

ESTIMATING THE IMPACT OF REDUCED MENTAL HEALTH SERVICES ACT FUNDING ON SUICIDE DEATHS

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A 2022 study reported evidence that additional mental health funding made possible by California’s Mental Health Services Act (“MHSA”) lowered suicide mortality by approximately 5,600 avoided deaths.¹ The effect materialized from 2012 to 2019, a period that coincided with post-recession revenue increases and revenue stability absent from earlier years. Under conservative assumptions, a 30 percent funding reduction could lead to an additional 2,500 suicide deaths in California over the coming decade compared to the state’s current trajectory. That estimate depends on the following assumptions:

1. MHSA’s impact on the suicide mortality rate, -2.20 deaths per 100,000 residents per the 2022 study, will remain static over the next ten years.
2. MHSA funding is proportional to reduced suicide mortality (e.g., a 30 percent funding reduction will reduce the law’s impact by 30 percent).
3. California’s 2022 estimated population of 39.0 million will remain static.

Applying those assumptions to the 2022 study’s findings yields the following rough annual estimates:

Year	MHSA Suicide Death Impact		
	Current Policy	Reduced Funding	Difference
2024	-858	-601	+257
2025	-858	-601	+257
2026	-858	-601	+257
2027	-858	-601	+257
2028	-858	-601	+257
2029	-858	-601	+257
2030	-858	-601	+257
2031	-858	-601	+257
2032	-858	-601	+257
2033	-858	-601	+257
Total	-8,580	-6,006	+2,574

This forecast estimates MHSA’s impact on suicide deaths compared to a counterfactual in which the law does not exist. The actual number may be higher or lower depending on many factors, including

¹ Thom, Michael. 2022. “Can additional funding improve mental health outcomes? Evidence from a synthetic control analysis of California’s millionaire tax.” PLOS One 17(7): e0271063.

population growth or decline, federal or local government responses to reduced MHSA funding, and broader social changes that affect population mental health. Importantly, the annual impact of reduced funding is likely to vary. It may, for instance, have an initially small influence that grows over time, mirroring the MHSA's initial effect on suicides.

The overall impact masks notable differences in the likely outcomes across demographic groups. For example, the 2022 study reported disproportionately large effects on the female suicide rate compared to the male rate; MHSA funding reductions are likely to jeopardize that progress. They would also undermine relative improvement among males, who are far more likely than females to inflict fatal self-harm. While the study found little impact difference across racial and ethnic groups, it found considerable variability by age. MHSA had pronounced effects among adults between 55 and 64 years old and 65 and over. Consequently, funding reductions are reasonably likely to reduce MHSA's impact among older adults who, like males, have elevated suicide mortality.

Finally, the 2022 study did not quantify MHSA's impact on the substance abuse mortality rate but reported suggestive evidence that the law reduced deaths below the number that would have occurred without it. MHSA funding reductions could likewise jeopardize those improvements.

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