

2025 Public Policy Platform Executive Summary

1. Education and Support for Individuals with Mental Illness, Children with Serious Emotional Disorders, and Their Families

NAMI Maine believes that comprehensive education regarding mental illness for individuals with mental illness, their families, and the general public is necessary to empower our communities to support mental wellness. Active participation by supportive family members and peers can also be essential to a successful recovery. As such, appropriate education must be accessible and widely available to individuals and families at all stages of life, raising awareness, reducing stigma, and enabling advocacy at both the individual and system levels for mental health treatment. Where possible and appropriate, these programs should be peer-designed and directed, adapted to the needs of each community. Additionally, we support funding and workforce support to design, deliver, and evaluate these programs.

2. Evidence-Based Mental Health Services in a Community Setting

NAMI Maine believes that, when possible, recovery is best accomplished within one's community and that all mental health services should be delivered in the least restrictive and most appropriate setting for the individual. Early access to a full range of mental health services that are evidence-based, culturally competent, and occur within one's community whenever possible can prevent the need for acute care and occurrences of incarceration and homelessness. We support a system of care that provides all levels of patient-centered treatment. This includes both inpatient and outpatient levels of care, with robust mobile crisis response, residential support services, case management, and appropriate and effective medication management. We also advocate for family and peer support, including population-specific peer support groups and round-the-clock services, including both inpatient and outpatient levels of care, with robust mobile crisis response, residential support services, case management, appropriate and effective medication management, family and peer supports, including population-specific peer support groups, and round-the-clock-services. We also support program evaluation and research to determine the effectiveness of these services, which is essential in an evidence-based system.

3. Suicide Prevention and Postvention

NAMI Maine believes that most suicide deaths can be prevented with a comprehensive, community-wide approach that works through both public and private organizations and across systems. This approach must include reducing stigma and discrimination through public awareness campaigns, increased education for individuals, families, and students, and training for mental and physical health providers, first responders, teachers, and school staff. Additionally, communities must provide early access to mental health assessment and treatment, including family and peer support, a centralized mental health crisis and suicide prevention response, and access to state-wide Mobile Crisis with the capacity for teams to meet with individuals in crisis within a reasonable amount of time and the least restrictive setting. NAMI Maine supports policies that encourage, fund, and facilitate these initiatives.

4. De-criminalization of Individuals with Mental Illness and Children with Serious Emotional Disorders

NAMI Maine believes that people who commit serious crimes should be prosecuted; however, we oppose the increasing criminalization of individuals with mental illness and believe that rehabilitation should be a key focus for justice-involved individuals with mental illness. As such, we support improved public education to dispel myths and stigma surrounding mental illness and violence, the diversion of individuals with mental illness from the judicial and corrections systems when appropriate, and the provision of treatment in community and hospital settings rather than jails or prisons when appropriate. NAMI Maine believes law enforcement agencies should strive to implement Crisis Intervention Teams (CIT) within their communities to ensure better safety for all parties, decrease lethal interactions, and provide a collaborative mental health-supported response. Further, mental health courts must be available statewide. When interactions with the corrections system are necessary, there must be the provision of evidence-based and trauma-informed mental health treatment aimed at promoting recovery, as well as CIT and educational training for corrections officers.

5. Access to and Enforcement of Parity of Insurance Coverage

NAMI Maine believes that insurance coverage should be mandatory for behavioral healthcare with full parity for mental illnesses, equal I score, and duration of other illnesses. Medicare, Medicaid, and all public and private healthcare coverage must manage utilization (including medication authorization), network adequacy, and provider reimbursement equally across all healthcare areas. As such, NAMI Maine supports policies that would eliminate prior authorization requirements for emergency mental health care and medications for severe and persistent mental

health challenges and require insurers to pay for critical community-based services including, but not limited to, Mobile Crisis Response, peer and family support, Coordinated Specialty Care, and Assertive Community Treatment. NAMI Maine also supports policies requiring the Insurance Department to administer regular market conduct analyses to determine compliance and require insurers to regularly review their networks to demonstrate their capacity to meet demand and/or report steps to increase capacity. Additionally, consumers who cannot access in-network care must be allowed to choose out-of-network providers whose services would be covered at in-network rates. NAMI Maine opposes all exceptions to parity requirements for quantifiable and non-quantifiable treatment limits and rehabilitation services.

6. Means to Address Healthcare Workforce Shortages

NAMI Maine believes that a robust mental health workforce is crucial to addressing the needs of individuals living with mental illness in Maine. Therefore, NAMI Maine supports increased reimbursement rates for MaineCare-eligible services that demonstrate and reflect professional healthcare providers' value, quality, and services. Additionally, conditional licensing and license compacts, where appropriate, advance the peer workforce at an equitable rate, and other policies would support expanding and strengthening Maine's healthcare workforce.

7. Integration of Healthcare Delivery

NAMI Maine believes that physical and mental are inextricably linked and that treatment for mental illnesses and severe emotional disorders should be an integral part of comprehensive healthcare services. An individual's treatment for any condition should consider the entirety of the patient, address the social determinants of health, include families/natural supports as part of the recovery process, and utilize collaboration between a diverse network of professionals. Communities, insurance networks, and practices should strive to integrate physical and behavioral healthcare delivery systems at all levels, including providing screenings and services from licensed mental health professionals in all healthcare settings. Access to proven integrated care models such as Certified Community Behavioral Health Clinics (CCBHCs) and Federally Qualifying Healthcare Centers (FQHC) should be available statewide.

8. Access to Medication

NAMI Maine believes that medications can play a critical role in promoting recovery from mental illness and severe emotional disorders. All individuals should have access to the most effective medicines as determined in collaboration with their healthcare providers at an affordable cost and without barriers such as step therapy or unduly burdensome prior authorization

requirements. Additionally, NAMI Maine supports policies that reduce barriers to accessing medically necessary medications.

9. Public Awareness to Eliminate Stigma and Discrimination

NAMI Maine believes one of the most significant barriers to care for individuals with mental illness is stigma and discrimination. We support funding for services and other opportunities to maximize recovery, including education and outreach programs for youth, businesses, civic organizations, government agencies, law enforcement, and the general public to help reduce stigma and discrimination. NAMI Maine believes that, when possible, “discrimination” should be used when discussing this issue since referring to discriminatory behavior as “stigma” does not fully represent people’s experiences with discrimination in housing, employment, healthcare, and more.

10. Access to Firearms

NAMI Maine believes that firearms present a higher risk of lethality in suicide attempts and that firearms should not be more accessible to obtain than mental health care. NAMI Maine supports sensible and practical firearms regulation, including emergency risk protective orders without the basis of a mental health diagnosis, voluntary do-not-sell lists, safe storage options, and reasonable waiting periods when purchasing a firearm. However, in the absence of immediate demonstrated risk, people should not be treated differently concerning firearms regulation because of their lived experience with mental illness. NAMI Maine acknowledges the grave mental health impacts of loss, terror, and trauma resulting from mass shootings and firearm violence. As such, we support research into the causes and effects of gun violence in the US, as well as reasonable, fairly applied policies that may prevent these tragedies.

11. Access to Care and Freedom from Discrimination for Racial/Ethnic Minority Groups

NAMI Maine believes that racial discrimination is a public health issue that imposes significant barriers to mental health care for racial/ethnic minority groups. Among individuals living with a mental illness, racial minority groups are less likely to receive mental health services. Additionally, disparities in cultural understanding by providers have the potential to exclude or jeopardize the success of programs and treatment and may also contribute to under-diagnosis or misdiagnosis. Therefore, NAMI Maine supports policies that increase cultural education for providers and the general public and that address the racial disparities in mental health care and interaction with the justice system.

12. Access to Care and Freedom from Discrimination for LGBTQ+ Individuals

NAMI Maine believes that all people should be treated with respect and dignity and should have access to mental health carefree from discrimination or interference. LGBTQ+ individuals, especially those who are transgender or gender-nonconforming, are at an elevated risk for experiencing anxiety and depression and are more likely to consider and attempt suicide, often due to discrimination and rejection. Therefore, NAMI Maine opposes harmful policies targeting LGBTQ+ individuals and supports policies that provide access to gender-affirming healthcare.

13. Treatment for Co-Occurring Disorders

NAMI Maine believes that treatment for a behavioral health condition should always include the evaluation and treatment of any potential co-occurring disorders. For any treatment to be successful, it must consist of the needs of the entire patient. People with a mental illness are more likely to experience a substance use disorder than those not affected by a mental illness. Failure to address co-occurring disorders can harm the recovery process. As such, NAMI Maine supports policies that increase funding, awareness, and availability of resources for providers to treat co-occurring disorders.

14. Availability of Affordable Housing Options

NAMI ME believes that stable housing is critical to recovery and that an array of affordable, state-wide housing options must be available for people with mental illnesses. These options should range from independent living to supportive housing and group homes, with additional funding and support services where appropriate. NAMI Maine supports policies that provide these options within one's chosen community to enhance recovery and provide the best access to education, employment, further treatment, and one's family and loved ones – and that allows the fluidity necessary for people to move between levels of care as their recovery progresses. All state, federal, and privately funded housing initiatives should be developed with these needs in mind and must not discriminate in access for individuals living with a mental illness.