

LD632: An Act to Amend the Social Work Education Loan Repayment Program

Presented to the Joint Standing Committee on Innovation, Development, Economic Advancement & Business

NAMI Maine strongly endorses LD632 and any initiatives that will assertedly support the increase in the number of mental health providers working in Maine to support the mental wellness and stability of the one in four Maine citizens living with a mental health challenge. For Maine's adults, 22% report living with a mental illness, 9% with a substance use disorder and, in the pandemic, anxiety and depression symptoms in adults almost tripled with the largest increase among adults 18-24. For high school adolescents, as measured by the Maine Integrated Health Survey in October 2021, 36% of students surveyed indicated significant signs of depression and 18.5% of students reported seriously considering suicide and 9.0% reported making a suicide attempt in the past 12 months

The increase in isolation and stress during the pandemic led to an increase in depression, anxiety and substance use and a lessening of the stigma related to mental illness; we all were struggling. More people are seeking treatment and support for mental health at a time when we are experiencing a reduction in mental health providers. This surge in need coincided with significant restriction in access to care. Almost 50% of adults with a mental illness in 2019 did not receive treatment. That proportion is likely higher today. The US Health Resources and Services Administration (HRSA) health work force projection estimated a significant shortage in social workers nationwide of 14% by 2025 based on attrition from the field outpacing newly trained clinicians. This estimate did not factor in the combination of increased needs in the pandemic as well as the documented increase in stress and burnout leading to an increase in social workers/mental health providers leaving the field. This shortage is exacerbated in rural counties. We see this reflected every day in the long waitlists for almost every outpatient and community based mental health and substance use services. We witness it in the bottlenecks of patients waiting days, weeks or longer for a hospital bed or even longer for a residential space because facilities have been closed or restricted primarily due to staffing shortages, many of whom are social workers.

This legislation is not a panacea, but it will make it easier and more appealing for a new social worker to choose Maine rather than seek work in another state. NAMI Maine strongly urges passage and funding of this initiative as a significant step in attracting and retaining social workers/mental health workers in Maine. NAMI Maine would suggest 3 amendments to the proposed legislation as written: 1) Consider broadening the eligibility to other clinicians (eg. LCPCs and LADCs) as well as those who are working in the social work/mental health field and positions with non-social work licensing or degrees. 2) Prioritize eligibility for loan forgiveness to clinicians living in Maine and providing services to Maine residents. 3) Since the shortage of clinicians is exacerbated in the more rural communities in Maine, prioritize rural clinicians over those providing services in the more urban communities.

ABOUT NAMI MAINE: *Incorporated in 1984, the National Alliance on Mental Illness, Maine Chapter (NAMI Maine) is the state's largest grassroots mental health organization. With support from national and regional affiliates, the agency is dedicated to building better lives for everyone impacted by behavioral health concerns. NAMI Maine engages with leaders and community partners at all levels to improve the state's mental health system through collaboration and education.*