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How foundations can tackle the mental health crisis



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Courage is the defining quality of people with mental and behavioral health challenges, who brave daunting internal and external challenges to seek help. Courage is also the key ingredient in the philanthropic work America needs to overcome the mental health crisis now besetting the nation.

That's the overarching conclusion of a [new study](#) published in *Foundation Review* 'Philanthropy's Uneasy Journey Into Mental Health Grantmaking.'

Representatives of 17 national, regional, and local foundations – with assets ranging from just under \$1 million to \$12 billion – were interviewed regarding their experiences funding mental and behavioral health projects. The lessons they learned, challenges they encountered, and opportunities they identified can serve as roadmaps for the thousands of foundations now considering mental and behavioral health care grants.

The challenges are daunting, to be sure.



For at least three decades, reports issued by presidential commissions, the National Academy of Sciences, the U.S. Surgeon General, and others have concluded that the nation's mental healthcare system needs transformation, or is as one study described, 'a system in shambles.'

Behavioral health financing and access are particularly challenged, so much so that the Senate Finance Committee recently held a hearing about the 'ghost networks' of providers listed in insurance company directories who are unreachable, not accepting new patients, or not in-network. By every standard of a robust mental health system – well-funded, accessible, well-staffed, integrated, wellness- and recovery-focused, culturally responsive, community-oriented, transparent, and accountable – ours falls short.

It came as no surprise, then, that every single grantmaker we interviewed expressed uncertainty about *where to even start* serving mental health care needs. Discouraged by the lack of entry points, an existing scaffolding to build on, or even actionable expert advice, many felt hamstrung in their efforts. Others described the pitfalls of 'shiny object syndrome' – the desire to fund the 'hot new thing' in mental health – or 'foundation-board hubris,' wherein board members make granting decisions based on their personal intuition rather than hard data.

With nearly one-quarter of Americans and nearly one-half of adolescents struggling with mental health conditions (and teenage girls especially enduring unprecedented levels of sadness, hopelessness, and suicidal thoughts), the state of American mental health today is the very definition of an 'all-hands-on-deck' call to action. The philanthropic community, like everyone else, must respond. The foundations interviewed also highlighted multiple strategies for success, for instance:

- Even when it's difficult to find the right SME, foundations of all sizes reported that the benefits far outweigh the costs.
- When searching for entry points, philanthropists can consider robust existing infrastructures that provide 'early intervention points' to mental health – like primary care, schools, workplaces, and community organizations – even if they are outside the mental health system.
- Practitioners and researchers need the freedom to experiment, even to fail. Grantmakers should embrace uncomfortable levels of ambiguity and take risks to facilitate innovation, especially around access, financing, and care models.
- Even as foundations swing for groundbreaking innovations, they should also embrace incremental progress. Increasing the capacity of existing facilities, expanding patient access in isolated communities, and integrating mental health within existing grantmaking portfolios won't make history, but will save and improve lives. #
- Philanthropists should narrow and intensify the focus of their investments, for instance, to a specific population, evidence-based practice, region, or perhaps – as some found to work – public policy.

Following the recommendations of the foundation leaders we interviewed will involve as much altruism, discipline, and vision as any philanthropic undertaking. But more than that, it will require courage.



Philanthropy's fear of failure in mental health grantmaking is understandable. But given the stakes, especially those young Americans are up against, these fears must be overcome. If philanthropists can summon the same grit and hope people with mental health challenges do on their road to wellness, they can build a system better and more innovative than any that has been lost – patient by patient, community by community, grant by grant.

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Catherine Hyde Townsend

I appreciate the practical entry points and visibility this article provides to mental health. Yet, I'm shocked at what it does not say. The communities most at risk are often the most marginalized and under-funded. Trauma caused by rampant and repetitive racial and gender discrimination decimates mental health. Sexual minorities and indigenous communities are disproportionately affected. When donors continue to medicalize mental health disparities, we become part of the problem. It's high time we rethink what the real problem is. It's not just a lack of services. It's the everyday discrimination and loss of dignity too many face in seeking housing, work, education, love, and health - the basic tenets that allow us all to live in dignity. Donors need the courage to face these facts.

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