

Introduction: Critical Challenges in Addressing Behavioral/Mental Health Needs

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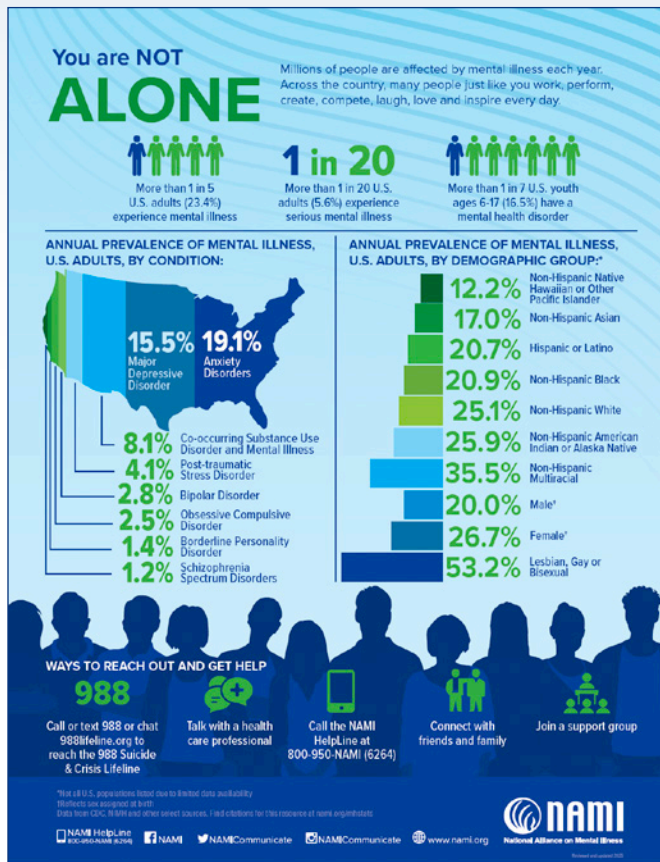
The burden of mental health disorders in the United States has reached epidemic proportions in recent years. Mental illness is now estimated to affect 1 in 5 adults and 1 in 7 adolescents [Figure 1].¹

Behavioral health concerns make up roughly one-third of emergency room visits, and office visits with a primary behavioral health diagnosis have increased 50% in the past two decades.² With behavioral health conditions continuing to affect millions of Americans every day, additional research and programming efforts are needed to improve access to services, develop training for professionals at the forefront of care, and research underpinnings and potential treatment options for those with behavioral health needs. There are numerous barriers to identifying those with behavioral health needs and delivering time-sensitive and culturally appropriate behavioral healthcare services. These include challenges with developing and obtaining reimbursement for screening, prevention, collaborative care, and case management; competing demands on primary care providers who are typically the first touchpoint of care³; long wait times to see qualified behavioral health providers; and lack of provider training and comfort,⁴ particularly for more complex mental health presentations, such as those necessitating multiple psychoactive medications or involving serious mental illness.⁵ Fragmentation of care has been identified as a significant concern for patients seeking behavioral healthcare.⁶

Rhode Island's mental and behavioral health challenges parallel the national landscape. This Mental Health Awareness Month, we chose to highlight work conducted both nationally and locally to advance the field of behavioral health across multiple levels: behavioral healthcare programming spanning perinatal to adult care; system-wide interventions to expand resources; and research underscoring potential targets for treatment and considerations for implementing treatments effectively. Our goal in this issue was to illuminate the research and services being conducted in primary care, specialty outpatient practices, partial hospital programs, and inpatient settings across our state. We highlight programming to expand capacity and enhance training of current providers and trainees, and research expanding our care options and understanding of best practices.

Given the strain on existing systems to effectively address behavioral health needs, multiple authors describe

Figure 1.



interventions to improve primary care capacity to address behavioral health issues. **MICHELLE PIEVSKY, PhD**, and colleagues present on use of integrated behavioral health in primary care settings to create a more efficient and equitable autism evaluation pathway. **JULIE BOERGERS, PhD**, and colleagues describe statewide programming to increase capacity for behavioral health treatment by improving primary care clinicians' understanding of sleep issues in childhood. **ELIZABETH CANTOR, PhD**, and colleagues summarize the evolution and impact of cycles of practice transformation efforts to evolve behavioral healthcare in primary care. Finally, **NELLY BURDETTE, PsyD**, highlights lessons learned about integrated behavioral health in Rhode Island over the past decade.

There are unique behavioral health needs across the nation specific to youth and their parents, and several researchers and providers presented work in this area. Looking to multiply the impact of limited child psychiatry specialists, **ALISON MANNING, MD**, and colleagues describe the work of the Pediatric Psychiatry Resource Network in improving access to mental healthcare for youth in Rhode Island. **ADAM K. LEWKOWITZ, MD**, and colleagues describe novel services being delivered at a mother-baby partial hospitalization program with a “standalone psychoeducational intervention for perinatal mood disorders for partners or family members.” **KATHERINE M. TEZANOS, PhD**, and colleagues offer commentary on improving youth psychiatric hospitalization based on collective years of experience in crisis stabilization, incorporating both patient and parent perspectives.

Exploring the interaction between social determinants of health and treatment outcomes, **ERIC TIRRELL, BA**, and colleagues advance our understanding of how new techniques impact care in a transcranial magnetic stimulation patient cohort with major depressive disorder.

Authors also showcase the importance of ensuring trainees have ample exposure to and experience working with populations exhibiting behavioral health needs. **STEPHANIE J. CZECH, PhD**, and colleagues describe integrated behavioral health training in Family Medicine residency and its relevance to the pursuit of the quintuple aim of healthcare improvement. In response to new accreditation requirements for residency training to prepare our future workforce to be leading providers in behavioral healthcare, **ALISON MANNING, MD**, and colleagues present their work developing a behavioral health-specific rotation in Pediatric residency. Finally, **LYNAE CONYERS, MD**, shares a resident’s perspective of what it means to address behavioral health needs among adolescent males beyond the clinic room and sometimes around a dinner table instead.

When we first planned this special issue on behavioral health for the *Rhode Island Medical Journal* (RIMJ), we had hoped for a respectable number of submissions that would showcase the diverse, multidisciplinary, and innovative efforts to address mental health needs in the state of Rhode Island. We are grateful to our colleagues for the many excellent submissions we received, which allowed us to curate an issue that highlights work being conducted across an array of settings and patient populations. We believe these submissions illustrate the importance of training, clinical practice, resources, and systems that shape the behavioral healthcare landscape and our ability to address our ongoing mental health epidemic. Given the large number of submissions we received, we will also present additional behavioral health-oriented manuscripts in later RIMJ issues.

May as Mental Health Awareness Month is another reason to appreciate the multidisciplinary teams supporting behavioral health in Rhode Island: community health workers, social workers, psychologists, psychiatrists, specialists

and primary care providers, as well as systems-thinkers in government, non-profit and institutional settings, and many more. It takes a coordinated effort to provide the care and services the people of Rhode Island and beyond deserve, and we thank the authors for their unique contributions to that undertaking.

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