

Advocacy Objectives: 2026 Mental Health Day at the Georgia Capitol

Enforce Parity

Mental health and substance use care should be treated like any other medical care. If a child can get quick care for asthma, that same child should be able to get quick care for suicidal thoughts, severe anxiety, or addiction. But too often, Georgia families hit ghost networks—lists of “in-network” providers that do not lead to real appointments. That isn’t a lack of need. It’s a lack of enforcement.

Parity must be enforced as written, with clear rules and real consequences. When plans deny care, delay care, or publish networks that don’t function, the public should be able to see it—and the state should act on it. The goal is simple: stop treating behavioral health like second-class care, and make “coverage” mean actual access.



The Ask: Enforce parity laws as written; require public reporting on denials and delays; conduct independent compliance audits; impose meaningful penalties for violations; and ensure that fines collected are used to expand access to care (workforce, youth crisis services, and faster appointments).

Protect Georgia’s Children

Georgia’s kids are carrying depression, trauma, and addiction risks into classrooms every day. When support is delayed, problems grow—families destabilize, learning suffers, and crises end up in emergency rooms or the juvenile justice system. We should not wait for a breakdown to offer help.



Protecting children means building a system that works *upstream*: help in schools, help after a crisis, and a workforce that can meet demand. It also means being honest about what “access” is. A hotline number and a long wait list are not access. Access is a real appointment with a qualified provider within days, not months.

The Ask: Fund school-based mental health services to keep kids in class; require rapid follow-up appointments after a youth mental health crisis; and invest in the behavioral health workforce so access means seeing a clinician—not just being told to keep calling down a list.

Save Lives: Prevent Overdose and Suicide

Suicide and overdose are not random tragedies. They are often the final stage of untreated illness, untreated trauma, and delayed care. When people cannot get help because the wait is too long, the network is fake, or the plan says “no,” risk rises. Georgia should treat this like the emergency it is.

Prevention means faster care and fewer barriers to proven treatment. It means crisis stabilization options that don’t require an emergency room, and follow-up care that starts immediately. It also means better information: Georgia cannot fix what it cannot see, and the state needs clear data on where denials, delays, and shortages are driving harm.



The Ask: Remove barriers to Medication-Assisted Treatment (MAT); expand crisis stabilization units and rapid follow-up care; and improve data reporting so Georgia can identify where the system is failing and fix it fast—before a crisis becomes a death.

Strengthen Georgia’s Safety Net

A mental health system cannot succeed if the safety net is full of holes. Treatment does not work when housing is unstable, coverage lapses, or families can’t navigate enrollment. When those supports fail, Georgia pays more through emergency rooms, jails, shelters, and lost work—costs that are higher, harsher, and avoidable.



Strengthening the safety net is practical, not abstract. People need stable coverage, timely approvals, and a pathway to supportive housing so recovery can happen in the community. The state also needs benefits systems that work: backlogs and paperwork failures don’t just create frustration—they interrupt medications, end care relationships, and trigger relapse and crisis.

The Ask: Protect and expand health coverage; fix the backlog in benefits enrollment so coverage doesn’t lapse; and invest in supportive housing so people can recover in their communities, not in institutions—or cycling through ERs and jails.