

Behavioral Health Strategies

Behavioral health issues continue to be a serious concern in the U.S. with one in five adults experiencing a mental health condition each year and suicide remaining the second leading cause of death for youth aged 10-14. In addition, 27 percent of young adults aged 18 to 25 report having had a substance use disorder in the past year. Mental health conditions are not distributed evenly across populations, with LGBTQ+, American Indian/Alaska Natives, and multiracial individuals at increased risk.

Grantmakers In Health (GIH) conducted a survey in late 2024 to explore funder engagement in behavioral health. The results, covering 139 health funders, show continued commitment to behavioral health, the challenging funding environment in 2024, and the upcoming uncertainty around federal and state funding—making philanthropy’s commitment to behavioral health in 2025 and beyond even more important.

Key Takeaways

1 Behavioral health is a priority for funders and investments are increasing. Nearly all funders in the sample (93 percent) fund behavioral health, with 93 percent funding mental health, 63 percent funding integrated care, and 48 percent funding in substance use. Compared to GIH’s 2017 Behavioral Health Survey, this represents an increase of funders in mental health (from 84 percent in 2017) but a decline of funders in substance use (from 63 percent in 2017). In the current survey, 74 percent of funders say their support has increased over the last five years and 43 percent expect it to increase over the next two to three years.

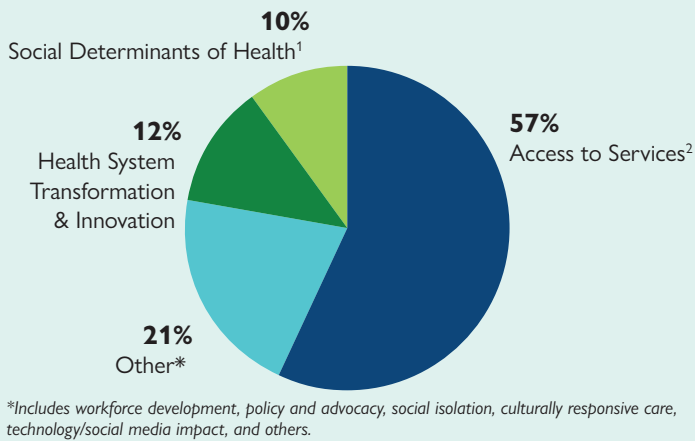
2 Funder programming is multifaceted. The majority of funders (57 percent) report access to services as the primary focus of their programming. Key strategies employed include capacity building (77 percent), direct services (62 percent), and policy and advocacy (44 percent). Roughly equal percentages of funders focus on adults (21 percent) and adolescents (19 percent), while 43 percent do not have an age focus.

3 Including people with lived experience is an important part of funder programming. Sixty-seven percent of funders incorporate lived experience into their behavioral health work. Funders cite multiple ways they center people with behavioral health challenges, including through their own staff and/or grantee staff. People with lived experience advise on grantmaking, review funding proposals, provide services and programs, and participate in coalitions, convenings, and trainings.

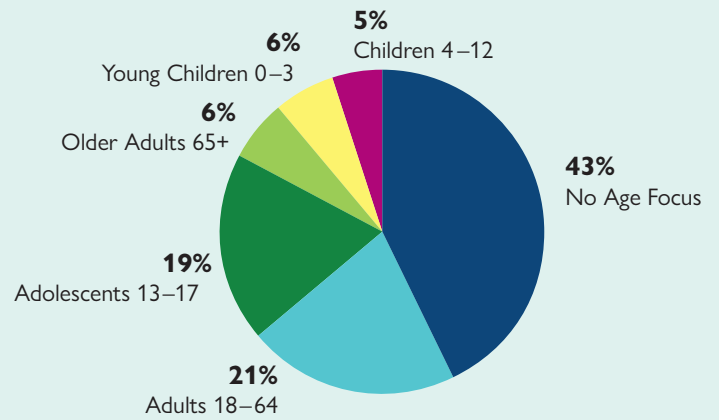
4 Partnerships are the cornerstone of funder behavioral health strategy. All funders report partnerships with community-based organizations; 82 percent with hospitals, health centers, and other providers; and 69 percent with schools, colleges, and universities. The majority of funders (71 percent) report partnerships with other funders through information exchange, co-funding, and learning collaboratives.

Programmatic Highlights

Primary Programming Focus



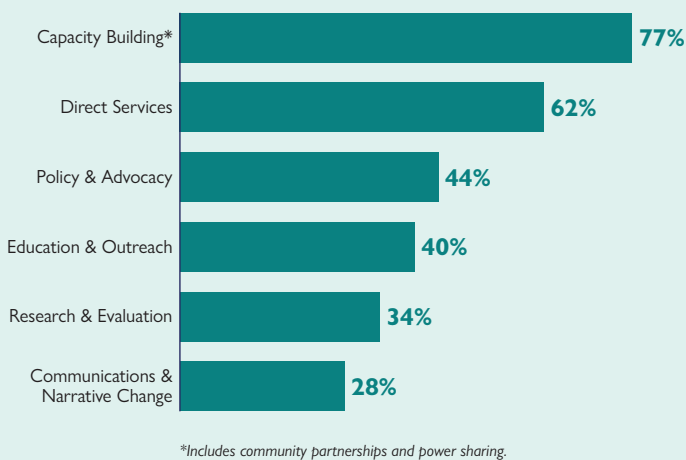
Primary Age Focus



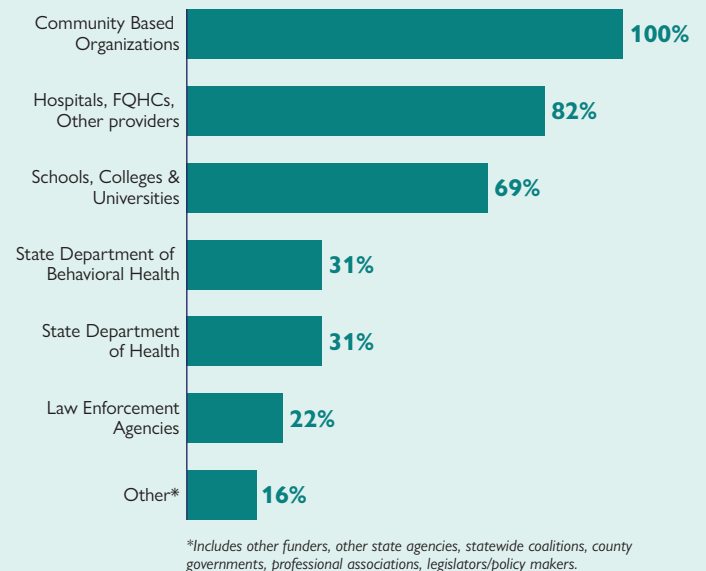
Secondary Programming Focus

When asked for a secondary programming focus, 44 percent of respondents said social determinants of health. Thirty-five percent reported a secondary focus on health system transformation and innovation, and 30 percent reported access to services. Other secondary focus areas included social isolation, criminal and juvenile justice systems, equity and cultural effectiveness, crisis services, and dementia care, among others.

Behavioral Health Strategies Funded



Types of Partners



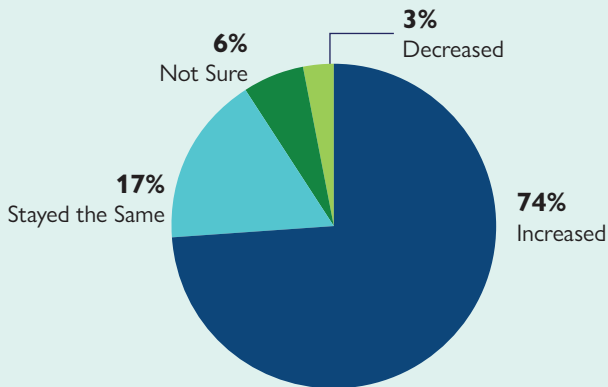
Notes:

¹ Social Determinants of Health includes housing, economic development, community safety, etc.

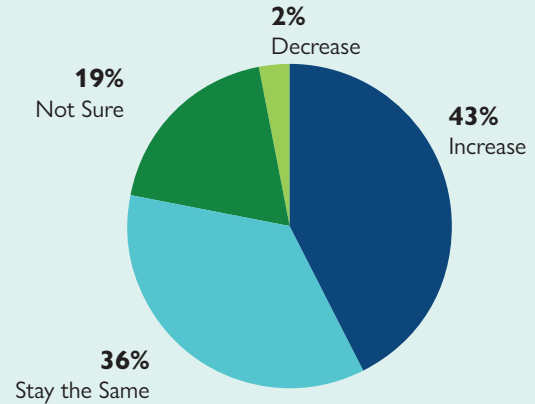
² Access to Services includes health, social, and human services.

Funding Trends

Level of Support Over Last Five Years



Anticipated Level of Support Over Next Two to Three Years



Programmatic Successes

- **Increased access to behavioral health services:** Many funders created new grant programs or expanded existing ones to provide wider access to behavioral health services. Others expanded the range of services offered such as peer support, trauma-informed care, and recovery residences. Creating behavioral health collaboratives and partnering with other funders were also cited as successful ways to increase access to behavioral health services.
- **Service integration:** Funders are integrating behavioral health into other services and venues such as primary care, community clinics, youth-serving organizations, schools, and the justice system. Several funders mentioned integration of behavioral health services in pediatric primary care, allowing for early identification and intervention for children with behavioral health conditions and avoiding the need for higher levels of care.
- **Workforce investments:** In addition to support for increasing the number of behavioral health professionals, funders also cited post-secondary training programs in the behavioral health field, training and skill development for low to mid-level providers, and programs to address provider burnout.

Challenges

- **Workforce:** Challenges related to workforce were widely cited by funders as a principle programmatic challenge and for the behavioral health sector overall. In addition to the shortage of providers, other related workforce challenges mentioned were provider turnover, training opportunities and career mobility, credentialing, diversity (racial, ethnic, language, cultural), burdens on current staff, and wage levels.
- **Limited resources:** Many funders cited limited federal and state funding for behavioral health, including challenges with Medicaid such as reimbursement gaps. Resource constraints were also considered a major challenge for the behavioral health sector generally, where funders cited the lack of sustainable funding and an uncertain future of Medicaid. Funders are concerned that unpredictable funding will undermine wins and impede progress. Funders also reported that the behavioral health needs are greater than they can support.
- **Complexity of behavioral health system and funder role:** Funders mentioned the different systems (health, justice, education, etc.) involved in behavioral health efforts and lack of coordination among them as a challenge. In addition, funders struggle with where to focus their interventions for maximum impact, including deciding among prevention, service delivery, and systems change. Finding programs that can be scaled and attract other funding was also cited as a challenge.



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