





Factors influencing policymaker decision making in the behavioral health-related legislative process: A scoping review

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ABSTRACT

Behavioral healthcare treatments are effective, yet access remains limited across the country. Policymakers are in a unique position to close coverage gaps, but most behavioral health-related legislation fails. Past research has examined ways to influence legislator voting, but knowledge is limited regarding factors influencing the behavioral health legislative process. Thus, a scoping review of peer-reviewed literature was conducted using 16 databases and Google Scholar. Results indicated that internal characteristics of the policymakers as well as external forces in their environments influenced the behavioral health-related legislative process. These results provide important implications for those who want to improve behavioral health policy.

KEYWORDS

Behavioral health; decision making; influence; policymaker; scoping review

The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined behavioral health in the past as “...the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities” (2014b, p. 1). SAMHSA’s definition covers three critical components to behavioral health-care: maintaining health, accessing treatment, and receiving support in recovery. However, the majority of people with behavioral health concerns do not receive treatment, largely due to limitations involving engagement with services and access to care (Mental Health in America [MHA], 2021; SAMHSA, 2021). Most notably, results from the National Survey on Drug Use and Health (NSDUH) showed that 58% of young adults (aged 18-25) and 54% of adults (aged 18+) with mental illness received no mental health services in 2020. Further, of the 35.4 million individuals over the age of 12 with a substance use disorder (SUD) in the past year, only 6.5% (2.3 million) received any substance use treatment in 2020 (SAMHSA, 2021). The statistics above suggest that a

significant number of people have behavioral healthcare needs that are not currently being met in this country.

Current behavioral health treatment gaps could be related to attitudes on healthcare. For example, most Americans prioritize physical healthcare above mental healthcare (Matschinger & Angermeyer, 2004; Maust, Moniz, Zivin, Kales, & Davis, 2015; McSween, 2002; Smith, Damschroder, Kim, & Ubel, 2012), which may result in an underutilization of services. Further, recent federal policies and budget allocations also emphasize physical healthcare. Allocations for mental healthcare are a small percentage of the overall healthcare budget, estimated at 6% of overall healthcare spending in 2016 (Commonwealth Fund, 2022). This percentage was declining over time pre-pandemic (Mark, Levit, Yee, & Chow, 2014; SAMHSA, 2014a), despite data indicating a consistent return on investment (National Association of State Mental Health Program Directors, 2012). Increased national attention to mental health during the COVID era has resulted in new attention to this issue, such as a 2022 initiative by the Department of Health and Human Services to allocate \$35 million in funding to expand community mental health and suicide prevention for children and young adults (SAMHSA, 2022). Also, President Biden's proposed 2023 budget, as submitted to Congress, requested that lawmakers increase funding for behavioral health, including mental health workforce development, improving access to mental health in Medicaid, Medicare, and the private insurance market, as well as application of the Mental Health Parity and Addiction Equity Act to Medicare (Morse, 2022). However, despite increased attention and efforts such as the Affordable Care Act and the Mental Health Parity and Addiction Equity Act, mental healthcare allocations continue to be limited (Commonwealth Fund, 2022), and insurance benefits for mental health continue to be more restrictive than those for physical health benefits in the current policy landscape (Xu, Song, Li, & Retchin, 2019; Zhu, Zhang, & Polsky, 2017).

Policymakers at the state and federal levels have the power to address these limitations and close existing behavioral healthcare gaps through the policymaking process (World Health Organization [WHO] et al., 2008), but the vast majority of behavioral health-related bills and appropriations fail to pass (LegiNation, 2020). While not all behavioral health-related bills fail—and not all behavioral health-related bills that pass are useful to those with behavioral health issues—gaps in behavioral healthcare remain. Improving behavioral health policy outcomes is critical to addressing these gaps, and understanding, which factors influence behavioral health-related legislative processes could assist advocates in future efforts.

Legislative factors influencing policymaker decision making

Before specifically examining research related to behavioral health, we looked at literature outlining internal and external factors that affect the voting of individual legislators. Internal factors are characteristics of individual policymakers that may impact the policy process. First, a policymaker's ideology heavily influences their voting (Kau & Rubin, 1982; Levitt, 1996), especially on controversial issues such as the Affordable Care Act (Shor, 2018), abortion (Chressanthi, Gilbert, & Grimes, 1991), and substance use (Cohen et al., 2002). Second, policymaker demographics and identity characteristics relate to their voting behavior. For example, gender impacts policymaker voting, specifically on bills related to social welfare (Poggione, 2004), economic policies (Hogan, 2008), and legislation with topics traditionally seen as "women's issues" (Swers, 1998). Similarly, race has been associated with liberalism (Montgomery & Nyhan, 2017) and influences bill sponsorship on issues related to education and social welfare (Bratton & Haynie, 1999). Finally, a policymaker's religious affiliation (e.g., Oldmixon & Calfano, 2007; Washington, 2008), age, and education level (Rocca, Sanchez, & Uscinski, 2008) all relate to their voting behavior.

External and contextual factors also influence policymaker voting. First, public opinion affects voting (e.g., Butler & Nickerson, 2011; Page & Shapiro, 1983), especially the opinions of a policymaker's own constituency (Bartels, 1991; Butler & Nickerson, 2011). Second, overlapping with ideology, political party affiliation impacts voting (Cox & Poole, 2002; Davidson, Oleszek, Lee, & Schickler, 2013; Snyder & Groseclose, 2000), most notably on issues related to substance use (Cohen et al., 2002), social welfare (Barrett & Cook, 1991), and the passage of mental health-related bills (Author, 2021). Third, the presence of related research affects policy development (Goldstein, 2009; Humphreys & Piot, 2012), as policymakers may use data to assess policy (e.g., Dodson et al., 2013). Fourth, advocacy efforts influence legislative decision-making (Bergan & Cole, 2015; Bergan, 2009) and are critical to all stages of the policy process (Howe, Sweet, & Bauer, 2010). Finally, forms of media influence policy change (Dorfman & Krasnow, 2014; Wallack, Woodruff, Dorfman, & Diaz, 1999) as they draw the public's attention to specific issues, often forcing policymakers to act (Buse, Mays, & Walt, 2005; Sample & Kadleck, 2008).

Study purpose and aims

While past research has examined factors that may influence policymaker decision-making in general, behavioral health-related legislative processes may be unique. Developing a deeper understanding of factors that specifically influence behavioral health-related policy processes could (1) aid future advocacy efforts when attempting to influence voting outcomes, and ultimately (2)

Table 1. Scoping Review Search Terms.

Search Term Constructs			
Influence	Legislator	Decision making	Behavioral health
Influenc*	Legislat*	Vot*	"Behavioral health"
Impac*	"Policy maker"	Behavior	"Mental illness"
Affect*	Policymaker	"Decision making"	"Mental health"
	Politician		"Substance abuse"
	Representative		"Substance use"
	Lawmaker		"Drug use"
			"Drug abuse"

Note. * = wildcard character representing one or more other characters in a word during a search string (e.g., vot* = vote, voter, voting, etc.). Quotations were used to capture entire phrases in searches rather than single words in a phrase (e.g., "mental illness" rather than "mental" and "illness").

assist in increasing access to care for individuals with behavioral health concerns. Thus, the purpose of this scoping review is to provide a thorough examination and synthesis of recent literature regarding legislative factors influencing behavioral health-related legislative processes, with a particular focus on policymaker decision-making.

Methods

Search strategy

The current study used a scoping review as its methodology. Scoping reviews are ideal when seeking to identify and map the coverage and available evidence on a certain topic (Arskey & Anderson, Allen, Peckham, & Goodwin, 2008; Arksey & O'malley, 2005), as opposed to a systematic review, which typically attempts to provide an appraised and synthesized answer to a specific clinical question regarding the effectiveness of a particular treatment or practice (Munn et al., 2018). Further still, scoping reviews are different from typical literature reviews in that they aim to be reproducible and transparent as well as extract data in a structured way, typically informed by a protocol (Peters et al., 2015). Thus, a scoping review of peer-reviewed literature was conducted, guided by a framework from the previous literature: (1) identify the research question(s); (2) identify relevant studies; (3) study selection; (4) chart the data; (5) collate, summarize, and report the results (Arksey & O'malley, 2005; Levac, Colquhoun, & O'brien, 2010).

Searches were completed using (1) seven databases in the ProQuest platform, (2) eight databases in the EBSCO Host platform, (3) Clarivate's Web of Science, and (4) Google Scholar. All searched databases included fields related to behavioral health, political science, or social welfare. In each database search, variations of four key search term constructs (i.e., influence, policymaker, decision-making, and behavioral health) (Table 1) were included and integrated into similar

Boolean phrases that were reviewed and vetted by a university librarian. See [Appendix A](#) for the detailed search strategy. Inclusion criteria for initial searches consisted of articles that were peer-reviewed, empirical (qualitative or quantitative in their findings), featured American policymakers, were published in English between the years 2012–2022, and were closely related to behavioral health. Because behavioral health overlaps significantly with many other topics, the inclusion or exclusion of related articles was based on the author's social work and policy-related experiences and feedback from other experts. For example, literature discussing policymaker decision-making on topics deemed more loosely related to behavioral health was not included (e.g., abortion, firearms, restorative justice, and domestic violence), while topics deemed more closely connected were included (i.e., early childhood care affecting mental health, Medicaid expansion, and social sciences).

Study selection

Initial searches using the aforementioned platforms and key terms yielded 837 total abstracts to be reviewed as the study's sampling frame. After duplicate articles, legal documents, books, book chapters, dissertations, international works, non-peer reviewed articles or reports (only an issue in Google Scholar), non-empirical studies, and irrelevant PDFs were excluded using the abstracts, 87 remained for analysis. After a full review of each, 10 articles featuring findings related to influences of policymaker voting during behavioral health-related policy processes were selected for inclusion. See a visual description of this process in [Figure 1](#).

Results

Ten articles were selected as the current study's sample. Studies ranged in date from 2012 to 2022 and contained legislative topics related to behavioral health, including Adverse Childhood Experiences (ACEs) prevention, autism, smoking restrictions, care in early childhood, mental health parity, Medicaid expansion, and substance use (i.e., e-cigarettes and opiate use during pregnancy). Both quantitative and qualitative research designs were represented, with methodologies such as case studies, semi-structured interviewing, time-to-event analysis, content analysis (i.e., thematic, qualitative, quantitative), audience segmentation and Latent Class Analysis, Latent Dirichlet Allocation, etc. The study samples included policymakers, bills, speeches, and other documentary evidence. See [Table 2](#) for a detailed breakdown of the authors, titles, legislative topics, methodologies, and key influences of legislative processes found in each of the 10 articles.

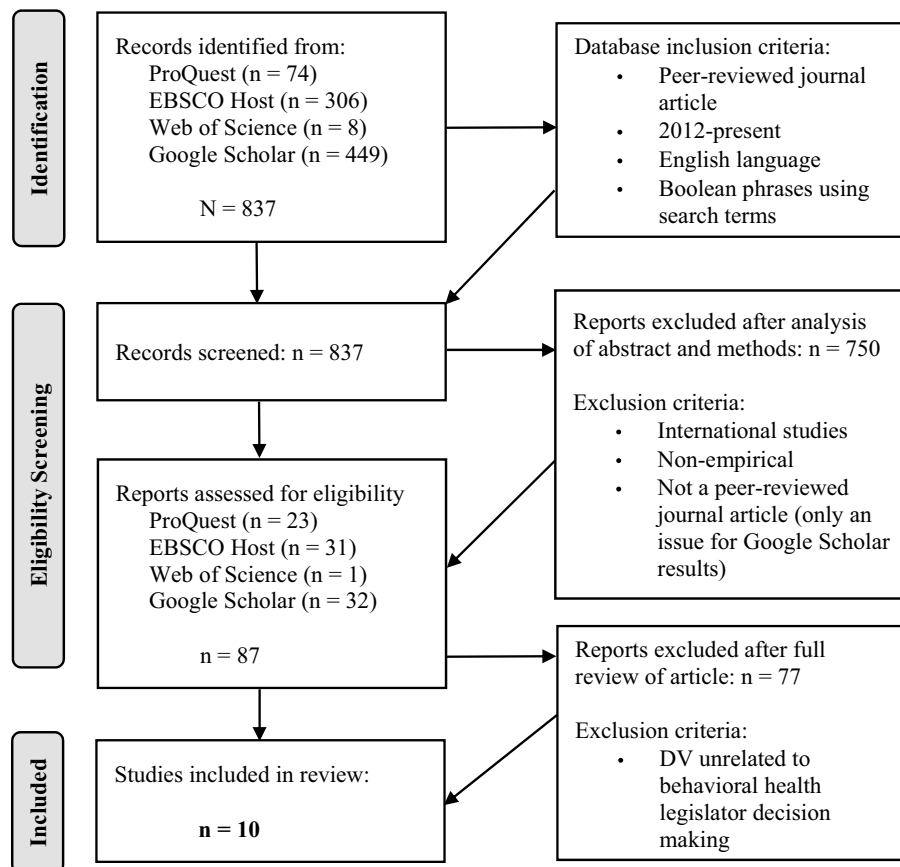


Figure 1. Flowchart: Article Selection Process. Note. Flowchart guided by Page et al. (2021).

Factors influencing policymaker decision making

The influences of policymaker decision-making found in the articles were both internal and external to the individual policymakers. Internal influences associated with policymaker behavior included policymaker characteristics such as committee memberships, educational attainment, ethnicity, gender, geographic location, history of public discourse, ideology, length of tenure, marital status, mental illness stigma, personal perceptions and policy priorities, religion, and veteran status. Alternatively, influences external to individual policymakers included advocacy coalitions, bill text and topic, budgetary and economic impacts, current markets, electoral considerations (term limits and election year), interest groups, legislative chamber party majorities, level of government, lobbying, past and present policies, political party affiliations, preemption, previous effectiveness of bill sponsor, public opinion (personal stories and ideologies of constituents and other citizens), research, and task-force recommendations. Finally, a theory of the policy process—the social construction of target populations (SCTP)—was discussed in an article as a factor explaining legislator decision-making. See Figure 2 for the frequency distribution of influences found in the sample.

Table 2. Past Research Examining the Influences of Policymaker Decision-Making on Behavioral Health-Related Legislation.

Author(s) & Year	Title	Topic	Methods	Samples	Key Variable(s)	Key Factor(s)
Authors (2021)	<i>The impact of structural stigma and other factors on state mental health legislative outcomes during the Trump administration</i>	<ul style="list-style-type: none"> Mental health 	<ul style="list-style-type: none"> Quantitative content analysis 	<ul style="list-style-type: none"> State-level bills Bill sponsors 	<ul style="list-style-type: none"> Bill outcomes 	<ul style="list-style-type: none"> Bill text Party majority status Political party affiliation
Chang (2019)	<i>Social construction, knowledge utilization, and the politics of poverty: A case study of Washington state's general assistance reform</i>	<ul style="list-style-type: none"> General assistance programs for poor adults 	<ul style="list-style-type: none"> Thematic content analysis 	<ul style="list-style-type: none"> Videos & documents of the legislative process in Washington State Legislature 	<ul style="list-style-type: none"> Policymaker decision-making and discourse 	<ul style="list-style-type: none"> Ideology shaped by the social constructions of target populations (SCTP)
Cox, Barry, and Glantz (2016)	<i>E-cigarette policymaking by local and state governments: 2009–2014</i>	<ul style="list-style-type: none"> E-cigarettes 	<ul style="list-style-type: none"> Case studies Interviews 	<ul style="list-style-type: none"> Documentary evidence Policymakers 	<ul style="list-style-type: none"> Policymaker decision-making & discourse Bill outcomes 	<ul style="list-style-type: none"> Advocacy coalitions Interest groups Lobbying Level of government
Crowley et al. (2022)	<i>Legislating to prevent adverse childhood experiences: Growth and opportunities for evidence-based policymaking and prevention</i>	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACEs) 	<ul style="list-style-type: none"> Mixed methods 	<ul style="list-style-type: none"> State-level bills Bill sponsors 	<ul style="list-style-type: none"> Policymaker decision-making & discourse Bill outcomes 	<ul style="list-style-type: none"> Educational attainment Ethnicity Gender* History of public discourse Marital status Political party affiliation Veteran status
Flagg (2016)	<i>Medicaid expansion: A tale of two Governors</i>	<ul style="list-style-type: none"> Medicaid expansion 	<ul style="list-style-type: none"> Case study Content analysis 	<ul style="list-style-type: none"> Two Governors Speeches & documents Semi-structured interviewing of relevant actors 	<ul style="list-style-type: none"> Policymaker decision making 	<ul style="list-style-type: none"> Advocacy coalitions Economics Electoral concerns Existing programs Ideology Political party affiliation Personal experience Religion

(Continued)



Table 2. (Continued).

Author(s) & Year	Title	Topic	Methods	Samples	Key Variable(s)	Key Factor(s)
Park and Hassairi (2021)	<i>What predicts legislative success of early care and education policies?: Applications of machine learning and natural language processing in a cross-state early childhood policy analysis</i>	<ul style="list-style-type: none"> • Early childhood care • Education 	<ul style="list-style-type: none"> • Latent Dirichlet Allocation 	<ul style="list-style-type: none"> • State-level bills • Bill sponsors 	<ul style="list-style-type: none"> • Bill outcomes 	<ul style="list-style-type: none"> • Bill text • Bill topic • Past effectiveness as a bill sponsor • Policy priorities
Purtle et al. (2018) ^a	<i>Audience segmentation to disseminate behavioral health evidence to legislators: An empirical clustering analysis</i>	<ul style="list-style-type: none"> • Mental health parity 	<ul style="list-style-type: none"> • Audience segmentation (empirical clustering) • Latent Class Analysis 	<ul style="list-style-type: none"> • State legislators 	<ul style="list-style-type: none"> • Policymaker decision making 	<p>Factors influencing segment membership:</p> <ul style="list-style-type: none"> • Budget impact • Educational attainment • Gender • Geography • Health committee membership • Ideology (social & fiscal) • Mental illness stigma • Length of tenure • Past bill sponsorship • Personal perceptions • Policy priorities • Political party affiliation • Research <p>Factors influencing parity law support:</p> <ul style="list-style-type: none"> • Health committee membership • Political party affiliation • Segment membership • Social ideology

(Continued)

Table 2. (Continued).

Author(s) & Year	Title	Topic	Methods	Samples	Key Variable(s)	Key Factor(s)
Rithey and Nicholson-Crotty (2015)	<i>Blue ribbon' commissions, interest groups, and the formulation of policy in the American states</i>	<ul style="list-style-type: none"> Autism 	<ul style="list-style-type: none"> Cox proportional hazards model 	<ul style="list-style-type: none"> Task recommendations State-level bills with Autism insurance mandates 	<ul style="list-style-type: none"> Policymaker decision making Taskforce recommendations Bill outcomes 	<ul style="list-style-type: none"> Current (insurance) Taskforce recommendations Past policies
Tung, Vernick, Stuart, and Webster (2014)	<i>Political factors affecting the enactment of state-level clean indoor air laws</i>	<ul style="list-style-type: none"> Smoking restriction Clean indoor air 	<ul style="list-style-type: none"> Observational study Time-to-event analysis 	<ul style="list-style-type: none"> State-level bills 	<ul style="list-style-type: none"> Bill outcomes 	<ul style="list-style-type: none"> Citizen ideology Past policies Preemption Term limits
Woodruff and Roberts (2019)	<i>"Alcohol during pregnancy? Nobody does that anymore": State legislators' use of evidence in making policy on alcohol use in pregnancy</i>	<ul style="list-style-type: none"> Opiate use during pregnancy 	<ul style="list-style-type: none"> Qualitative content analysis Semi-structured interviews 	<ul style="list-style-type: none"> State legislators and aides 	<ul style="list-style-type: none"> Policymaker decision making 	<ul style="list-style-type: none"> Constituent stories Stakeholders

Note. ^a Empirical clustering was used to identify legislator segments comprised of variables related to legislator behavioral health voting behavior. Those segments were then analyzed using regression models to find factors affecting support for behavioral health parity laws. * = Gender was associated with bill sponsorship.

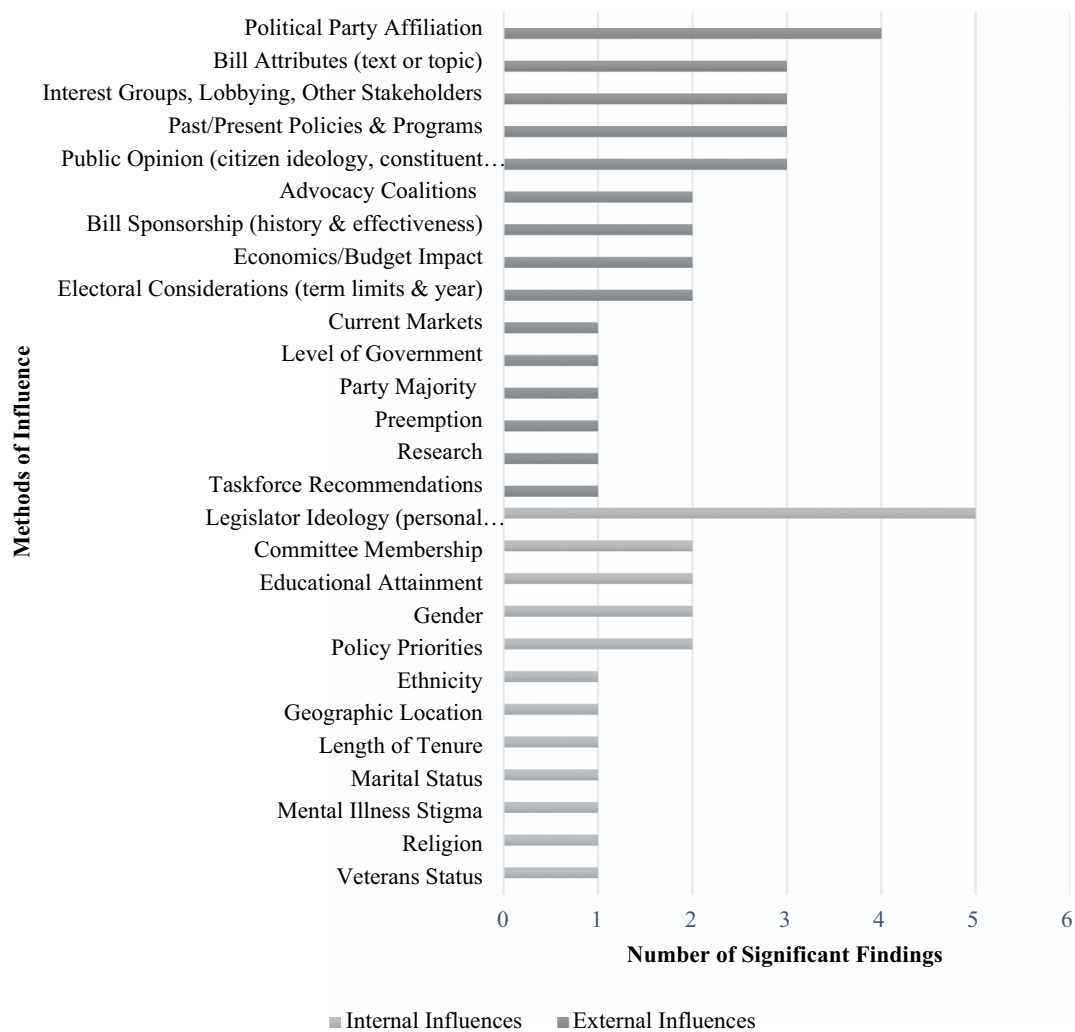


Figure 2. Factors influencing Policymaker Decision Making on Behavioral Health-related Legislation.

Discussion

Utilizing a variety of research platforms, databases, search terms, and inclusion criteria, this review uncovered 10 articles discussing factors that influence behavioral health-related policymaker decision-making in American samples. Topics were varied, yet all related to behavioral health in some fashion. Further, influences to voting behavior were both internal and external to individual policymakers.

Internal factors influencing policymaker decision making

Consistent with past research, the identity characteristics of each individual policymaker were related to their voting behavior on behavioral health-relevant legislation (e.g., Levitt, 1996; Montgomery & Nyhan, 2017;

Poggione, 2004; Rocca, Sanchez, & Uscinski, 2008; Washington, 2008). For example, Flagg (2016) found that the personal experiences, electoral concerns, and religious attitudes of two Governors affected their support or opposition of Medicaid expansion. Further, Crowley et al. (2022) found that policymakers identifying as a veteran, married, Latinx, and/or having achieved higher educational attainment were more likely to vote for ACEs-related legislation. The authors also found that females and/or legislators with higher educational attainment were more likely to sponsor ACEs legislation. As a final example, Purtle et al. (2018) used audience segmentation and latent class analysis to identify and create three legislator segments of behavioral health support (i.e., action-oriented supporters, passive supporters, and budget-oriented skeptics with stigma) comprised of variables related to legislator behavioral health decision-making. Those segments were then analyzed to find predictors of support for behavioral health parity laws. The authors found that “action-oriented supporters” were more likely to be disproportionately female, hold behavioral health as a policy priority, represent areas outside the south, and hold memberships in health committees, as well as have longer lengths of tenure and higher educational attainment. Conversely, “budget-oriented skeptics” were more likely to be conservative, represent the south, and identify as disproportionately male, as well as have lower educational attainment, less time in the legislature, lower rates of health committee membership, and higher rates of mental illness stigma. The authors also found that legislators identifying as members of a health committee, moderate or liberal in social ideology, and/or members of either “supporter” audience segment were more likely to support mental health parity laws.

While internal influences to a legislator’s decision-making are clearly important, advocates cannot seek to affect change in the majority of them, particularly a legislator’s identity characteristics (e.g., gender, ethnicity, education, marital status, and religion). These results help to understand which legislators are likely to support behavioral health policy, but more remains to be understood about why these factors are connected. Research and practice implications exist for both advocates who are engaging with individual legislators as well as those who are working in the electoral realm to recruit and support candidates in running for office.

Theoretical factors influencing policymaker decision making

Aside from demographics, Chang (2019) found that how policymakers socially construct certain target populations influences their ideology and decision-making; in this study, the target population was those experiencing poverty and seeking medical assistance. SCTP is a framework suggesting that certain target populations in the policy arena (e.g., those with behavioral health

concerns) are considered favorable or unfavorable based on how they are socially constructed, and thus, receive benefits or burdens depending on those constructions (Schneider & Ingram, 1993). Policy design theory expands this idea, positing that the social construction of overall populations leads to the social construction of policymakers, which in turn leads to a socially constructed policy design (Schneider & Ingram, 2005). The utility of these ideas was supported in Chang (2019): how policymakers socially constructed those experiencing poverty (deserving of help versus undeserving) affected their voting on bills attempting to provide medical assistance to individuals (including those with mental illnesses and/or SUDs).

External factors influencing policymaker decision making

External factors also affected policymaker voting behavior, consistent with past research (e.g., Bergan & Cole, 2015; Butler & Nickerson, 2011; Davidson, Oleszek, Lee, & Schickler, 2013; Goldstein, 2009). For example, Park and Hassairi (2021) found that the bill text and topic of early childhood education bills affected bill outcomes, but more importantly, that past legislator effectiveness strongly predicted bill passage, “Highly effective legislators who previously passed five or more ECE bills had an extremely high probability of sponsoring their legislation to enactment regardless of topic” (p.28). Further, Cox, Barry, and Glantz (2016) found that anti-e-cigarette policymaking was more successful when introduced by local governments and championed by advocacy coalitions comprised interest groups such as voluntary health organizations and health departments. On the other hand, the authors also found that pro-e-cigarette interest groups, including cigarette companies and lobbyists, were able to weaken and/or defeat certain anti-cigarette policies, particularly at the state level. As a final example, Democrats were more likely to support and/or sponsor behavioral health-related legislation (Crowley et al., 2022; Purtle et al., 2018). Conversely, in Authors (2021), mental health bills were more likely to pass if they contained structurally stigmatic bill text and/or were sponsored by Republicans or members of the party majority. This discrepancy could be explained by the difference in dependent variables (bill passage vs. bill support) as well as the potential mediation of party majority; the success of Republicans in getting mental health-related bills passed in Authors (2021) could have been due to Republicans holding many party majorities across state legislatures at the time of data collection.

Theories such as agency theory may provide a pathway in understanding why the above external influences were found to affect policymaker decision-making. Gohmann and Ohsfeldt (1990) describe agency theory as policymakers voting in response to the influence of interested groups, including the public. If policymakers act as representatives, delegates, or “agents” on behalf of their constituency, their voting behavior should reflect their

constituents' preferences. While agency theory is useful, it neglects to factor in the influence of politics on decision-making. Mayhew (1974) argues that reelection is the main force behind a policymaker's behavior, an idea that is supported in the current review, as policymakers were affected by electoral considerations such as term limits, election year, and citizen ideology (Flagg, 2016; Tung, Vernick, Stuart, & Webster, 2014).

Limitations

Although this review makes a unique contribution to the body of literature regarding policymaker voting behavior, the study's limitations should be noted. First, while the above implications are important, most studies found in this review were behavioral health-related (not behavioral health-specific), as empirical research related to behavioral health-specific legislation was extremely limited using the aforementioned inclusion criteria. Therefore, future researchers should (1) include those written before 2012 and those with international samples and/or (2) conduct original studies examining the influences on behavioral health-specific legislative processes. Second, the current study chose search terms related to behavioral health legislative processes, particularly policymaker voting behavior; however, search terms related to policy outcomes (e.g., bill outcomes, bill passages/enactments, or bill failures) are also important and are slightly different, as not all policymakers vote in every roll-call, and a policymaker's vote may not match the majority vote in a bill's outcome. Thus, future research should include all of the above as search terms.

Implications

Electoral implications

This scoping review suggests that identity characteristics such as gender, education, ethnicity, and ideology are important in understanding legislator decision-making. Clearly, these are not variables that can be affected by those wishing to influence behavior during the policy process, so changing the makeup of a legislative body must be addressed through the electoral process. Stakeholders in behavioral health policy, including advocates and constituencies who are directly affected, should consider supporting diverse candidates for legislative positions through the nomination and electoral processes. Advocates for behavioral health may want to collaborate with grassroots groups from communities that are likely to support behavioral health interventions. For example, since gender, ethnicity, and education are relevant to support for behavioral health, behavioral health advocates can connect with organizations such as She Should Run (sheshouldrun.org), a nonpartisan

organization that supports women in running for public office, or the Collective PAC (collectivepac.org) which supports Black candidates. Given that education is a factor, organizations that specifically train those with training in social work like the Campaign School for Social Workers (politicalinstitute.uconn.edu) may be another excellent source of collaboration.

Advocacy implications

Advocates should pay attention to internal policymaker attributes when attempting to influence voting behavior on certain bills. These variables can be helpful in targeting specific legislators for their support of behavioral policy initiatives, particularly those who have past success in sponsoring and passing these bills, or are newly elected and may not have a track record of positions on behavioral health as of yet. For example, if members of a particular group are more likely to support behavioral health, what can advocates do to target, educate, and support those individuals?

Alternatively, advocacy is not just about targeting new or past policy supporters. Advocates must also attempt to influence legislators who have remained silent on behavioral health-related issues in the past, or even opposed behavioral health-related bills. For example, if advocates are already in touch with those who are traditional supporters, creating relationships with those who have not historically supported behavioral health may be a long-term strategy to create a more bipartisan, diverse coalition of legislative champions. Working with those who are traditionally less likely to support behavioral health can have the added benefit of transforming the narrative or legislative social construction surrounding an issue or population.

Advocates should also pay attention to certain external influences that may be affecting policymaker voting, such as advocacy coalitions, interest groups, political parties, public opinion (to include the personal stories of constituents), research, and lobbying. Advocates can insert themselves strategically into relevant coalitions or interest groups as well as target certain policymakers and populations with their advocacy campaigns. Similar to the above, if Democrats in an advocate's target legislature tend to vote favorably on behavioral health-related bills, efforts to strengthen those existing relationships should go hand in hand with efforts to work with members of the Republican Party, particularly if they are in the majority, who could be influential in getting a bill passed. These efforts require a long-term commitment to education and combating stigma. In addition, much work is left for researchers to examine the reasons why these factors, both external and internal, are connected with behavioral health decisions by legislators and discover where change can most efficiently be affected.

Disclosure statement

No potential conflicts of interest were reported by the authors.

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Appendix

Appendix A

Table A1. Scoping Review Search Strategy.

Platform	Database(s)	Boolean Phrase	Results
ProQuest	(1) ASSIA (2) Health & Medical Collection (3) Healthcare Administration Database (4) Nursing & Allied Health Database (5) PAIS Index (6) Political Science Database (7) Psychology Database (8) Public Health Database (9) Social Science Database (10) Sociological Abstracts (11) Sociology Database	(Influenc* OR impact OR affect*) AND ("legislat* vot*" OR "legislat* decision- mak*" OR "policy maker vot*" OR "policy maker decision-mak*" OR "policymaker vot*" OR "policy maker decision-mak*") AND ("behavioral health" OR "mental illness" OR "mental health" OR "substance abuse" OR "substance dependence" OR "substance use" OR "drug use" OR "drug abuse")	74
EBSCO Host	(1) CINAHL Plus (2) APA PsycArticles (3) APA PsycInfo (4) Academic Search Ultimate (5) Health Source: Consumer Edition (6) Health Source: Nursing/Academic Edition (7) Military & Government Collection	(Influenc* OR impact OR affect*) AND ("legislat* vot*" OR "legislat* decision- mak*" OR "policy maker vot*" OR "policy maker decision-mak*" OR "policymaker vot*" OR "policy maker decision-mak*") AND ("behavioral health" OR "mental illness" OR "mental health" OR "substance abuse" OR "substance dependence" OR "substance use" OR "drug use" OR "drug abuse")	306
Web of Science	—	(Influenc* OR impact OR affect*) (All Fields) and (legislat* NEAR/2 vot*) OR (legislat* NEAR/2 "decision making") OR ("policy maker" NEAR/2 vot*) OR (policymaker NEAR/2 vot*) OR ("policy maker" NEAR/2 "decision making") OR (policymaker NEAR/2 "decision making") (Topic) and ("behavioral health" OR "mental illness" OR "mental health" OR "substance abuse" OR "substance dependence" OR "substance use" OR "drug use" OR "drug abuse") (All Fields)	8
Google Scholar	—	("legislator voting" OR "legislative decision- making" OR "policy maker voting" OR "policy maker decision-making" OR "policymaker voting" OR "policy maker decision-making") AND ("behavioral health" OR "mental illness" OR "mental health" OR "substance use")	449

Note. Filters included journal articles that were (1) peer-reviewed, (2) from 2012-present, (3) and in the English language (only the timeframe filter was available for Google Scholar).

=wildcard character that represents one or more other characters in a word during a search string (e.g., vot = vote, voter, voting, etc.). Quotations were used to capture entire phrases in searches rather than single words in a phrase (e.g., "mental illness" rather than "mental" and "illness").