less likely to be covered by insurance. Even when an individual with a mental health disorder or SUD is able to access treatment, it may not be evidence-based, effective, or appropriate to their needs.

While there are interesting innovations, such as those delivered via telemedicine approaches, this strategy aims to increase systems capacity to deliver evidence-based, effective, and appropriate care for all. For funders choosing to implement this strategy, the following approaches can close gaps in access.

57% of people with any mental illness receive no treatment¹¹

Philanthropy can help fill gaps in the shortage of mental health care providers.

Currently, more than 85% of counties in the United States have a shortage of mental health professionals, including psychiatrists, psychologists, and other licensed care providers.



Sources: CHIP analysis of 2019 Health Professional Shortage Area data from the US Department of Health & Human Services Health Resources and Services Administration

Workforce Expansion Programs

High turnover rates, an aging workforce, mental and emotional burnout, and low compensation have resulted in a severe shortage of professionals who treat individuals with mental health disorders and SUDs, particularly in rural counties.⁴¹ Funders can support telemedicine; provide or advocate for better financial incentives to young providers (e.g. scholarships, loan forgiveness, loan repayment programs, service corps); and support the training of non-specialist providers (e.g. peers, patient navigators, social workers, religious leaders, and community health workers). Philanthropic funding can also go towards incorporating peer specialists into integrated programs and increasing existing providers' capacity to provide modern, culturally appropriate care to diverse populations.

Crisis Response Services

The United States is currently facing a widespread increase in drug, alcohol, and suicide deaths. Effective crisis response services include suicide prevention hotlines or warmlines, 23-hour crisis stabilization/observation,

short-term residential stabilization, peer services, and mobile crisis services. Community-based, comprehensive care facilities that are available 24/7, 365 also yield positive benefits including significantly fewer visits to the emergency room and greater access to long term care.⁴² These services save lives and provide significant cost savings since they can divert people from more costly psychiatric hospitalization.⁴³ Funders can support these services directly or advocate for appropriate coverage of services provided.

Integrated Health Care

In comprehensive integrated care models, psychiatric physicians, primary care physicians, and other health providers work with patients and families to provide coordinated person-centered care. This can include universal mental health screening, appropriate sharing of health information, support for self-management and treatment, connections to specialists, and support for co-management of co-occurring conditions, such as cancer and heart disease. Integrated care has been estimated to save \$26 to \$48 billion annually in general healthcare

costs, due to reduced spending in treatment facility and emergency room expenditures.⁴⁴ Other benefits include increased diversity of treatment, closer collaboration between providers, and most importantly, better outcomes. Funders can directly support the above practices, which provide integrated care, or they can advocate for policies that reduce barriers to providing such care.

Family Support and Involvement Groups

When family and friends are able to provide needed care to people with mental health disorders and SUDs, it reduces symptoms, and in certain cases, the need for specialized clinical care. However, to be effective, caregivers need skills to recognize symptoms, and intervene effectively when appropriate. They also need help dealing with the enormous emotional and mental toll of caring for someone with a chronic condition. Funders can support group and family programs that provide both practical resources and emotional support, or they can advocate for better reimbursement of these programs by insurance plans.

Additional resources and information, visit our website: www.impact.upenn.edu/health-in-mind

How to Help

Direct Services

Support crisis centers and integrated health centers
Fund family and caregiver emotional support or skills-building programs

System Capacity Building

Provide technical assistance to expand integrated care
Expand and support the mental health workforce at all levels

Policy/Advocacy

Incentivize and oversee the application of evidence-based care
Expand the range of services eligible for insurance

Research/Innovation

Learn from programs developed in response to community needs

"I have a number of other problems resulting from my psychiatric meds—it was a new primary care physician [PCP] who finally picked up on the relationship. There needs to be better communication between psychiatrists and other providers."

— Participant in a Health in Mind focus group at a clubhouse



Transform the landscape

The previous four strategies and their associated models outlined in this guide represent high-impact philanthropic opportunities to address mental health disorders and SUDs. They are backed by a wide range of evidence, and many have been analyzed for their cost-effectiveness.

However, philanthropy is also uniquely positioned to fund riskier efforts. Political considerations, including the need to be accountable for taxpayer dollars, constrain government-financed efforts, while businesses that provide life-saving products and employment opportunities to communities need to provide a financial return to their owners/shareholders. Philanthropic funding, on the other hand, has supported goals long before those goals were politically popular and where there was no clear opportunity to turn a profit. In other words, philanthropy can serve as ‘risk capital’ for society, funding efforts that are too risky for any government agency or business to fund, but where success means a high social impact.

Here we provide examples—and hopefully inspiration—for how philanthropy might create a new normal by funding opportunities where a deep evidence base has not yet been assembled, but where the potential for transformative change exists.

Philanthropy can serve as ‘risk capital’ for society, funding efforts that are too risky for any government agency or business



Real transformation is not easy. It is not obvious or it would be happening already. The questions that follow are meant to inspire and stimulate creative ideas for how donors can prompt transformational change.

In review of our emerging guidance, experts proposed the following in response to the question: How could philanthropy transform how we approach mental health and addiction?

What if we could use easily accessible diagnostic tools to accurately detect any mental health or substance use disorder, so that people could get needed care sooner?

What if financing for health were distributed by burden of disease, so mental health and addiction got its fair share?

What if there was a one-stop shop for health and social services where the whole person was cared for, instead of a person needing multiple care providers for their mental health, other health, housing, nutrition assistance, and employment or education support?

What if everyone knew the signs and symptoms of mental health and addiction issues, so no condition went undetected?

What if everyone with mental health and addiction had good examples of people like them living fulfilling lives, so no one had to feel alone on their journey?

What if philanthropy worked together to set universal goals and shared what they learn, so that funders didn’t operate in silos?

Improved Understanding of Mental Health Disorders and SUDs

Donors can support opportunities that increase our understanding of the brain or that bridge the gap between science and implementation. Funders can also support the development and use of open data-sharing repositories, digital approaches to data collection and delivering care, research driven by community-based practice, or multidisciplinary research (e.g. neuroimaging specialists and psychiatrists working together to understand changes in the brain).

Promotion of Health and Well-being

Given the increasing rates of depression, suicide, and overdose death, there is a clear need to address the root causes of this crisis and promote population-level health and well-being. Donors can draw on lessons learned from public health approaches to other crises, such as smoking, obesity, and cancer. These approaches prioritize population-level literacy and promote prevention and early detection. Programs in schools, workplaces, and the media that teach people to care

for their mental health with stress management, exercise, and self-care, along with practical information on what to do in times of need. Education and public information programs have been shown to increase mental health literacy and help seeking-behavior, and reduce stigma.

Revamped Financing

Cost is the most commonly cited barrier for not using mental health care services. More than 10% of people with mental health disorders and SUDs do not have access to insurance, and many more do not have affordable insurance that covers all necessary care.¹⁶ These issues are exacerbated by insufficient reimbursement rates. Funders can call for better enforcement of parity between the costs associated with mental health disorders/SUDs and other health care, for insurers to reimburse providers appropriately for the cost of services, or expand coverage allowances for patients (e.g. longer term residential treatment, so no one is discharged arbitrarily). In addition, payment structures that are linked to measurement and outcomes (e.g. value-based purchasing) can incentivize the delivery of better-quality services and the broader financial coverage—

and therefore use—of evidence-based practices.

Reimagined Care Delivery

Philanthropy could equip a wider range of community members with the skills and resources to recognize and support those with mental health disorders or SUDs. Funds could also help embed mental health providers in schools, houses of worship, jails, and other locations in the community, or support digital tools and new technologies. While there are ethical concerns that need to be reviewed, new mobile and bio-based technologies (e.g. wearable devices that track mood) show promise in providing effective personalized relief of anxiety and depression.

New Social Norms

Stigma and societal attitudes are a significant barrier to accessing care for a mental health disorder or SUD. Stigma includes general public prejudice or discrimination, self-stigma, and structural stigma that is entrenched in our social systems. Fear of prejudice or discrimination is the third most frequently cited barrier for not accessing care for a mental health disorder or SUD. Philanthropy can support programs that foster public discourse through the use of accurately portrayed personal stories and images.

For additional resources and information, visit our website: www.impact.upenn.edu/health-in-mind

How to Help

Direct Services

Develop tools to better detect symptoms of mental health disorders
Adapt effective programs from other health issues or social sectors

System Capacity Building

Establish financing incentives that are based on outcomes (e.g. quality of care)
Bridge the gap between academic knowledge and application

Policy/Advocacy

Change social norms via a new narrative around mental health and addiction
Test and evaluate new policies in local government

Innovation

Fund and scale pilot studies to identify new and better treatment
Reinvent outdated approaches to care delivery
Apply technological approaches to prevent, screen, and manage mental health and addiction

“Our health care system squanders money because it is designed to react to emergencies. Homeless shelters, hospital emergency rooms, jails, prisons—these are expensive and ineffective ways to intervene.”

— Pete Earley, journalist and mental health activist



Conclusion and Next Steps

Mental health disorders and addiction represent an area that has been relatively underfunded compared to the enormous potential for social impact. All of the strategies and evidence-based models in this guide represent “smart bets” for high impact philanthropy.

Quality is key

Just because a model or practice is supported by evidence does not mean that every organization is implementing that model in line with how it was designed. Further, one size does not fit every individual, community, or setting. Funders can leverage their influence by paying attention to how and where programs are implemented, being responsive to the needs and experiences of specific populations or places, and working with grantees to course correct as necessary.

Mental health disorders and SUDs link to other, adjacent social cause areas

For example, if you care about early childhood outcomes, educational attainment and achievement, and reconnecting disconnected youth, the models in Strategy 1 can help you achieve those outcomes sooner. This is also true for many other issue areas, such as homelessness, the criminal justice system, or environmental conservation.

One strategy or model described in this guide may immediately resonate, or you may choose a portfolio approach that funds direct service programs, capacity-building, advocacy, and research in one area. The most important choice is to act. Our hope is that this guide has equipped you to take the first step on the path of practicing high-impact philanthropy to address mental health disorders and SUDs so that individuals, their families, and our communities will thrive.

Policy and law at each level of government affect all of these strategies and models

One reason that evidence-based models have not been more fully implemented is that current policies limit or prohibit their use or impede payment for these essential services. Philanthropic support of policy change can remove those restrictions, expanding the impact of multiple non-profits and public agencies at once. Achieving the multiplier effect requires patience, a willingness to cede credit, and an appetite for coalition building.

Transformative work can be high reward, high risk

For many funders, transforming the landscape of mental health disorders and SUDs offers the most exciting and inspiring opportunity to put their philanthropy to work. However, that high reward comes with the increased risk of funding failure. This strategy also tends to have the longest time horizon, so funders choosing this strategy need to be comfortable with staying the course before knowing whether their ‘bet’ is paying off.

Our Approach and Methodology

The evidence is clear. In most cases, it is possible to prevent, treat, and manage mental health disorders and addiction. But with countless programs making broad claims about their quality and effectiveness, it can be difficult to sort through the noise. To discern the most promising philanthropic opportunities, we took a multipronged approach which included the following key activities:

- **A scan of the sector.** We reviewed existing resources, including frameworks commonly used for public health action (i.e. the socioecological model, the social determinants of health framework, the lifecycle approach, and the care continuum model) and issue-specific frameworks to organize a single toolkit appropriate for donor decision-making.
- **Establishing an Advisory Board.** We gathered 15 individuals—including funders, practitioners, academics, and policy experts—working to advance mental health and addiction or an adjacent issue area (i.e. education and criminal justice). They guided our research, helped us to identify key resources and additional experts, and provided feedback throughout our process and on our final framework.
- **A literature review.** We analyzed more than 150 academic articles, scientific papers, and reports on mental health and addiction, as well as adjacent issue areas (e.g. education, criminal justice system, and housing), relying primarily on meta-analyses, systematic reviews, white papers, and government reports. These include but are not limited to: The Lancet Commission on Global Mental Health, the 3rd edition of the Disease Control Priorities project (DCP-3), the Surgeon General’s 2016 Report on Alcohol and Drugs, Substance Abuse and Mental Health Services Administration (SAMHSA) reports, and The Well Being Trust’s *Pain in the Nation*. We also analyzed data from Candid (formerly Foundation Center and Guidestar), the Institute for Health Metrics and Evaluation (IHME), and the Centers for Disease Control (CDC).
- **Securing stakeholder input.** We sought the perspectives of nearly 100 stakeholders, including donors and foundations already active in this space or adjacent social impact areas; practitioners engaging in programs to prevent, treat, and support people with mental health needs; clinicians treating patients and working to identify improved care; and academics studying brain science and the mechanisms through which care is delivered.
- **An analysis of existing models and programs.** We evaluated the approaches and strategies with the highest potential for impact, sorting them by level of evidence (a framework for evaluating research) as defined by the CDC,⁴⁵ then identified philanthropic opportunities to support these approaches.
- **An iterative review process.** Our Advisory Board and stakeholders provided feedback via one-on-one discussions, in small groups, and in two interactive workshops—one hosted at the National Council for Behavioral Health’s Annual Conference and a second hosted at the National Alliance on Mental Illness Annual Conference. Participants represented viewpoints mirroring CHIP’s three circles of evidence (field experience, informed opinion, and research)—ensuring the insight we received was both broad and deep. The CHIP team integrated the input to create this report, which was then reviewed by over 30 external stakeholders.
- **Incorporating the perspectives of individuals with lived experience.** We spoke to more than 30 people who represent the groups who would most benefit from more effective philanthropic funding in this space via focus groups. The participants shared diverse experiences of their own mental health or addiction issues or in supporting family members or friends. They spoke about navigating the mental health care system, accessing treatment and social supports, and reflected on stigma. These diverse and unique perspectives informed our framework and are included throughout the guide to highlight the potential impact of each funder strategy.

For additional resources and information, visit our website:
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