

Mental Health at the Center

The Case for Philanthropic Investment

mindful
PHILANTHROPY

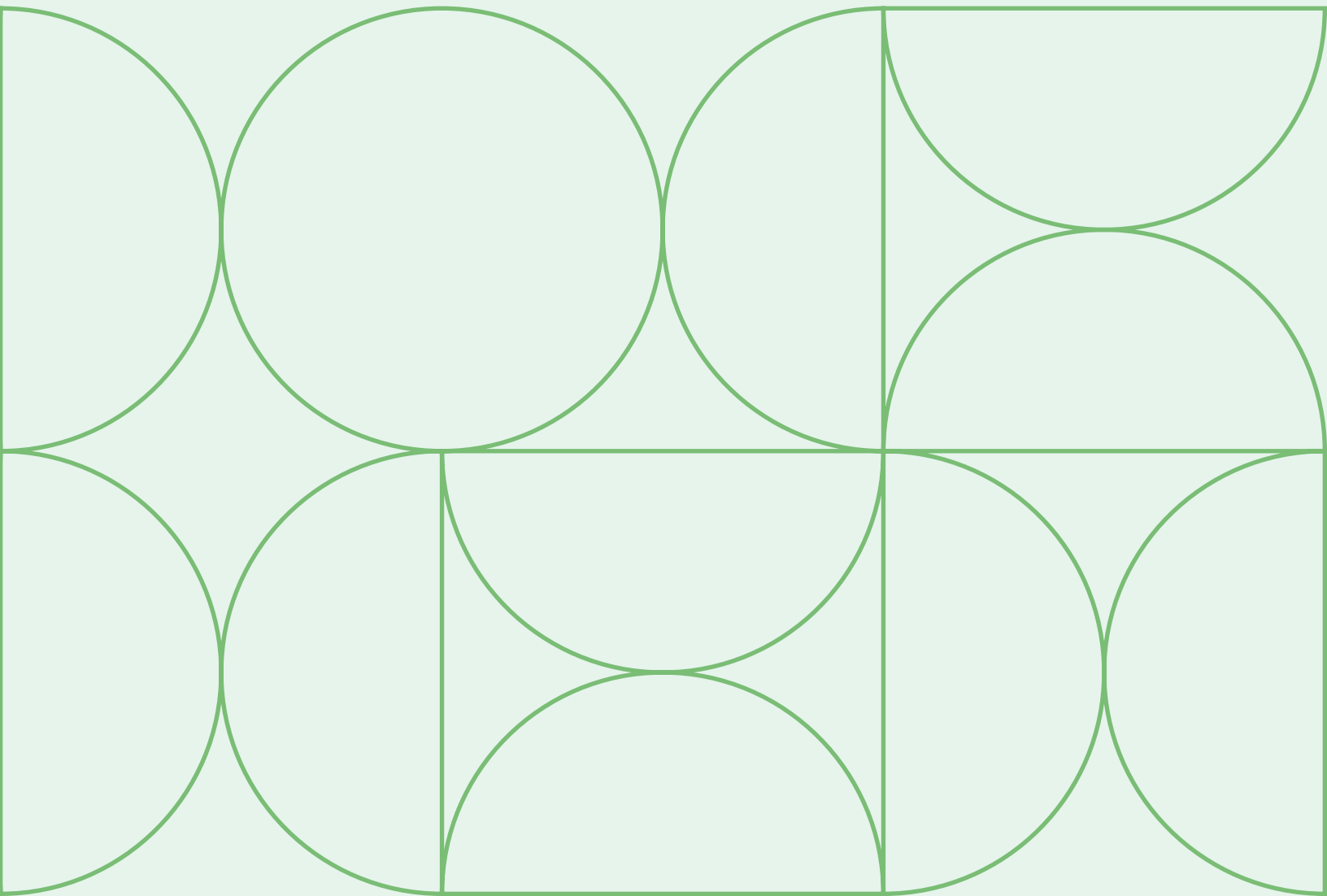
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INTRODUCTION

In recent years, Americans have realized how mental health is intrinsically connected to every part of our lives - our work, our families, and our communities. Today, more than 90% of adults in the United States believe that the country is experiencing a mental health crisis.¹



Current data shows that more than one in five Americans live with a mental health condition.² Yet, a recent Lancet Psychiatry study suggests that half of the world's population can expect to develop at least one diagnosable mental health disorder by the time they turn 75.³ Still, these statistics do little to capture the ripple effect that mental health challenges have on families, friends, and communities. Mental health affects everyone.

As the need grows, so does the opportunity for impact. The intersectionality of mental health means that all philanthropy has a responsibility to this work, and will increase their impact on existing focus areas by incorporating the lens of mental health across their portfolio. Whether you're an individual or family giving through a donor-advised fund, a new foundation with a

limited staff, or a well-established institutional foundation, we challenge each and every funder to consider how mental health can help you to achieve greater impact within your current strategy. We also prompt you to consider how you might adapt or shift resources to accelerate the opportunities outlined here.

In this document, we provide a high level view of the mental health needs, gaps, and opportunities for philanthropy. For those already funding mental health in some way, this document is intended to drive you to reinforce your giving and equip you with the case to bring other funders along. For funders new to mental health, this report is a starting point to orient efforts and attention within the existing areas you support.



Never before has there been greater attention and commitment to addressing the growing mental health needs of our communities. Philanthropy must immediately focus and align efforts toward the solutions we have at our fingertips in order to enable people, families, and communities to enjoy healthier, longer lives.



A Snapshot of the Mental Health Landscape

Strategies and opportunities to support mental health are unique to the needs, context, and policies of the local community, state, and region. However, there are some common overarching gaps across the country that warrant specific attention from philanthropy, regardless of your geography of focus. In this section, we provide a snapshot of the national mental health landscape, including key data on the human and financial costs of mental health and addiction challenges. We also examine differences in experiences by race, gender, geography or socio-economic status, and provide opportunities for philanthropy to have an impact on individuals, families, and communities across the United States. This analysis is driven by the latest available data on the mental health needs, as well as a view of trends over time. It also draws on recent population level studies on the implications of COVID-era restrictions on mental health and the bi-directional connection between mental health and other social issue areas.

The Human Impact

Even prior to the pandemic, rates of mental health and substance use disorders (SUDs) were on the rise. Between 2007 and 2017, rates of mental health and substance use disorders increased by approximately 13% globally and 30% in the United States.^{4,5} Although the suicide rate has decreased globally, it has increased in the U.S.⁶ Suicide is now the second leading cause of death among young people aged 10-24.⁷ In the United States, nearly 21% of adults (58 million adults) experience any mental illness, while 5.5% (14.1 million) of adults experience a serious mental illness that substantially interferes with life activities.⁸

58M

Americans experience mental illness

14.1M

Americans experience a serious mental illness that substantially interferes with daily life activities.

1.7M

Attempted suicides in the U.S. in 2022.⁹

Impact of COVID-19 on Mental Health

Experts predict that these rates have likely risen even beyond what is currently reflected in the data due to COVID and its effect on mental health, given the increase in isolation and loneliness, job loss and financial instability, and illness and grief.¹⁰ For example, in 2021, deaths from alcohol, drugs, or suicide in the United

States surged from approximately 70,000 deaths in 1999 to 209,225 deaths.¹¹ While these rates have largely rebounded since the pandemic's peak, the universal sustained increase in mental health indicators since COVID requires coordinated action.

Mental health and substance use disorders often co-occur with each other, with other chronic health conditions (e.g. diabetes, cardiovascular disease, chronic respiratory diseases, and cancer), and intellectual disabilities.

For example, people with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population.¹² Approximately 2 in 5 young people with an intellectual or developmental disability

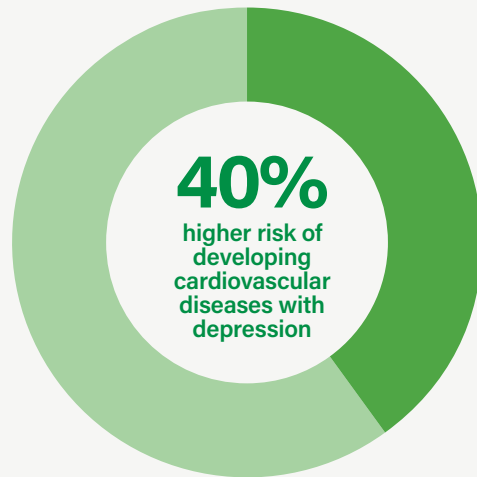
also experience mental health challenges. Yet, only 1 in 10 receive specialized mental health services, presenting a significant opportunity for impact.¹³

19.4M

Adults with a mental illness experience a co-occurring substance use disorder¹⁴



2 in 5 young people with disabilities have mental health challenges



The statistics are staggering, but still do little to capture the full extent of grief, concern, and anguish for those affected by mental health. Whether experiencing it personally or caring for a loved one, poor mental health or illness can be overwhelming. However, this data also represents greater willingness to report and seek help when needed. With greater investment, the mental health challenges we face today are entirely manageable.

A Note On Language

As mental health awareness grows, so does our understanding of the many intersecting factors that impact an individual's mental health. In all of Mindful Philanthropy's work, we approach mental health holistically, and consider both root causes and implications of poor mental health.

Language matters, especially in this often misunderstood issue area, but it also changes quickly. In the past few years, the sector has widely moved away from referring to conditions related to mental health and

substance use as behavioral health in an effort to de-emphasize the reference to behavior. Here we define key terms associated with this topic and used throughout this guide.

Mental health is defined as the combination of a person's emotional, psychological, and social well-being, affecting how we think, feel, and act.^{15 16} A person's mental health is not static, but evolves over time depending on stressors, life experiences, and biological factors. **Poor mental health** refers to the times during which an individual is struggling or sick, while **mental illness or mental health condition** indicates the presence of a diagnosable condition.¹⁷

Mental illness is further defined by severity. **Serious mental illness** refers to a specific grouping of disorders, for example major depressive disorder or

schizophrenia, that often result in serious functional impairment, which substantially interferes with one or more major life activities.¹⁸ One can live with a mental illness of any severity and experience times of good and poor mental health. However, society has often thought of mental health through a clinical frame, with a focus on treating the condition rather than preventing challenges or enabling individuals with diagnoses to maintain good health. However, two people with the same diagnosis may not have one symptom in common. Further, over 80% of the factors that influence a person's total health are found outside the clinical healthcare system, including socioeconomic

factors, health behaviors, and physical environment. This makes social determinants of health or vital conditions of well-being essential in addressing our current mental health crisis.¹⁹

While there is no universal consensus on definition, the World Health Organization defines **well-being** as overarching quality of life and the ability to contribute to the world with meaning and purpose. It is determined by social, economic, and environmental factors.²⁰ Other terms such as thriving, flourishing, or wellness are also used to describe the goal state of well-being.^{21 22}

Addiction

We cannot consider this topic area without appreciating the deeply intertwined nature of mental health and addiction. Therefore, many of those approaches that address mental health disorders can also be deployed to address substance use disorders directly or with modification. While interest and attention to mental health and well-being has grown in the past five years, addiction

support continues to be left out of conversations and remains stigmatized in philanthropic circles – with the exception of those funders driven by personal experience. However, in our view of the landscape, solutions to advance mental healthcare must also consider substance use disorders, as you will see throughout this report.

The Current Financial Cost

In addition to social implications, mental health carries with it a significant financial toll driven by our lack of investment in prevention – a missed opportunity to reduce the number of conditions requiring costly treatment and support.

According to data from the 2019 Global Burden of Disease Study, Harvard researchers estimate that mental health disorders cost the global economy approximately \$5 trillion annually in healthcare costs, reduced workforce productivity, over-taxed social services, and lost earnings. In the U.S., this figure may be as high as \$1.8 trillion per year, based on an estimated 8% loss of annual GDP due to mental health disorders in North America.²³

Individuals on average experience a 10 year delay between time of symptom onset and treatment.²⁴



“The substantive costs of mental health conditions are driven by not intervening in an adequate or timely manner.”²⁵

When looking specifically at the health system, delays in access to care result in higher costs related to both the treatment of mental health conditions and other comorbid health conditions.

These costs are borne by the health and other systems, insurance companies including Medicare and Medicaid programs, and of course, individuals, and present major cost savings opportunities by investing in prevention and more effective care. In a 2020 study of Medicare patients

nationally (individuals 65 or older), patients with serious mental illness spent substantially more on medical services for physical conditions than patients with other common mental health disorders or no mental health diagnosis.²⁶

\$10,836

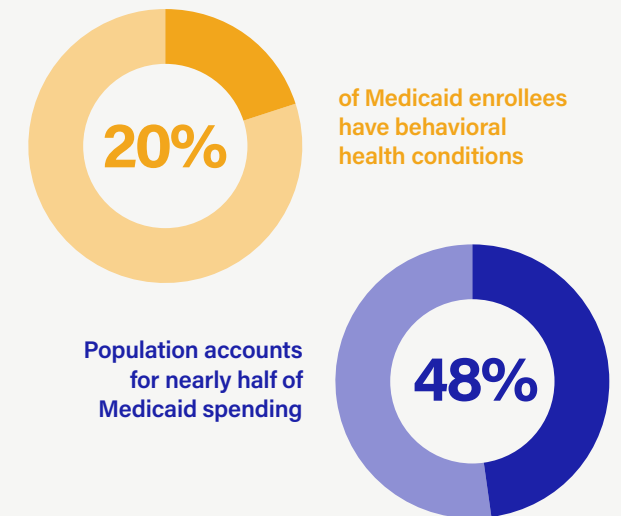
Patient with major depression

\$4,800

Patient with diabetes (insulin)

A patient with major depression costs an average of \$10,836 a year on health costs, compared to \$4,800 for a person with diabetes taking insulin.²⁷

People with behavioral health conditions account for just 20% of Medicaid enrollees. Yet, this population accounts for almost half (48%) of Medicaid spending, primarily due to physical health conditions.²⁸



The high treatment costs of insuring individuals with mental health conditions emphasizes the need for greater prevention and early intervention efforts, universal implementation of managed and integrated care across the health

system, and greater investment in mental health by those thousands of funders committed to other health issues. Further, an inadequate mental health system puts unnecessary stress on jails and emergency departments, resulting in individuals

cycling through these systems. This is especially important for those from historically marginalized communities, who are most at risk of adverse interactions with police and discrimination in the healthcare system.

The Unequal Burden Across Communities

Mental health challenges are not felt equally across the population. While all people can develop a mental health or substance use disorder, certain groups experience higher rates of illness, while at the same time having less access to care and support services than others.

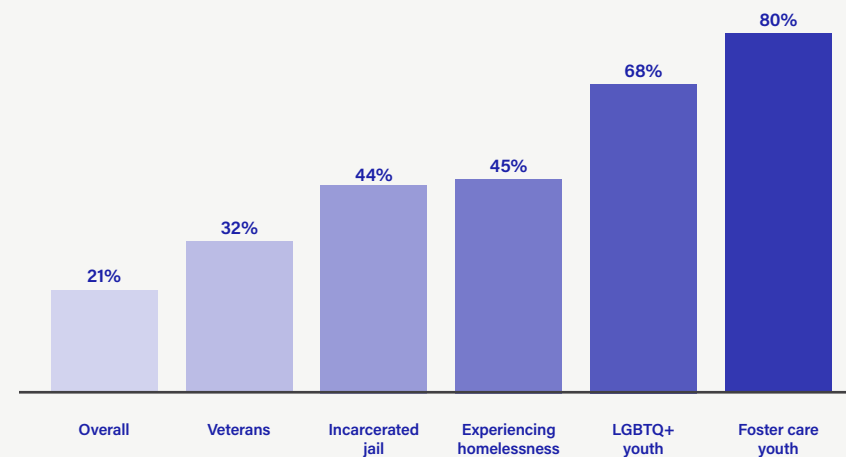
There are a multitude of reasons for these disparities. Further, barriers to treatment include lower rates of insurance, group stigma of mental health conditions, and distrust in medical providers.²⁹ Yet, almost all of these disparities are preventable. We have the resources and knowledge to reduce the unfair burden of mental health challenges on communities of color and other groups facing compounding social inequities, such as homelessness or poverty. As a result, special attention to

these high need groups is necessary for philanthropy to improve mental health for all.

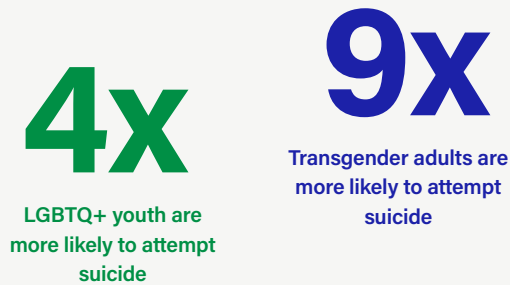
➔ For more information on how to support programs led for and by the community, check out Mindful Philanthropy's guidance on culturally led mental health programs at mindfulphilanthropy.org/culturallyledprograms

Those groups with the greatest mental health needs based on prevalence include veterans, individuals who identify as LGBTQ+, youth involved in the foster care system, those experiencing homelessness, and individuals who have been incarcerated.

Disparities in Mental Health Burden Among Certain Groups³⁰

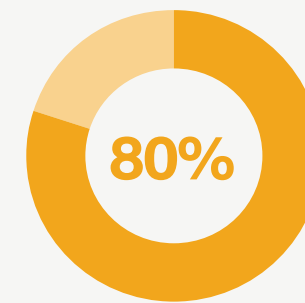


LGBTQ+ youth are 4x more likely to attempt suicide than straight youth, and transgender adults are 9x more likely to attempt suicide than the general population.³¹

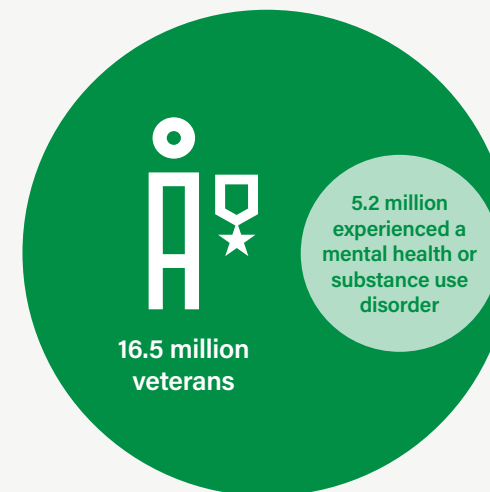


This is largely driven by stress caused by stigma, discrimination, harassment, and inequity in access to relevant healthcare. In 2021, 60% of LGBTQ youth respondents who wanted mental health care couldn't access the care they needed.³²

Veteran suicide rates are at an all-time high: death by suicide is 4x higher than deaths occurring during combat.³⁵

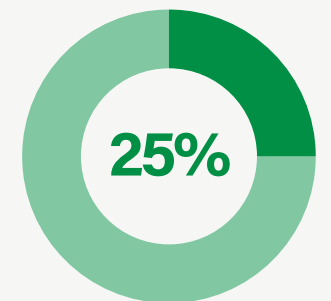


For the nearly 400,000 youth in foster care, approximately 80% have significant mental health issues. The largest unmet health need for foster youth is mental and behavioral health services.³⁶



Of the nation's roughly 16.5 million veterans, around 5.2 million experienced a mental health or substance use disorder in 2020.^{33 34}

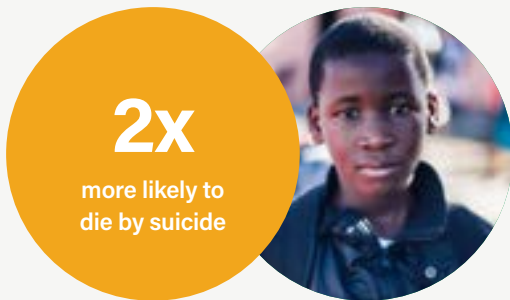
Of the 600,000 people experiencing homelessness on a given night, 25% have a serious mental illness compared to 5.5% of the overall population.³⁷



Nationwide, people suffering from mental illness are 10x more likely to be in jail or prison than a psychiatric hospital.³⁸ Meanwhile, suicide is the leading cause of death in jails and juvenile facilities.³⁹

In addition, specific races and ethnicities experience much higher rates of mental illness. This is especially true in Black and Native communities, as demonstrated in the drastic increases in suicide deaths in the past five years.⁴⁰

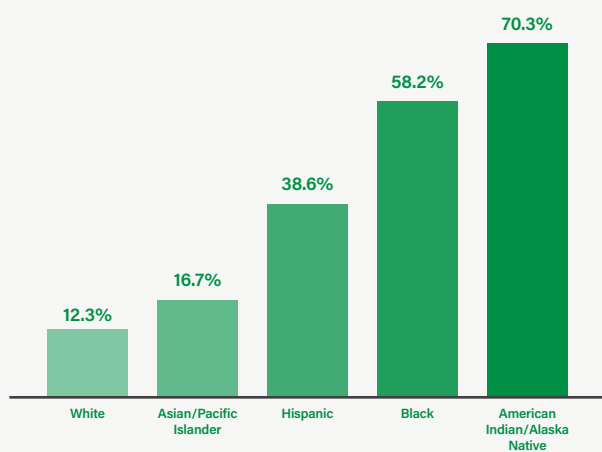
It's even more alarming when examining the interplay of age and race. For example, between 2000-2020, the suicide rate for Black youth aged 10-19 increased by 78% – the largest for any race or ethnicity.⁴¹



Black youth aged 5-12 are 2x more likely to die by suicide than their white peers.⁴²

These high rates are compounded by barriers to care, including insurance access and stigma to seeking care. Rates of treatment in communities of color are considerably lower than their white counterparts. Compared to 52% of non-Hispanic white adults, only 39% of black adults, 36% of Hispanic/Latino adults, and 25% of Asian adults received mental health services in the past year, largely driven by lack of insurance.⁴⁴ Asian communities also experience much higher rates of mental health stigma and therefore often lower reporting.⁴⁵

Suicide Death Rates % Change by Race/Ethnicity, 2011-2021⁴³



Asian Americans are half as likely to seek mental health services than other racial groups.⁴⁶



DISCRIMINATION AND RACISM DRIVING MENTAL HEALTH NEED

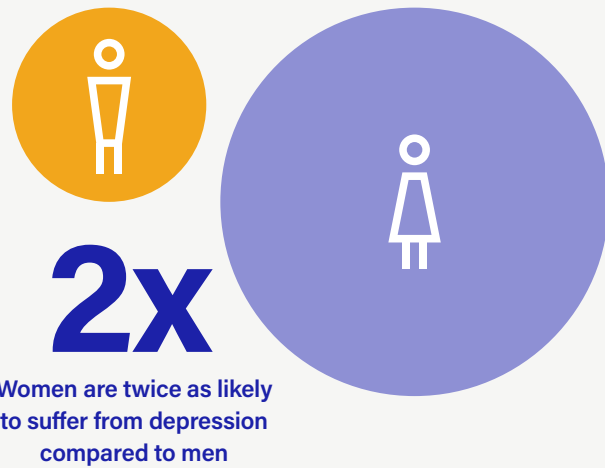
Experiencing racism and discrimination are risk factors for poor mental health. These experiences can create sustained levels of stress that alter brain chemistry, and often lead to depression, anxiety, and other mental health challenges.^{47 48}

Individual and structural racial biases in the systems that care for people also perpetuate these disparities. For example, Black patients with severe depression are more likely to be misdiagnosed with schizophrenia.⁴⁹ This results in not getting the treatment they need and increases risk of suicide.⁵⁰ There are also notable gaps in

research regarding treatment effectiveness and preferences for people of color, which means that the research informing evidence-based practices may not be applicable to them.⁵¹ Investment in research that includes people of color is critical to ensure that the findings translate across cultures and communities.

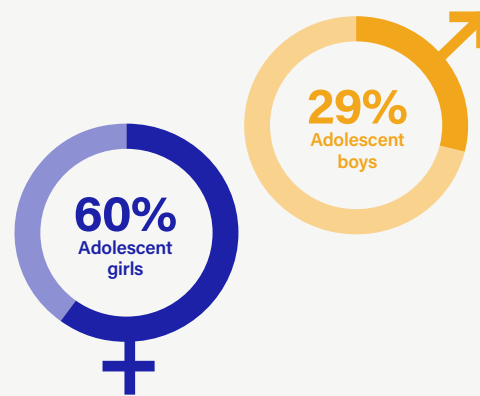


Mental health is also experienced differently across genders. For example, the CDC reports greater difficulties among girls than boys across almost all mental health indicators. At the same time, we know that men and boys too are suffering. Here we highlight specific gender differences in mental health as noted in the data.



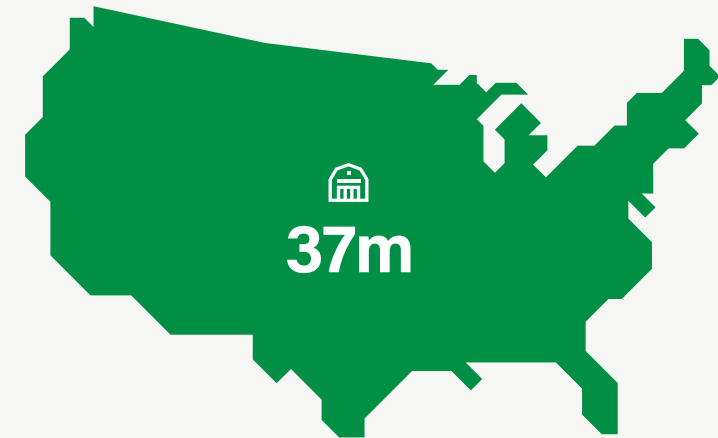
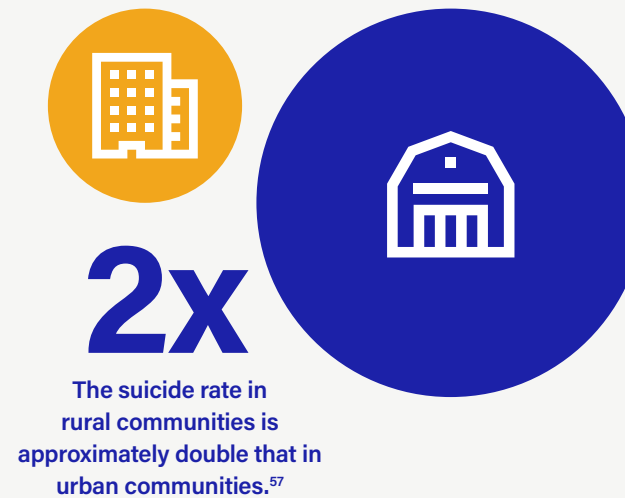
Women experience higher rates of depression than men: Women are twice as likely to suffer from depression compared to men,⁵² and twice as likely to report challenges in accessing quality health services.⁵³

Girls are more likely to experience depressive symptoms than boys: A recent report from the CDC found that almost 60% of adolescent girls compared to 29% of adolescent boys had depressive symptoms in 2021 – the highest level in a decade.⁵⁵



Further, geography is an important consideration in supporting those communities most in need. For example, rural Americans face several distinct barriers to accessing mental healthcare.

While more than half of U.S. counties do not have a practicing psychiatrist, rural counties had one-third the supply of psychiatrists⁵⁸ and half the supply of psychologists than urban areas. People in rural areas also often report high levels of mental health stigma, which reduce willingness to talk about mental health in their communities and delay seeking help.



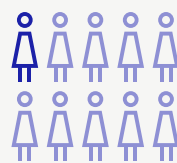
Over half of rural Americans – 37 million people – live in a mental health professional shortage area, and 30% do not have internet in their homes.⁵⁹



Boys and men are still of concern: Suicide rates are approximately four times higher among men than women. Boys are also more likely to be disciplined in school for behavioral disturbances that may be signals of underlying learning disabilities or mental health challenges.⁵⁴



Nearly 1 in 3 girls reported they seriously considered attempting suicide.



Nearly 1 in 10 girls reported they attempted suicide.

Suicide risk is growing among girls In 2021: In 2021, nearly 1 in 3 (30%) girls reported they seriously considered attempting suicide and more than 1 in 10 (13%) girls reported they attempted suicide.⁵⁶

➔ For a deeper dive on supporting mental health of women and girls, see our With Her in Mind Initiative at withherinmind.org.





Current Levels of Mental Health Investment

This data paints a stark picture, but there is hope. Diverse funding sources have invested considerable funding to the mental health sector since 2020. This increased investment, combined with the mental health sector's greater understanding of what works to prevent and address mental health challenges, presents a unique moment of opportunity to translate interest into impact.

The Role of Philanthropy

Philanthropy is uniquely positioned in the United States to galvanize social change. Unlike companies and governments, which are accountable to shareholders, investors, and taxpayers, philanthropy can be nimble, fill gaps, and innovate to address society's greatest challenges. By investing in innovation, promising programs, and evaluation to demonstrate proof of concept, philanthropic capital can serve as an on-ramp for larger funding entities, such as government and private industry, to reach scale.

As a result, philanthropy has a profound opportunity to spark transformation of how people experience mental health challenges and access the care they need.

Philanthropic Giving

National interest in mental health has led to a surge in philanthropic attention to mental health issues, especially related to youth and families and mental health in schools. Giving USA reports that in 2022 mental health initiatives were one of the top four most supported areas of healthcare philanthropy.

They also reported that mental health assistance was one of the top five services offered by human services organizations that saw an increase in demand between 2021 and 2022, along with housing support, food assistance, and education access and equity.⁶⁰ According to the Chronicle of Philanthropy, fifteen entities made contributions of over \$1M to mental health issues in 2022, amounting to \$767M, of which the majority have gone to major research institutions (i.e. Universities) and health systems or hospitals.⁶¹

As of 2018, mental health and addiction services only received 1.3 percent of all foundation giving and 5 percent of foundation giving to health annually, amounting to a little over a billion dollars.⁶²



We anticipate this figure has risen as a result of the increased need and attention on mental health since COVID, yet no source currently tracks all giving to mental health. If all giving follows a similar rate as the Foundation giving tracked by Candid, we can estimate that all mental health giving grew from approximately \$5.5B in 2018 to \$6.5B in 2022. While this does not fully encapsulate the assumed growth of mental health giving as a proportion of all giving since 2018 or the intersectionality of mental health in other giving areas such as education, criminal justice, health and human services, and other issues, it is the only approximation currently available. As a result of this gap in understanding of the market, Mindful Philanthropy is undertaking an effort over the next year to assess current funding levels to mental health.

Proportion of Foundation Giving to Mental Health



Other Funding Sources

In the past three years, we've also seen a marked increase in other funding to mental health issues, including public, health system, and private equity/venture capital investment.

In a series of legislative bills between 2020 and 2023 primarily associated with COVID relief, the federal government allocated approximately \$200B in public funding toward community-based mental health treatment, school based services, and prevention activities.^{63,64} In 2021, approximately \$5B was allocated through venture capital towards mental health companies and technologies – an all time high.⁶⁵ For comparison, all public and private

treatment spending for mental illness and substance use disorders was \$280.5B in 2020,⁶⁶ but national health expenditures in general totaled \$4.3 trillion in 2021.⁶⁷ While we don't yet have a full view of the philanthropic giving data allocated toward mental health due to its intersectionality with other issues, these data points demonstrate that increased attention to mental health has resulted in additional public and private funding.

PHILANTHROPIC SUPPORT OF WELL-BEING

In light of the many overlapping yet contrasting approaches to defining and measuring the optimal state of well-being, it is challenging to define what's in and what's out in terms of mental health philanthropy.

Based on our review of the available data and engagement with a broad network of funders focused on mental health or other issues, new mental health funders have typically gravitated toward opportunities to support well-being, for example by bolstering youth resilience, or investments driven by their personal experiences, resulting in giving to advancing treatment and research. Promoting well-being can promote

positive mental health. For example, research repeatedly shows that components of well-being – more social connection, time in the environment, and financial security – all positively impact mental health. However, we risk diluting attention to the areas of greatest need and potential for impact without explicit focus on the connection between their investments and mental health outcomes.



National Gaps and Opportunities for Impact

In a review of the key gaps and opportunities for philanthropic impact on America's mental health, we must consider the full spectrum of mental health needs, including prevention and early intervention, treatment, and ongoing support to enable thriving.

Prevention and Early Intervention

First and foremost, a key gap in the mental health sector is investment in prevention. Yet, there are proven models at the intersection of youth mental health, well-being, and other areas of philanthropic focus, resulting in long-term social and financial benefits.

Research has repeatedly shown that certain interventions, including support to new parents, access to housing, stable income and employment, and adequate food, can be just as impactful on mental health as medical interventions thereby requiring additional funding attention.⁶⁸

We're never going to treat our way out of the current crisis. In order to stop the surge of young people needing urgent and specialized care, the sector must prioritize the expansion of evidence-based approaches that support the whole family. We must also focus our attention on intervening early, by screening people

and connecting them to care where they spend time, such as at school, at work, and in their communities. This is especially true for those young people who have experienced trauma, which has long-term impacts on mental, emotional, or physical health and well-being.⁶⁹

Unfortunately, many effective prevention and early intervention models have yet to be fully scaled. While it is not the role of philanthropy to scale these models, funders can support additional evidence of impact, storytelling, and advocacy to enable broader implementation of what works.



Treatment

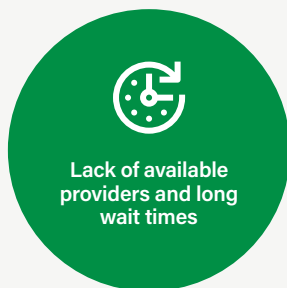
For those individuals who access quality care, mental health treatment is overwhelmingly effective – particularly when started early. Yet, too many don't have access to effective treatment – a necessary lifeline to well-being.

Between 70 and 90 percent of individuals with serious mental illness report significantly decreasing symptoms and increase quality of life through a combination of pharmacological and psychosocial treatment, such as therapy or social and vocational training.⁷⁰ Further, mental health treatment in children and youth results in improved functioning and school performance, and reduction in violence and self-destructive behaviors, especially when intervention occurs early on. Early identification and connection to care reduces severity of long-term mental health or substance use symptoms, as well as associated medical costs to the person and healthcare system.⁷¹ Effective treatment has also been shown to decrease recidivism rates for previously incarcerated individuals of all ages.⁷²

Yet, of the nearly 58 million people in America with any mental illness, fifty-five percent - over 28 million people - do not receive treatment.⁷³ This rate is as high as 90 percent for those with a substance use disorder.⁷⁴ The

most commonly cited barriers to accessing effective care include lack of available providers and long wait times, affordability exacerbated by inadequate insurance coverage, disconnections between care systems and providers, and limited implementation of our most effective treatment approaches. This reinforces myths that we don't have effective detection and treatment methods. We also find that lack of awareness of when and how to access care and stigma among groups reduce willingness to seek care when needed. Each of these barriers serves as an opportunity for philanthropy to have an impact. Funders can provide seed funding to health systems to implement integrated care or expand access to gold standard treatment modalities for specific conditions. Funders can also support education and advocacy to implement mental health payment reform and make sure insurance companies are offering the same level and types of coverage for mental health and other health needs.

Most Commonly Cited Barriers to Accessing Care



Supporting Lifelong Well-Being

Lastly, mental health is a lifelong experience, requiring additional wraparound support and services for people to prevent more severe challenges for those at higher risk. These supports also reinforce and maintain the progress people experience in treatment, especially for those who leave the stability of inpatient or intensive outpatient treatment.⁷⁵

However, there is an extreme lack of investment in those supports proven to enable the levels of recovery individuals have achieved during treatment. In spite of these challenges, there is promise. If scaled, investment in community based supports offer an opportunity to exponentially improve outcomes related to well-being,

reduce the strain on the mental health workforce, and decrease the cost of mental illness. Therefore, philanthropy has an opportunity to center connection and belonging in community based programs, and catalyze greater funding toward what works in communities. to demonstrate proof of concept and catalyze greater funding sources.

STIGMA AND AWARENESS



Despite efforts to raise awareness and normalize mental illness, misconceptions persist. Fear and misunderstanding of mental health impacts people's willingness to seek treatment, due to internal shame or concerns of others finding out. The most effective approach to increasing understanding is by exposure to individuals living with mental illness to increase people's understanding of the health condition. However, major funding is directed toward stigma reduction and broad public awareness campaigns rather

than more targeted approaches, for example, in rural areas or with groups that report higher rates of mental health stigma. Given that fear and misunderstanding drives discrimination against people experiencing mental illness, influences insurance coverage, employment, housing access, and incarceration sentences, greater attention to improving care and outcomes is the only way to truly address mental health stigma at the population level.



Impact in Intersecting Issues

Mental health and substance use disorders are deeply connected to outcomes across a wide array of philanthropic cause areas that have long been the focus of philanthropy. Due to their strong bi-directional relationship with mental health and addiction, the following philanthropic cause areas make strong starting points for investment in mental health. In doing so, funders can not only improve mental health outcomes, but also more effectively achieve the outcomes you seek in other priority issue areas.

Poverty

Strategic investments in mental health can reduce the prevalence and severity of mental health for people in poverty, while at the same time reducing the impacts mental health has on income attainment.⁷⁶

One in six children (16%) live in childhood poverty, as defined by family incomes underneath the federal poverty line. This disproportionately impacts children of color.⁷⁷ Growing up in poverty also corresponds with compounding factors that strain child and family mental health, including learning in under-resourced schools, living in less safe neighborhoods, limited access to healthcare and insurance, and hunger. Poverty, for example, can lead to social, emotional, and cognitive developmental differences,⁷⁸ and create behavioral disorders during adolescence and

early adulthood.⁷⁹ Prolonged periods of caregiver unemployment, and the heightened stress that it generates, has been shown to harm children's well-being over their lifetime.⁸⁰

Serious mental illnesses can disrupt people's ability to carry out essential aspects of daily life that are necessary to maintain stable employment and income, putting them at higher risk of poverty. Simultaneously, the cost of medical care can create significant strain on household finances. In New York City, for example, forty-five percent of adults experiencing psychological distress and living in poverty did not have stable health insurance in the past twelve months.⁸¹ Growing up in poverty has clear impacts on mental health.



1 in 6 children live in childhood poverty

Ensuring that mental healthcare is affordable and accessible to communities living in poverty is critical to reducing it.



Education

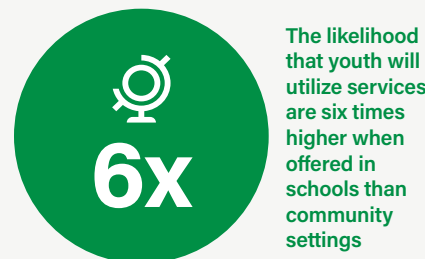
There are clear connections between mental health and academic achievement. Mental health disorders are associated with higher rates of absenteeism,⁸² lower grade point averages, and higher drop-out rates.⁸³ Forty percent of college students have considered withdrawing, for example, primarily citing their mental health.⁸⁴ However, when social emotional learning and mental health literacy programs

are offered in schools, students demonstrate higher grades, better attention in class, and greater ability to manage their emotions.⁸⁵

Educational settings are therefore a critical opportunity to intervene with the pressing youth mental health crisis, while at the same time achieving better educational outcomes. Seventy percent of students who access treatment begin that path at school, a proportion even higher among students of color.^{86 87} While 96 percent of schools offer mental health services, only 12 percent strongly agreed that they could provide services effectively to all students who need them.⁸⁸ Vulnerable student populations

– from low-income households, racial/ethnic minority groups, and public insurance – are more likely to access mental health services in an educational setting than other settings. The likelihood that youth will utilize services are six times higher when offered in schools than community settings.⁸⁹ All together this presents an untapped opportunity for education funders to better achieve their goals, by increasing investment in mental health for school-aged youth and their families.

➔ For more information on specific approaches to support mental health in schools, see our [Thriving in Schools guidance at thrivinginschools.org](http://thrivinginschools.org).



Homelessness and Housing Insecurity

The relationship between mental health and homelessness is complex and bi-directional. As a result, people with mental illness are more likely to experience homelessness than the general population and require integrated services that support a person or family's housing and mental health

needs in tandem with other critical supports. Approximately two million people experience homelessness in a given year, of which over a quarter have a serious mental illness.⁹⁰ People who experience homelessness die nearly 30 years earlier than the average American, and are disproportionately Black

and Latinx.⁹¹ For those entering into permanent supportive housing, over half have had mental illness or co-occurring mental illness and substance use disorder, requiring additional mental health supports to maintain housing stability.⁹²

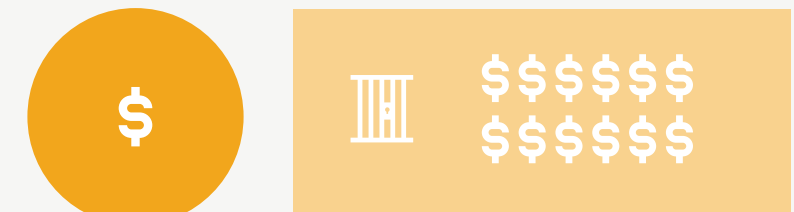
Without proper healthcare infrastructure that can support individuals in crisis, people with mental illness are put at a greater risk of homelessness. Serious mental illnesses can inhibit a person's ability to maintain an income, manage their household, and complete

other activities required to maintain stable housing. Poverty, a shortage of affordable housing, and a lack of affordable and accessible mental health care also compound these stressors.⁹³ Therefore, investing in mental healthcare infrastructure can help to prevent individuals

from becoming homeless or experiencing chronic homelessness. This includes a full spectrum of crisis services that connect people in need with immediate care and ongoing wraparound support in their community, such as housing.

Incarceration

There are currently almost two million people held in prisons, jails, and detention centers across the United States.⁹⁴ One in four people with serious mental illness have been involved with the judicial system, and more than 56% of those incarcerated have experienced mental illness.⁹⁵ Approximately two million arrests annually occur from law enforcement responding to a mental health crisis.⁹⁶ Instead of accessing care in a psychiatric hospital, people experiencing mental



\$1 spent in community-based mental health and substance use treatment saves \$12 in criminal justice system related costs

Incarceration worsens mental illness, while at the same time mental illness increases likelihood of arrest, recidivism, and longer periods of imprisonment. People with multiple arrests, studies have found, have serious medical and mental health needs – and low rates of violence. Of those arrested and booked two or more times in a one-year period, 25% had a serious or moderate mental illness and 52% had a substance use disorder.⁹⁹

Mental health infrastructure at key touch points can reduce the

overall population in prison and reduce crime. Communities can also identify local gaps in support for individuals engaging with the criminal justice system using the sequential intercept model. Because of the reduction in future crime, incarceration, and related healthcare expenses, studies have estimated that \$1 spent in community-based mental health and substance use treatment saves \$12 in criminal justice system related costs,¹⁰⁰ making mental health an essential area of any criminal justice focused portfolio.



illness are ten times more likely to be in jail or prison.⁹⁷ As a result, jails and prisons are one of the largest providers of mental health care in the United States.⁹⁸

General Health

Co-occurrence of mental and physical health conditions is common and puts serious strain on medical services. As with many other issue areas, mental health and other health conditions have complex bi-directional relationship. For example, stress and anxiety related to chronic health conditions can trigger mental health conditions and mental illness has also been shown to increase the risk of obesity, diabetes, and other chronic physical illnesses.¹⁰¹ For example, people

with schizophrenia are 4-5 times more likely to have diabetes than the general population. Depression and cardiovascular disease are also shown to co-occur for approximately 17% of patients.¹⁰² This requires a systemic approach to treating mental health and physical health as one.

One avenue for this is through integrated care approaches, in which providers team to provide collaborative and connected care

for a person's total health needs. For treating mental health in primary care and other specialties, the collaborative care model, for example, has demonstrated reduced hospitalizations and emergency room visits,¹⁰³ early identification and treatment of mental health conditions, and improvements in depression outcomes.¹⁰⁴ Studies estimate that for every \$1 spent on integrated care, \$6.50 is returned in reduced healthcare costs and productivity.¹⁰⁵

COMPLEX INTERSECTIONS

With so much overlap among these issue areas, mental health services and supports are found not within a singular system, but across all social systems. This ranges from the building blocks of individual well-being (such as housing, employment, overall health and safety), to the systems that have critical touchpoints in people's lives (like educational, judicial, and healthcare), to the financial structures that provide access to needed services.¹⁰⁶ Yet, across this multitude of complex systems, the proper infrastructure to prevent and address mental health needs does not exist at a level necessary to respond to the growing need. This presents both barriers and opportunities for impact on the mental health of individuals, families, and communities. Many of these systems act as entry points into care, influencing mental health outcomes, while also paying for the costs of untreated mental health challenges.





Significant Investment is Necessary Now

We are facing a mental health crisis that demands significant investment and coordinated action at all levels. Thankfully, most of the solutions, resources, and tools needed to address this crisis exist. It is a matter of effectively deploying them on the size, scale, and scope that the current levels of need demand, with philanthropy playing a key strategic role. In light of this, Mindful Philanthropy calls on funders of all types, sizes, focus areas, and experience levels to increase investment in mental health. It is incumbent on every funder to consider the role you want to play in transforming the way we approach mental health in this country and around the world. For many, the next question is how?

If you're just starting out, increasing investment in mental health is easy – just start somewhere. While what and how you fund matters, the fact that you are funding mental health matters more, so just get started. For some, this may look like a thoughtful review of how mental health intersects with your other priority areas or an assessment of how existing grantee partners are already supporting mental health outcomes. Dig into those investments and focus areas and their connections to mental health. This review should point to where increased investment in mental health will help you to achieve the other goals and outcomes you seek, while also addressing the mental health challenges we see in our communities.

For others new to mental health, this call for increased attention and funding to mental health may require additional investigation. Beyond the snapshot of the landscape provided here, we invite you to dig deeper

into the needs, gaps, and opportunities for philanthropic impact in your geography or issue area of focus, learning while doing. We are here to help. As a guide, Mindful's role is to simplify the complex and vast mental health landscape, help funders speed up their learning journeys, and amplify impact at the convergence of mental health and other issue areas.

And lastly, for those already giving to mental health, now is the time to double down by making significant coordinated investments in those areas most likely to transform the landscape. Building on years of experiences and successes and failures along the way, it is up to you to lead the way for other funders. In a companion document, Mindful Philanthropy provides an actionable roadmap for philanthropic investments to revolutionize the existing system of care to more equitably and holistically serve all people.

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Background and Methodology

This document is the result of a nine-month effort to assess the current mental health landscape, and is the first analysis in a series of reports that Mindful Philanthropy will release to guide funders in increasing their investment in mental health.

Throughout this document, we examine key opportunities for philanthropy to make real change in the mental health sector, focusing our analysis on existing resources that outline the sector's needs, gaps, goals, and potential solutions. These resources included the Unified Vision for Transforming Mental Health and Substance Use Care from the CEO Alliance for Mental Health, Healing the Nation and their corresponding Framework for Excellence from the Well Being Trust, Healing by former National Institute of Mental Health (NIMH) Director Tom Insel, and Rand Corporation's How to Transform the U.S. Mental Health System: Evidence-Based Recommendations. This research also draws on the U.S. Surgeon General's 2022 Advisory on Youth Mental Health, as well as his reports on social connection and social media, research and recommendations from Meadows Mental Health Policy Institute, and hundreds of other leading sources.

Collectively, these documents synthesize research, years of experience, and hundreds of interviews with clinicians, payers, those with lived experience, policymakers, and other stakeholders. We also examined the intersection of mental health with adjacent issue areas and their corresponding systems, including criminal justice, education, and general health. Finally, we drew on insights from over three years and more than 4,000 hours of engagement with subject matter experts, field practitioners, and both experienced and novice funders. The resulting landscape analysis provides an overview of the full spectrum of mental health needs and philanthropic opportunities, building off the foundational research in Health in Mind that led to the launch of Mindful Philanthropy.



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