Senate Bill 283 Mental Health – Workforce Development – Fund Established
Senate Budget and Taxation Committee
National Multiple Sclerosis Society: TESTIMONY IN SUPPORT

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Thank you for the opportunity to submit testimony in support of SB 283, to strengthen the behavioral health workforce in Maryland to address the unmet need for mental health services from people affected by multiple sclerosis.

Multiple sclerosis, or MS, is an unpredictable disease of the central nervous system, impacting an estimated 1 million Americans. Currently, there is no cure, though significant progress is being made to achieve Society's vision of a world free of MS. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes, and vision issues. Early diagnosis and treatment are critical to minimize disability.

In addition to its physical symptoms, MS may have profound impact on an individual's mental health and behavior, as well as the mental health of family members and caregivers. People with MS may have difficulty adjusting to the diagnosis of a disorder that is unpredictable, has a fluctuating course, and carries a risk of progressing over time to some level of physical disability. Lack of knowledge about the disease adds to the anxieties commonly experienced by people who are newly diagnosed with MS. In addition to these emotional reactions to the disease, demyelination and damage to nerve fibers in the brain can also result in emotional changes[1].

Significant statistics related to mental health and MS include:

- Depression is the most common mental health diagnosis in MS, with a lifetime risk for major depressive disorder of 50–60%[i].
- Anxiety frequently occurs with depression. Compared to the general population, anxiety is three times more common in MS.
- Suicidal ideation is about three times as common in MS compared to the general population.
- Adjustment disorders (unhealthy or excessive reactions to stressful events or life changes) and bipolar disorder are also more common in MS[ii].
- Pseudobulbar affect (PBA), involuntary laughing and/or crying often without consistent feelings, affects more than 10% of people with MS.
- Substance use disorder can be particularly harmful for people with MS, because of the potential to cause more neurological damage to the already compromised central nervous system and to interact with MS medications.

- Depression can affect cognitive functioning in MS, including aspects like working memory, processing speed, learning and memory functions, abstract reasoning, and executive functioning.[iii]
- Higher socio-economic status is associated with a lower burden of psychiatric symptoms and with a higher likelihood of self-reported symptom recovery after receiving mental health treatment, and attitudes regarding mental health care delivery in MS vary according to racial and ethnic background[iv].

Aside from the normal stresses of everyday life, MS creates stresses of its own. Many people with MS say they experience more symptoms during stressful times; when the stress lessens, their symptoms seem less severe. Due to the unpredictable nature of MS, just anticipating the next exacerbation can be a significant source of stress. MS can cause significant anxiety, distress, anger and frustration from the moment of its very first symptoms, with anxiety at least as common in MS as depression. Loss of functions and altered life circumstances caused by the disease can be significant causes of distress on the mental health of people living with MS. Due to these impacts, mental health care is considered an essential element of comprehensive MS care.

Far too often, it can be challenging for Marylanders affected by MS to access needed mental health services due to behavioral health professional shortages across the state. Federal data[1] released just this month found that Maryland has **63 federally designated mental health professional shortage areas** (HPSAs)[2], including 11 entire counties. These shortage areas, in which less than 20% of residents are getting their mental health needs met, impact over 1.7 million Marylanders. Another indicator found that **17 of Maryland's 24 jurisdictions come in below the national average** (350:1) in terms of population to mental health providers, with a number that are considerably lower.[3]

This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of Marylanders affected by MS. There are many positive ideas and strategies for growing the behavioral health workforce – stipends and scholarships, enhanced training programs, loan repayment, paid internships, etc. The question, however, is how much funding do we put into these different initiatives and how do we target efforts to ensure we are properly resourcing ***all*** behavioral health professionals and paraprofessionals? SB 283 is part of the solution to the complicated problem of the state's behavioral health workforce crisis.

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[1] https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport

[2] A HPSA is a geographic area, population group, or health care facility that has been designated by the US Health Resources and Services Administration (HRSA) as having a shortage of health professionals in one of three categories – primary care, dental health, and mental health

[3] https://www.countyhealthrankings.org/explore-health-rankings/maryland?year=2022&measure=Mental+Health+Providers&tab=1

The bill establishes a *Behavioral Health Workforce Investment Fund* to reimburse for costs associated with educating, training, certifying, recruiting, placing, and retaining behavioral health professionals and paraprofessionals. Funding is left discretionary initially to allow for a required workforce needs assessment that will (1) determine the immediate, intermediate, and long-term unmet need and capacity of Maryland's behavioral health workforce; (2) calculate the total number of behavioral health professionals and paraprofessionals needed over the next 5 years, 10 years, and 20 years; and (3) make very specific findings and recommendations regarding the types of workforce assistance programs and funding necessary to meet the need across all sectors of the behavioral health workforce.

This bill will expand and stabilize Maryland's behavioral health workforce, allowing for more people affected by MS to access needed mental health services. **For these reasons, the National Multiple Sclerosis Society urges this committee to pass SB 283.** Thank you for your consideration.

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[i] Skokou, M., Soubasi, E., & Gourzis, P. (2012). Depression in multiple sclerosis: a review of assessment and treatment approaches in adult and pediatric populations. *ISRN neurology*, *2012*, 427102.
[ii] [1] Silveira, C., Guedes, R., Maia, D., Curral, R., & Coelho, R. (2019). Neuropsychiatric Symptoms of Multiple Sclerosis: State of the Art. *Psychiatry investigation*, *16*(12), 877–888. https://doi.org/10.30773/pi.2019.0106
[iii] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6933139/
[iv] https://www.msard-journal.com/article/S2211-0348(21)00717-3/fulltext