

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 32 Number 41
October 24, 2022
Print ISSN 1058-1103
Online ISSN 1556-7583

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A new study explores rates of mental health care follow-up within 7 and 30 days of a hospitalization or ER visit following a psychiatric crisis among youths and young adults with private insurance. The findings stress the need for accessible and appealing options for youth, like telehealth availability.

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Follow-up after hospitalization, ER use among youth, young adults explored

Although about half of Medicaid-insured youths and young adults receive outpatient mental health care follow-up, such follow-up is unknown among youths and young adults with private insurance. Researchers of a new study, published online in *Psychiatric Services*, set out to explore follow-up after hospitalization and emergency room (ER) visits among that population with private insurance.

Bottom Line...

Integration of primary and mental health care and scheduling appointments prior to leaving a hospital or emergency department may help achieve optimal follow-up rates, according to researchers.

The results of the new study, “Established Outpatient Care and Follow-Up After Acute Psychiatric Service Use Among Youths and Young Adults,” were unveiled during a virtual press briefing hosted by the American Psychiatric Association just ahead of APA’s Mental Health Conference, Oct. 13–14 in Washington, D.C.

In 2012, mental conditions and SUDs were among the top 10 reasons for teen hospitalization, and from 2009 to 2015, ER visits for mental health reasons increased by 56.4% among pediatric patients and by 40.8% among adults.

Researchers wanted to look at how often quality metrics are used for this young population after a psychiatric crisis, and making sure

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Trauma-focused project builds on role of faith communities in healing

The realization that faith communities have been an underutilized resource in healing individual and community trauma has fueled a fast-growing initiative co-led by the National Association of State Mental Health Program Directors (NASMHPD).

Harper Hill Global, an international communications organization that partners with governmental and faith-based initiatives, and NASMHPD this year launched Triumph Over Trauma, an effort to train faith communities in addressing trauma in their congregations. Individuals are trained to facilitate 7-week trauma groups in their communities, with the hope that these meetings will become as prominent at the local level as the substance

Bottom Line...

Triumph Over Trauma is being fueled by the idea that faith-based organizations have been a largely untapped resource in the effort to heal communities.

use recovery groups held in many places of worship.

“The initial connection with someone who is struggling is so important,” Joan Gillece, Ph.D., director of NASMHPD’s Center for Innovation in Health Policy and Practice, told *MHW*. “This speaks to the importance of engaging other community partners. It doesn’t have to be just the mental health system.”

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they follow-up with a provider, Brian Skehan, M.D., Ph.D., co-author and psychiatrist at the University of Massachusetts Chan Medical School, said during the briefing.

He noted that transition-age youth experience many unique factors, among them, insurance changes, increasing autonomy and self-reliance, issues accessing providers, substance use, and employment, school, and financial challenges.

“We see a transition from pediatric [providers] to adult providers, and many youths get lost during this transition,” Skehan said. Other issues may include the loss of supports from child-serving systems to adult-serving systems.

Additionally, young adults with serious mental illness may be delayed due to psychosocial development, i.e., they may not get to the pharmacy to pick up their medications, and they may have challenges interacting with insurers or with securing an appointment, Skehan noted.

Study design

Researchers looked at IBM MarketScan commercial database used to identify people ages 12 to 27 with a mental health hospitalization (95,193) or ER visits (108,576) between 2013 and 2018. “We looked at

quality measures for follow-up at 7 days and at 30 days,” said Skehan. Researchers defined outpatient care as greater than one outpatient visit in six months prior to presentation to an ER or a psychiatric hospital, he explained.

Results

Among youths and young adults, of those hospitalized, 42.7% received follow-up within 7 days and 67.4% did so within 30 days. Of those who visited the ER, 28.6% received follow-up within 7 days and 46.4% did so within 30 days. “As you can see, we’re far from the goal of making sure that everybody is getting follow-up care within seven days of an acute psychiatric event,” said Skehan.

The youths and young adults with self-harm or suicide ideation or attempt were more likely to receive follow-up, yet more than half did not receive follow-up within seven days of acute service use. “The 65.7% of patients who did not receive follow-up within seven days of an [ER] visit related to suicide represent a major gap in care,” the study authors noted.

The strongest predictor of mental health follow-up was established outpatient care during the six months prior to the hospitalization, with the type of established care

affecting the likelihood of follow-up.

Established outpatient care for all groups led to the increased likelihood of follow-up at 30 days.

- Mental health and primary care provider (PCP) = 69%
- Mental health only = 64%
- PCP only = 32%

PCP only had the lowest rate of follow-up, but it is still higher than those with no established provider, Skehan told *MHW*. “It’s important that adolescents and young adults have multiple accessible options to follow up after a mental health crisis and continue with care that’s appealing,” he said.

“Suicide in adolescents and young adults is a disturbing trend over the last 10 years,” he said. Between 2013 and 2019, the numbers have increased, Skehan noted. “We’re still not seeing folks within the time period [7 and 30 days], and that’s something we need to work on,” he said.

Key points

Skehan pointed to the few take-home points: Fewer than 50% of privately insured youth had follow-up within one week. “When you look at Medicaid plans, [you see] about a 50% rate of follow-up within the same time period,” he said. “We’re certainly not doing better with the commercial insured we looked at.”



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Mental Health Weekly (Print ISSN 1058-1103; Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the third Monday in April, the first Monday in September, the last Monday in November and the last Monday in December. The yearly subscription rates for **Mental Health Weekly** are: Print only: \$808 (personal, U.S./Can./Mex.), £501 (personal, U.K.), €633 (personal, Europe), \$975 (personal, rest of world), \$8,742 (institutional, U.S./Can./Mex.), £4,463 (institutional, U.K.), €5,643 (institutional, Europe), \$8,742 (institutional, rest of world); Print & online: \$889 (personal, U.S./Can./

Mex.), £541 (personal, U.K.), €685 (personal, Europe), \$1,056 (personal, rest of world), \$9,412 (institutional, U.S./Can./Mex.), £4,806 (institutional, U.K.), €6,076 (institutional, Europe), \$9,412 (institutional, rest of world); Online only: \$646 (personal, U.S./Can./Mex.), £334 (personal, U.K.), €421 (personal, Europe), \$646 (personal, rest of world), \$8,381 (institutional, U.S./Can./Mex.), £4,279 (institutional, U.K.), €5,410 (institutional, Europe), \$8,381 (institutional, rest of world). For special subscription rates for the National Council for Mental Wellbeing, USPRA, The College for Behavioral Health Leadership, NACBHDD and Magellan Behavioral Health members, go to [http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/\(ISSN\)1556-7583](http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/(ISSN)1556-7583). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at (800) 835-6770; email: cs-journals@wiley.com. © 2022 Wiley Periodicals LLC, a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

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“Insurance is not sufficient to ensure follow-up,” he said. “Traditionally, we think of folks with commercial insurance with having good solid plans that can help support that, but with this age group, it’s not sufficient to make sure that we get them in the right amount of time.”

and there’s some licensing restrictions,” Skehan said. Those are some barriers to consider, he noted.

Those over age 18 are less likely to have established providers than their younger cohort and less likely to follow up with people, Skehan added. He applauded the Surgeon

of a barrier in letting another provider know their patient was seen, he said. Although data shows that established outpatient care, regardless of whether it’s primary care or mental health care, increases the likelihood of follow-up; however, a good number of people do not have established care, Skehan explained.

“If they are leaving the emergency department, who are they going to?” he noted. Emergency departments are very busy, he added, highlighting the need for more case managers and referral services. “Appointments before leaving the emergency department [could occur] but that is no guarantee, but it makes it more likely for them to have that access if they need it,” he said.

These findings underscore the importance of increasing rates of established outpatient mental health and primary care to improve mental health follow-up rates after acute service use for mental health reasons among youths and young adults. Integration of primary and mental health care may help achieve optimal follow-up rates. In ER settings, special attention should be given to those with comorbid substance use and those showing signs of self-harm or suicidality, researchers concluded. •

‘It’s important that adolescents and young adults have multiple accessible options to follow up after a mental health crisis and continue with care that’s appealing.’

Brian Skehan, M.D., Ph.D.

The older age group cohort that researchers looked at is a somewhat transient population, Skehan noted. A highlight of the research is the need to have accessible and appealing options for youth, he said, pointing to telehealth opportunities that may come up for them. Other issues with an older age group are that they may be working out-of-state, or going for higher levels of education out-of-state, he said. “They may not have access to the providers that they had if they’re across state lines

General’s “Advisory on Protecting Youth Mental Health,” and its focus on youth’s mental health issues that have only been exacerbated by the pandemic. Young adults should be included in youth mental health initiatives sparked by the Surgeon General’s report, he said.

In response to a question about the reasons for the lack of follow-up among youths and young adults, Skehan pointed to a few issues. Communication between provider and privacy laws can be somewhat

New federal investments for states to develop CCBHCs

Aiming to further expand opportunities for states to improve access to and delivery of coordinated, comprehensive behavioral health care through Certified Community Behavioral Health Clinics (CCBHCs), the Substance Abuse and Mental Health Services Administration (SAMHSA) and other officials announced new CCBHC planning grants last week.

Behavioral health providers and advocates have applauded the new federal investments in the CCBHC demonstration program following an announcement last week by the Biden administration and key senators about a nationwide

Bottom Line...

The new planning grants will allow all states and the District of Columbia to prepare to apply for CCBHC implementation in their respective states.

expansion of mental health and addiction services.

On Oct. 18, Senators Debbie Stabenow (D-Mich.) and Roy Blunt (R-Mo.), along with representatives from the U.S. Department of Health and Human Services and SAMHSA, gathered at a press conference to discuss these investments that will allow

states across the country to fully fund high quality mental health and addiction services through CCBHCs.

Those investments will happen through funding included in the Bipartisan Safer Communities Act, signed into law this summer by President Biden. The law includes planning grants to help develop and implement CCBHCs and to allow states to prepare to apply for the CCBHC demonstration. CCBHCs were developed by the National Council for Mental Wellbeing.

“We applaud the work Sens. Stabenow and Blunt have done for

Continues on next page

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over a decade on expanding access to mental health and substance use care and thank them for their partnership,” Chuck Ingoglia, president and CEO of the National Council for Mental Health Wellbeing, said in a statement. “We’re thrilled that our collaboration not only yielded such a successful and innovative new model for care, but shaped the future of mental health and substance use care in America.”

Ingoglia added, “CCBHCs provide expanded services for millions of people already, and soon will be able to reach millions more. The expansion of this program through the Bipartisan Safer Communities Act is transformative and will help achieve a more comprehensive and integrated mental health and substance use

expansion of the Blunt-Stabenow Excellence in Mental Health Program. The Excellence in Mental Health Act was signed into law in 2014 and marked the most significant expansion of community mental health and addiction services in decades. It created CCBHCS that provide a wide range of services, including 24/7/365 crisis services, immediate screenings, risk assessments and diagnoses. (see “HHS awards Excellence in Mental Health Act planning grants to 24 states; *MHW*, Oct. 26, 2015; <https://doi.org/10.1002/mhw.30380>).

During last week’s press conference, HHS Secretary Xavier Becerra discussed the critical need for CCBHCs, especially in light of the 988 suicide and crisis lifeline implementation, added Taylor.

Eligible applicants are state mental health authorities, single-state agencies, or state Medicaid agencies, including the District of Columbia.

The anticipated number of awards is 15, noted Taylor. Each state would receive \$1 million to start planning to become part of the CCBHC demonstration, she said. “We don’t see any downside to states applying for this,” Taylor said. This is about “knowing where we need to grow as a nation and ensuring everyone has access to high quality mental health and substance use care.”

Of the 15 states awarded up to \$1 million for one-year planning grants in early 2023, 10 will be selected to be in the actual CCBHC program, starting in 2024, stated a news release from Sen. Blunt’s office. Although 10 states will join the initiative in 2024, the Bipartisan Safer Communities Act allows every state to eventually join.

The SAMHSA Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants posted on [grants.gov](https://www.grants.gov) Oct. 18. The application due date is Dec. 19, 2022. •

‘We are so excited to see the implementation of what Sens. Stabenow and Blunt worked on tirelessly for over a decade being implemented across our nation.’

Reyna Taylor

care system for everyone, everywhere. We encourage states to take advantage of this opportunity and apply to join the Certified Community Behavioral Health Clinic Demonstration.”

“Champion” senators

“We are so excited to see the implementation of what Sens. Stabenow and Blunt worked on tirelessly for over a decade being implemented across our nation,” Reyna Taylor, senior vice president of public policy and advocacy for the National Council for Mental Wellbeing, told *MHW*. Taylor pointed to the Excellence in Mental Health Act legislation championed by both senators.

The Bipartisan Safer Communities Act authorizes the nationwide

Supporting states

According to SAMHSA, the purpose of CCBHC Planning Grants — also referred to as Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants — is to support states to develop and implement certification systems for CCBHCs, establish prospective payment systems for Medicaid-reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program.

SAMHSA expects that the program will meaningfully involve consumers, youth, family members, and communities in the development, implementation, and ongoing monitoring of the state’s planning efforts to develop CCBHCs and prepare to apply for the CCBHC Demonstration.

For more information, about the CCBHC planning grants, visit <https://www.samhsa.gov/grants/grant-announcements/sm-23-015>.

Faith from page 1

In just under two months in the U.S., Triumph Over Trauma (<https://www.TriumphOverTrauma.info>) has reached faith communities in 20 states with facilitator training sessions being conducted via Zoom, said Rev. N. Neelley Hicks, founder and executive director of Harper Hill Global. Adaptations of the program’s use of the Trauma, Addiction, Mental Health and Recovery (TAMAR) curriculum are now available for Christian, Jewish, Islamic and Native American communities.

Leaders of the initiative see this effort as supplementing, not replacing, the trauma-related work that

mental health provider organizations perform in communities. “This supports the good work people are doing in mental health,” Gillece said.

Launch of initiative

Harper Hill Global engages in numerous projects dedicated to improving people’s living conditions worldwide. Among its efforts in Africa are Congo Women Arise, offering support to women who have suffered the effects of brutal rapes, and Fighting Ebola with Viral Animation, an effort using engaging video to dispel myths about, and promote prevention of, the Ebola virus.

Seeing much evidence of unaddressed trauma both internationally and at home, Tennessee-based Hicks concluded that she needed to identify a model for trauma-informed peer support. She conducted a Google search that identified NASMHPD as having expertise in trauma-related subject matter. “It was a gift to me to meet Joan,” said Hicks, whose background includes work as a minister in the United Methodist church.

NASMHPD offered training in a much more extended duration of trauma group sessions, but Hicks realized most congregations wouldn’t have the capacity for a lengthy series. The organizations therefore worked to develop a 7-week adaptation of TAMAR. They also invited representatives of various faiths to help them supplement the curriculum with faith-specific content.

For example, the Christian adaptation of TAMAR might add prayer or music to the group sessions. The Native American groups might substitute a ritual in place of a typical TAMAR activity. “The adaptations run parallel to TAMAR,” said Hicks, emphasizing that nothing about the core curriculum is altered.

Because TAMAR is a psychoeducation-focused curriculum, a lay person can easily be trained to facilitate the group sessions, Hicks said. In fact, in many cases it is an active member of the congregation who

gets trained, rather than the leader of the faith community. Retired clergy also have stepped up as facilitators in some communities, she said.

These groups, she said, can achieve more than what a faith leader typically can accomplish in a few sessions of pastoral counseling. By enlisting an active member of the congregation as a facilitator of groups, “The pastor is triaging,” she said.

Communities are advised to conduct trauma groups of no more than 15 participants, with a recommendation that the groups be kept gender-separate. Hicks said that so far, women’s groups have outnumbered men’s groups, though Triumph Over Trauma is seeking to train more men as facilitators in the coming months.

‘We are creating a space for people to come together. This is not about proselytizing.’

Joan Gillece, Ph.D.

Hicks believes trained individuals will be better facilitators in their faith communities if they have sufficiently addressed whatever form of trauma they might have faced in their own lives.

The trainings are available free of charge to faith groups, and because they are being held virtually, costs have been minimal. Gillece said some Transformation Transfer Initiative funding from the Substance Abuse and Mental Health Services Administration has supported the initiative’s launch, but added that “we’ll volunteer to do this if we don’t have the funding.” Free resources to communities also are available on the Triumph Over Trauma website.

Gillece said, “The churches and

other organizations wanted something they could do,” after seeing their communities hit hard by the pandemic, community violence and other crises of the past couple of years. Hicks described TAMAR’s approach as “helping folks connect the dots between their experiences in their lives and how it might affect them emotionally.”

The groups help to connect the disconnected in communities, allowing them to make new friends and become part of an impactful peer support network, Gillece said. Along with the progress being made in the U.S., 20 Triumph Over Trauma groups are currently active in African countries, she said.

Tools for communities

Gillece said the virtual trainings give participants important tools for becoming trauma-informed voices in their communities. “We’re not just giving them a paper telling them what they should do,” she said.

She said her experience with this initiative is showing her how the power of faith can be leveraged at the local level. “I had always heard of ‘faith-based,’ but I never knew what it did,” Gillece said. In the past she had more often heard from individuals with behavioral health issues who felt disconnected from faith organizations for reasons such as being an active user of substances, or living on the streets.

The existence of these groups in communities is intended to reverse this mindset. “Jesus loved the marginalized,” Hicks said. “We are creating a space for people to come together. This is not about proselytizing.” •

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Broad support for MH programs in jails, prisons, poll reveals

The majority of Americans agree that mental health support should be provided for incarcerated people in this country, according to the latest Healthy Minds monthly poll commissioned by the American Psychiatric Association (APA) and conducted by the global market research firm, Morning Consult.

The public opinion poll, released Oct. 17, also found that only one in five (20%) Americans think that people in jails and prisons are getting the mental health care they need. According to the APA, 2,111 adults between Sept. 30 and Oct. 2, responded to questions from the poll.

Some 75% of them, however, said mental health support should be provided for incarcerated people in the United States.

Americans said they are also aware of the number of people with mental illness incarcerated per year (their answers were slightly high, on average 49.8%, while estimates are around 44%).

"It's important that Americans are recognizing the long-standing reality that our jails and prisons have become the largest mental health provider in the country, and that people in the criminal justice system need treatment and support," APA President Rebecca W. Brendel, M.D., J.D., stated in a news release.

She added, "Public awareness and attention can help motivate resources and change."

Other poll findings

Nearly half of Americans (48%) said they do not think that police and law enforcement officers in their community are properly trained to deal with people in mental health crisis, with more Black adults (60%), Hispanic adults (56%) and those ages 18-25 (54%) concurring.

Fifty-three percent of all polled said they thought the new 988 mental health crisis number will be effective to keep people in crisis out of jail, with Black (64%) and Hispanic (54%) adults more optimistic. Among Gen Z — those born between 1997 and 2012 — 61% expressed that 988 would be a helpful tool for keeping those in crisis out of the criminal justice system.

When poll respondents were asked about additional services that they thought should be available to people who are incarcerated (after mental health support), the services most often selected among adults were job training (67%), soft skills training (64%), educational opportunities (60%), reintegration and reentry assistance (56%), telehealth (40%), wellness programs (39%), and financial management classes (35%).

Support for these services varied across demographics with younger adults (ages 18-25) more likely to support wellness programs (49%), and older adults (ages 65 and older) more supportive of job training (72%).

When asked about their levels of anxiety around current events,

the results were consistent with prior Healthy Minds polls, with adults most anxious about inflation (84%) and a recession (75%).

APA position

The APA is calling for community-based services funding to decriminalize mental illness and maintains that such support is critical for individuals with serious mental illness. "Community-based services and supports for individuals with serious mental illness and other conditions affecting cognitive capacities should be sufficiently funded and resourced to prevent many of these individuals from entering the criminal justice system in the first place," APA's 2020 position paper read in part.

The APA added, "The process of carrying out judicial orders for competency assessments and treatment to restore a defendant's competence should be overhauled as an integral component of a comprehensive plan for providing mental health services to persons with serious mental illness, including those charged with criminal offenses who are in jail or at risk of pretrial detention."

"The number of people in jail and prisons with mental health and substance use disorders is a major societal problem and Americans are saying we should fix it," said APA CEO and Medical Director Saul Levin M.D., M.P.A. "Lawmakers should heed this information and take action." •

Change in New Jersey student support raises concerns

A statewide student mental wellness initiative that the administration of New Jersey Gov. Phil Murphy is touting as the first effort of its kind nationally is not winning universal acclaim in the state. Leaders

in some school districts where students have been served in a smaller-scale program said they are worried that momentum gained from that program will be lost under the announced change.

The governor's administration earlier this month announced establishment of the New Jersey Statewide Student Support Service Network, which is being called "NJ4S" for short.

Scheduled to be introduced in the 2023-24 academic year, the initiative will be operated by New Jersey's Department of Children and Families and promises statewide coverage for its services.

Although the new initiative is expected to have a broader reach and access to greater financial resources than the state's existing School Based Youth Services (SBYS)

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program, those who have supported the latter program have expressed reservations about the change. NJ4S will rely on a hub-and-spoke model in which regional hub staff, including mental health counselors, can be mobilized to respond to mental health needs in spoke school districts. This has led to concerns about delays in response compared with the way the process works in SBYS, where there has been closer everyday contact with students in participating schools.

“We’re on the ground,” Beverly Canady, a counselor who works at a high school program in Irvington, said in a [northjersey.com](#) article. “Our communities evolve and change every day, but when you’re in a hub, you don’t know what the issues are on the ground until somebody calls you and tells you.”

Officials with the Department of Children and Families have indicated that schools currently served by SBYS programs will continue to receive services directly in the schools. Still, the mechanics of this remain uncertain at this point.

Tiered support

The ability to reach more New Jersey students with varying levels of need appears to be at the heart of the Murphy administration’s goals for NJ4S.

The Oct. 3 announcement suggests that all students in the state will receive some form of mental health-related support, while the hubs will offer more intensive support to students in high-need districts with evidence-based prevention and intervention strategies.

“Universal resources and targeted support through the hubs will focus on promoting positive mental health; teaching and strengthening social, emotional and behavioral skills; and supporting a positive school climate and staff well-being,” the announcement states.

Each hub will launch a request-for-proposals process to select a social services agency as its administrator. Agencies that currently offer

services under SBYS are eligible to apply for that role. Each hub also will have an advisory council that will include participation from community leaders, school leaders, parents and youths.

The fiscal year 2023 state budget includes \$6.5 million in federal American Rescue Plan funds that will be used to establish a state-level data infrastructure network for the program. Another \$8.5 million in federal money will support startup of the hubs. In all, NJ4S is expected to use around \$48 million in federal and state money, about 50% more than current federal and state allocations for SBYS.

As in all states, leaders have said that the events of the past few years have exacerbated mental health concerns among youths. “Depression, anxiety and suicide attempts are all on the rise,” Department of Children and Families Commissioner Christine Norbut Beyer said in the NJ4S announcement. “We are at a crisis point, and we need new tools and new strategies that reflect this new reality — that’s what the NJ4S proposal delivers.”

A white paper outlining the new initiative states that the current SBYS program is operating in only 3.6% of the state’s schools. Officials with the Department of Children and Families said the new initiative will be able to maximize the delivery of services and support in settings outside of school (including virtually) in addition to in-school services.

But leaders in several SBYS programs continue to push for retention of these programs as part of the new initiative, saying that a consistent in-school presence is more important than ever given the disruptions that the pandemic caused.

“Some of our kids don’t know how to socialize,” Canady said in the [northjersey.com](#) article. “They don’t know how to use their words wisely, or they get angry, they show it in their behavior but they’re trying to tell us something. But you can’t see it if you are in another town and we have to call you in.” •

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BRIEFLY NOTED

Taking a break from the news may improve mental health

A new study from Spain confirms the negative toll that constantly being plugged into the news cycle can take, NBC News reported Oct. 14. The researchers looked at how people were best able to manage feelings of anxiety and depression at the height of the pandemic, finding that one of the most effective methods was to take breaks from the barrage of bad news. “The best predictor for having lower anxiety and depressive symptoms,” said lead study author Dr. Joaquim Radua, a psychiatrist in Barcelona, was to “avoid watching too much news.” Radua is also affiliated with King’s College London and the Karolinska Institute in Sweden. The research was scheduled to be presented last weekend at a meeting of the European College of Neuropsychopharmacology in Vienna. It has not yet been published in a peer-reviewed journal. Radua cautioned that because the research was conducted in 2020 and 2021, it is unclear how the results will apply as COVID-19 cases continue to decline. Radua’s research looked at 942 adults in Spain who filled out an online questionnaire every two weeks for a year during the pandemic. The participants reported about whether they were feeling despondent, and if so, how they were coping with such feelings. The analysis factored in whether participants had been previously diagnosed with anxiety or depression. The study found that those who avoided “too much stressful news” had fewer symptoms of anxiety and depression.

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STATE NEWS

Kansas ranks among the worst in the country on MI, treatment

Kansas performs worse on key measures of mental health than anywhere else in the U.S., NPR in Kansas City reported Oct. 18. A new report by Mental Health America tracking mental illness and the ease of accessing care found high rates of addiction among young people and mental illness and suicidal thoughts among adults put Kansas in last place. The report, based largely on data from 2019 and 2020, found 9% of Kansas youth had a substance use disorder, more than any other state. Over a quarter of adults had a mental illness and over 6% had serious thoughts of suicide, both well above national averages. Around 18% of adults with mental illness in Kansas had no insurance, compared with 11% nationwide. And only around 7% of youths with severe depression received consistent treatment for it, compared to 28% nationwide.

NAMES IN THE NEWS

The National Council for Mental Wellbeing announced Oct. 20 the appointment of **Mohini Venkatesh, MPH**, as its first-ever chief of staff. Venkatesh will support efforts on behalf of the organization's over 3,100 members, who provide substance use and mental health treatment services and supports, a news release stated. Venkatesh will guide internal initiatives and special projects as part of the National Council's strategic leadership team. She will also manage stakeholder engagement, including board of director relations. Venkatesh will report to President and CEO Chuck Ingolia.

"The pandemic has harmed our nation's collective well-being and emphasized the urgent need for the life-saving work our members provide.

Coming up...

The **National Association for Children's Behavioral Health** is holding its 2022 Emerging Best Practices Conference, "Our People are the Point: Navigating Workplace Issues and Organizational Health," **Nov. 30 to Dec. 2 in St. Pete Beach, Florida**. For more information, visit <https://www.nacbh.org/upcoming-event>.

More people need care than ever before, and the work of the National Council and our dedicated members is more important as a result," said Venkatesh. "I'm honored to step into this new role, and I will do all I can to ensure our organization remains focused on the needs of members and on driving the entire field of mental health and substance use care forward." Since beginning with the National Council in 2007, Venkatesh has served in numerous roles, including vice president of business and strategy and vice president of practice improvement and consulting, helping to develop some of the field's strongest programs for transforming clinical and business strategies to meet the ever-changing needs of organizations providing mental health and substance use treatment.

"Throughout 15 years with the National Council, Mohini Venkatesh has developed a deep understanding of our role, priorities, challenges, staff and our members," Ingolia

said. "She is the most qualified person I can think of to assume this new role, and I'm confident that she will improve the National Council and be an amazing asset for our members." Venkatesh's appointment comes at a pivotal time in the National Council's history. It represents the start of a bold new commitment to lead the mental health and substance use field today and well into the future. It also the latest step in an organization-wide effort intended to clarify and focus the National Council's mission while building out its capabilities.

"The National Council is experiencing a watershed moment. The investments we've made so far give us and our members the momentum to succeed, and we aren't done yet," Venkatesh said. "I will stand shoulder to shoulder with Chuck to ensure that we continue to develop and strengthen our internal structure for the purpose of achieving our strategic goals and serving our members."

In case you haven't heard...

The FDA on Oct. 13 announced a nationwide shortage of Adderall, a medication to treat attention-deficit hyperactivity disorder, Advisory Board reported Oct. 17. According to FDA, Teva Pharmaceuticals, which produces the drug, has experienced ongoing manufacturing delays, and other manufacturers who produce generic or alternative versions of the drug have also reported difficulties meeting demand. In recent years, demand for Adderall and other generic-equivalent medications has increased significantly. Data from IQVIA Biotech shows that total prescriptions for these drugs have grown from 35.5 million in 2019 to 41.2 million in 2021, a roughly 16% increase. "I can understand why there are shortages, because there's an increased demand of people who are seeking these medications," said David Goodman, director of the Adult Attention Deficit Disorder Center of Maryland and an assistant professor of psychiatry at Johns Hopkins University School of Medicine. Currently, FDA recommends patients who are taking Adderall talk to their providers about potential alternative treatments until supply can be restored.