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LETTERS

State explores new ways to see to behavioral health needs

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A recovery room at Riverside Community Behavioral Health Center in Milford, one of 25 centers participating in a state-led effort to improve access to mental health care. LANE TURNER/GLOBE STAFF

At the same time, health care staff face their own mental health crisis

The state's new Behavioral Health Help Line and 25 community-based behavioral health centers will radically expand access to mental health care and substance use disorder services ([“New options for people seeking help,”](#) Page A1, Jan. 2). Reporter Felice J. Freyer rightly identified that the ongoing labor shortage of health care workers could be a hindrance to the successful launch of these centers. Another concern is the ongoing mental health crisis occurring within the health care workforce.

Rates of [depression](#) and [burnout](#) among clinicians, [especially physicians](#), were at concerning levels before the pandemic. But what we're seeing now is [unprecedented](#). A 2021 Kaiser Family Foundation/Washington Post survey of health care providers found that 62 percent reported that working throughout the pandemic had negatively affected their mental health. Among behavioral health providers, the toll has been more severe, with 78 percent of psychiatrists and 90 percent of college counseling center clinicians [reporting that they are experiencing burnout](#).

In 2021, the Massachusetts Health and Hospital Association convened a [Caring for the Caregiver Task Force](#) to address burnout among health care workers. Chief among the task force's [recommendations](#) are decreasing the stigma associated with seeking mental health services and creating work environments that encourage open discussion of mental health. One way to do this is by providing easy access to mental health support in the workplace. The state is currently funding [peer support programs](#) for the medical community aimed at improving mental health. Promising models should be expanded to health care facilities across the state.

Liz Friedman

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What took so long for state to take steps and why hasn't it solved provider issues?

Monday's article "New options for people seeking help" is timely as Governor Charlie Baker's administration concludes and Maura Healey's administration begins. A call-in number to facilitate access to care when in crisis can be effective. Baker is recognized for addressing COVID-19 vaccinations, but concurrent behavioral health challenges didn't receive prioritization until the announcement of the Behavioral Health Help Line and the 25 walk-in centers. As a prior Massachusetts mental health commissioner (1991-96) and former deputy director of the US Health and Human Services Office on Disability, I raise two questions: What took so long, and why weren't provider issues addressed with the state's advocate organizations, universities, and local service systems?

As Governor Healey begins her term, there is no need to reinvent the wheel. In the mid-1990s, the state implemented a nationally recognized, effective intervention — 24/7 flexible service intervention teams — that was unceremoniously discontinued, without regard to impact, under the administration of Governor Deval Patrick by his mental health commissioner, Marylou Sudders (who went on to serve as health and human services secretary under Baker). I doubt Massachusetts would be experiencing today's challenges if this model had survived.

I ask the new administration to reinstate the state's previous effective services supporting individuals in the community and preventing unnecessary psychiatric hospitalizations. Mobile crisis systems providing care are a proven tool supporting people to lead independent lives.

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