

Modern Healthcare

Providers Scramble to Expand Mental Healthcare as Access Erodes



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Health systems struggling to fill gaps in mental healthcare are hiring staff and redeploying capital to try to keep pace with rising demand.

Systems including Hartford Healthcare, Sentara Health and Northern Light Health are expanding their mental health networks and ramping up care coordination teams. Still, health system leaders fear they will not be able to move quickly enough to patch an eroding safety net for mental health patients.

Nearly 23% of Americans 12 and older received mental health treatment in 2024, up from 20.6% in 2023, according to the latest national data from the federal Substance Abuse and Mental Health Services Administration. Meanwhile, 137 million people lived in areas last year where there was a

shortage of mental health professionals, up 12% from 122 million in 2024, Health Resources and Services Administration data show.

“Avoidable behavioral health inpatient admissions are often made because there is no place to discharge to,” said Tracey Izzard-Everett, vice president of behavioral health at Norfolk, Virginia-based Sentara Health. “That leads to repeat emergency department visits.”

Emergency department boarding rates, where some patients wait months for an inpatient bed or transfer, remain persistently high because many underfunded outpatient and community-based mental health facilities have cut staff or closed, said Dr. Javeed Sukhera, associate chief academic officer at Hartford HealthCare and chief of psychiatry at the Institute of Living at Hartford Hospital. Hospital emergency departments are typically the backstop.

Trinity Health of New England, which is part of the Livonia, Michigan-based system, last year closed two outpatient behavioral health facilities in Hartford, Connecticut. Trinity cited workforce shortages and limited provider capacity in filings with the state Office of Health Strategy. Prospect Medical Holdings closed a 30-bed behavioral care unit at Rockville General Hospital in Vernon, Connecticut, as the bankrupt health system restructured.

Hartford HealthCare in January acquired Prospect’s Rockville hospital along with Manchester Memorial, which together have 80 behavioral health beds. The acquisitions will help the Hartford, Connecticut-based system treat more mental health patients and keep up with demand, Sukhera said.

The acquisitions are part of Hartford’s broader strategy to improve care coordination for mental health patients. Every morning, Hartford administrators and operational leaders review data on facility capacity levels, identify patients with the most pressing needs and address any transfer and referral hurdles, Sukhera said. Those daily huddles have helped reduce emergency department boarding time by more than 40% and increase access to inpatient psychiatric care by more than 20%, he said.

“Hartford Hospital is one of the busiest facilities in the state, so our emergency department is the tip of the iceberg when bottlenecks present after a long weekend,” Sukhera said.

Other health systems are taking a similar approach. About a year ago, Sentara piloted a behavioral health navigator program at two of its 12 hospitals. Mental health professionals assess patients in the emergency department, help stabilize them and guide follow-up care, connecting them to community-based resources through the process. The program has since expanded across the system, helping reduce inpatient readmissions, Izzard-Everett said.

Sentara’s behavioral health unit readmission rate dropped 21% over the last six months when a patient was engaged by a behavioral health navigator. Emergency department readmission rates for those patients fell 16%. “When navigators are involved, outcomes improved overwhelmingly,” Izzard-Everett said.

Sentara also is placing eight navigators at other area facilities that aren’t part of its system to support its health plan members, she said.

The health system hopes the additional services can help maintain care amid surrounding service cuts. Last year, state-run Hiram W. Davis Medical Center in Petersburg said it would close its facility by 2027, including mental health services.

Mental health providers rely heavily on Medicaid funding, which varies across states. Despite a patchwork of supplemental payment programs designed to cover providers' costs, health system leaders say Medicaid reimbursement typically falls short, especially for longer-term patients. Reimbursement challenges, combined with workforce shortages and high operating costs, often lead to service cuts.

Last month, long-term care provider Northern Maine General in Eagle Lake closed its outpatient and community-based behavioral health program, citing staffing shortages along with inadequate and complicated reimbursement models.

The behavioral health cuts have strained hospitals. Northern Light Acadia Hospital, the psychiatric hospital operated by Northern Light Health, has tried to fill care gaps in the community by placing social workers and psychiatric mental health nurse practitioners in primary and specialty care clinics and in area schools, said Jamilyn Hughes-Murphy, the hospital's assistant vice president of community services. The hospital, which is part of Brewer, Maine-based Northern Light Health, also has a home health program that offers in-person and virtual services to 1,200 behavioral health patients across the state, she said.

The hospital has a consultation team of psychiatrists, psychiatric nurse practitioners, clinical social workers, counselors, discharge planners, a care coordinator and clinical supervisory staff. An emergency department provider requests a psychiatric evaluation from the consult team. A social worker and provider sees the patient, and a clinician continues to meet with the patient daily throughout the stay, Hughes-Murphy said.

Discharge planning is key, she said. "Over the past few years, we have seen a substantial decrease in the number of beds available, and the reason for that is staffing," Hughes-Murphy said.