

PSYPACT EXPLANATION

PSYPACT is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state lines.

The Association of State and Provincial Psychology Boards (ASPPB) approved PSYPACT in 2015. PSYPACT aims to improve mental health services by promoting professional mobility for psychologists.

Licensed psychologists can become certified through PSYPACT once their state has joined PSYPACT. They can apply for an Authority to Practice Interjurisdictional Telepsychology (APIT) and an E. Passport certificate through the ASPPB. These certificates allow teletherapy practice across state lines and with clients in other PSYPACT states.

Psychologists can also apply for an interjurisdictional practice certificate (IPC) to provide temporary, in-person, face-to-face clinical services in PSYPACT participating states. An IPC allows psychologists to practice psychology for up to 30 days per year in PSYPACT states without obtaining additional licenses.

To protect the public, PSYPACT certifies that psychologists have met acceptable standards of practice. PSYPACT also provides its participating states with mechanisms to address disciplinary issues that occur across state lines.

PSYPACT increases access to readily available mental health care. During COVID-19, psychologists used telehealth to respond to their increased demand. PSYPACT allows them to continue their virtual practice, while reaching rural or underserved areas. It facilitates continuity of care for patients who travel out of state, allowing them to maintain access to their established provider.

GENERAL BENEFITS OF PSYPACT

For Psychologists:

- Increased Flexibility and Expanded Practice
 - Psychologists can travel or relocate to another PSYPACT state and continue their practice. They can also practice in multiple states without having to maintain licensure in those states, which can be an administrative and cost burden.

For Clients:

- Larger Provider Selection
 - A larger pool of psychologists should aid in finding a specialist as needed.

For States:

- Increased Access to Services in Remote and Rural Areas
 - Virtual teletherapy allows people in remote or rural areas to access providers or services that are lacking.

RESOURCES USED

- PSYPACT Legislative Testimony: [psypact_legislative_testimon.pdf](#)
- PSYPACT States: A State-by-State Guide: [PSYPACT States: A State-by-State Guide | Psychology.org](#)
- PSYPACT: The Psychology Interjurisdictional Compact and What it Means for Psychologists: [PSYPACT: The Psychology Interjurisdictional Compact and What It Means for Psychologists ♦ OnLabor](#)

2025 STATE LEGISLATIVE SESSION:

- HB839: [Measure Status Details for HB 839](#)
 - On January 23, 2025, HB839 was introduced, passed first reading, and referred to the Health (HLT), Consumer Protection & Commerce (CPC), and Finance (FIN) Committees.
 - HB839 never received a hearing in Committee.
 - SB32: [Measure Status Details for SB 32](#)
 - On January 15, 2025, SB32 was introduced and passed first reading.
 - On January 16, 2025, it was referred to the Health and Human Services (HHS)/Commerce and Consumer Protection (CPN), and Ways and Means (WAM)/Judiciary (JDC) Committees.
 - SB32 never received a hearing in Committee
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MENTAL HEALTH CARE STATISTICS

UHERO: [“Hawaii’s Health and Wellbeing Journey Over Time – Monitoring Equity and Access”](#) (May 21, 2025)

- **“Escalating Barriers to Mental Healthcare:** The proportion of adults missing needed mental health care rose sharply – from 5% in mid-2023 to 22% by late 2024. Among young adults aged 18-34, the rate jumped to 39%.” (pg. 1)
- **“Widespread Healthcare Access Barriers:** In mental healthcare, 68% reported barriers to therapy, 50% to psychiatrists, and 31% to urgent care services.” (pg. 1)

“The most commonly reported barriers to mental healthcare were also related to providers (70%), followed by cost (52%) and time (21%) and transportation-related (5%) barriers” (pg. 12)

“The most robust difference across age groups affects urgent mental healthcare. Younger respondents aged 18-34 report substantially higher rates of barriers to urgent mental healthcare are consistently most common among NHPI [Native Hawaiian and Pacific Islander] and Latinx, Black and Native American respondents (“other race/ethnicity”). Respondents from households below the poverty line also report barriers to access to urgent mental healthcare more frequently across most survey waves. Between-group differences by age, race/ethnicity and poverty status are less clear for access to psychiatrists and therapy/counseling services.” (pg. 15)

UHERO: [“From Crisis to Recovery: Health and Resilience Two Years After the Maui Wildfires”](#) (June 18, 2025)

- **For Adults:** “Depressive symptoms remain widespread in the community. Half (49.6%) of MauiWES participants screen positive for some level of depression, with 9.5% meeting the threshold for severe symptoms. These figures represent a substantial increase over pre-fire benchmarks: in UHERO’s Maui sample, only 28.3% had depressive symptoms, and just 5.8% were in the severe range.” (pg. 9)

“Among MauiWES participants, 26% experience moderate to severe anxiety, with nearly 12% in the severe category. This is more than 10 times higher than the pre-fire UHERO Maui severe anxiety rate of 1.6%, and well above the 2.1% statewide rate...These elevated anxiety levels—still present up to 18 months after the disaster—point to the need for sustained support and trauma-informed mental health care.” (pg. 9)

“Self-esteem, a critical buffer against chronic stress and mental illness, has also declined post-disaster. In the MauiWES cohort, 21.5% of participants report low self-esteem—significantly higher than pre-fire levels of 15% in Maui and 13% statewide.” (pg. 9)

“Rates of suicidal thoughts have more than quadrupled since before the fires. In the past month, 4.2% of MauiWES adults reported seriously considering suicide. This is a sharp increase from the UHERO Maui baseline of 0.8% and the statewide rate of 1.2%...These findings call for continued investment in suicide prevention strategies, peer support networks, and culturally responsive crisis services accessible across the island.” (pg. 9)

- **For Youth:** “Nearly two years after the fires, Maui’s youth are still carrying a heavy emotional burden... Across the full child cohort, 22% of children report severe depressive symptoms, with another 28% showing mild to moderate levels. Only 49% show no or minimal symptoms.” (pg. 18)

“PTSD remains widespread among children, with only 54.8% overall reporting little or no symptoms. Around 30% show mild PTSD symptoms, while 10.8% meet clinical thresholds for PTSD and 4.3% for severe PTSD.” (pg. 18)

“Nearly 30% of children screen positive for a probable anxiety disorder. Rates are especially high among Asian (37%), Filipino (36.9%), and Hispanic/Latino (33.3%) youth. Native Hawaiian/Pacific Islander children report the lowest anxiety burden (24%), although this still represents nearly 1 in 4 youth.” (pg. 18)

“Low self-esteem is prevalent across all groups. Nearly one-quarter (23%) of children report low self-worth.” (pg. 18)

Journal of the American Medical Association, [“Increases in Suicides and Overdoses During the 2023 Wildfires in Maui, Hawai‘i”](#) (August 6, 2025)

- “Results show that the 2023 Maui wildfires had immediate effects on suicide and overdose deaths in Maui and across the Hawaiian Islands broadly. The latter finding suggests that direct exposure to the wildfires may have increased risk of suicide and overdose death among Maui residents who migrated to neighboring islands during or after the fires. Indirect exposure to the wildfires (e.g. concerns for loved ones) may have also increased the risk of death from these causes on neighboring islands. **Study findings highlight the importance of rapidly deploying suicide and overdose prevention interventions during wildfire response and recovery phases and ensuring that interventions reach communities beyond areas directly impacted.**”
- The study showed that in August 2023, suicide and overdose death rates increased by 46% statewide. However, the impact was much greater in Maui, where there was a 97% increase in suicide and overdose deaths compared to prior months. When limiting their analysis to just suicides in August 2023, they found that the suicide rate was 182% higher in Maui than other islands in the state. ([New study links 2023 Maui wildfire to spike in suicide, overdose : Maui Now](#))