

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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National Council: CCBHCs are expanding access and transforming community care

The presence of Certified Community Behavioral Health Clinics (CCBHCs) in communities is expanding access to mental health and substance use treatment, moving some needed services to nontraditional settings, and helping to correct social disparities, concludes a report released last week by the National Council for Mental Wellbeing. The report, based on a survey in

which 128 CCBHC sites participated, adds that the CCBHC model is laying the groundwork for behavioral health provider organizations to participate fully in value-based payment structures that have become more common in the health care industry.

The National Council has been surveying CCBHCs on a regular basis since the program's inception in 2017, but this latest survey marks the first that has encompassed the program's expansion grantees as well as the CCBHCs that were formed under the original federal Medicaid demonstration. The report, titled *Leading a Bold Shift in Mental Health & Substance Use Care*, depicts dramatic change in many aspects of service

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Bottom Line...

Survey results from the National Council for Mental Wellbeing show dramatic changes in service delivery from the Certified Community Behavioral Health Clinic program, particularly for its more experienced demonstration grantees.

Massachusetts awareness campaign stresses young adults' resilience

Data shows that young adults have experienced worsening mental health challenges to a greater extent than other age groups during the COVID-19 crisis, but the answer to addressing this does not always lie in traditional mental health interventions. An awareness campaign launched this month by the Massachusetts Association for Mental

Health (MAMH) emphasizes the resilience of young adults and the important role of key people in their lives, while also pointing its target audience to sources of help in the community when their own resources are not enough.

MAMH has had a broader mental health awareness campaign going on during the pandemic, but also saw the need for a more focused effort for the 18-to-24 age group, explained President and CEO Danna Mauch. "This is the age group that has been most impacted, that has seen the largest rise in disruption to mental well-being," Mauch told *MHW*.

Much of this situation has

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Bottom Line...

The Massachusetts Association for Mental Health's #Just Ask campaign emphasizes wellness resources available to young adults outside of the mental health system, while also pointing to the additional support some individuals might need.

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delivery in communities where CCBHCs have been established.

Improving access to care is seen as the most impactful effect of the program. "I don't know anywhere in the country where people say there is too much access to behavioral health services," National Council President and CEO Chuck Ingoglia told *MHW*.

The report states that CCBHCs, on average, are serving 17% more people than they were prior to implementation of the CCBHC structure, which offers flexible funding to expand the scope of behavioral health services. Moreover, where the average wait time for behavioral health services nationally has been 48 days, half of surveyed CCBHCs in the latest National Council report stated that they now are able to offer same-day access to care.

"The access is meaningless if you can't get in for two months," Rebecca Farley David, the National Council's senior advisor for public policy, told *MHW*.

Highlights of report

The national reach of the program now covers 340 CCBHCs in 40 states, the District of Columbia and Guam. The latest National Council report includes data from 128 CCBHCs and then estimates numbers for the

224 total sites that were operating as of last January. So, for example, the more than 851,000 total clients served by the responding CCBHCs translates to an estimated 1.5 million people currently served under this model of care.

Data on wait times for services offers a telling example of CCBHCs' impact. Ninety-three percent of the surveyed organizations are now able to see clients for their first appointment within 10 days of the client's initial outreach, meeting the program's standard for timely access.

The data on access also shows that sites that have been in operation longer as CCBHCs have seen a greater jump in client caseloads. Sites formed under the Medicaid demonstration have seen a 41% increase in caseloads since implementation, compared with a 10% increase in caseloads for clinics that received their funding through expansion grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). The report theorizes that the demonstration sites' access to a Medicaid prospective payment system (PPS) has given them more flexibility to expand program capacity.

CCBHC funding also has allowed clinics to expand staffing to meet community needs, with the 128 respondents to the latest survey

reporting an average per-site hiring of 41 new employees. Again, demonstration sites have seen the greatest increases.

"Medicaid PPS enables demonstration sites to establish a forward-looking payment rate that supports anticipated hiring and offers security to clinics that new hires will not have to be laid off after the end of a grant period," the report states.

The survey also confirms that CCBHC status is allowing clinics to establish or strengthen community partnerships that enable services to be offered in alternative settings such as schools, correctional facilities and even on the streets. "We know from [Health and Human Services] surveys that something like 90% of CCBHCs are delivering services outside of the four walls of their clinic," David said. "This is about bringing services to people where and when they need them."

For example, nearly one in five CCBHCs in the latest survey are reporting involvement in mobile behavioral health services that respond to appropriate 911 calls in the fast-growing programs seeking an alternative to traditional police response. Nearly all CCBHCs are reporting involvement in at least one collaboration with a law enforcement or criminal justice agency.

The National Council report

MENTAL HEALTH WEEKLY

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quotes the Family Guidance Center of Missouri as stating, “We have a qualified mental health practitioner in the jail, and in the year after she was placed there, the jail reduced their admissions to inpatient mental health from over 100 the previous year to zero.”

CCBHCs also report that increased funding flexibility has allowed them to more closely exam-

ine what they can do to correct social inequities in health care and related support. Seventy-five percent of CCBHC respondents said they have increased screening for clients’ unmet social needs in areas such as housing and transportation.

use disorder (OUD). A total of 89% of responding CCBHCs reported offering at least one of the federally approved medications, a figure far exceeding the estimated 56% of substance use treatment clinics nationally that offer a medication treatment for OUD. Sixty percent of CCBHCs reported adding this medication treatment for the first time after having become a CCBHC.

“HHS also did not require states to use standard billing codes and billing code modifiers it developed. The lack of standardization across states limited HHS’s ability to assess changes in a uniform way.”

Ingoglia said he believes that over time, there will be comparable data at the clinic and state level to offer further insight into the program’s impact. “It won’t be perfect, but at least on quality we should have comparable data across states and across time,” he said.

Washington has shown strong support for the CCBHC model, with Congress extending the program multiple times. Advocates are anticipating the introduction of legislation in this session that would extend participation to the minority of states where this model has not yet been applied. Also, the field is awaiting SAMHSA’s announcement of up to 74 new CCBHC grants, based on a funding announcement it issued earlier this year.

Ultimately, the CCBHC model may show its greatest long-term impact by equipping community-based clinics to flourish in a value-based payment environment. “Clinics receiving CCBHC funding have been upgrading their electronic health record systems, improving their knowledge of and ability to report on costs of care, improving data collection, increasing interoperability of electronic systems and data sharing with other community partners and stakeholders,” the National Council report states. •

‘One of the cool things, especially about prospective payment, is it gives clinics the flexibility to do things that make a difference but have not been billable.’

Chuck Ingoglia

ine what they can do to correct social inequities in health care and related support. Seventy-five percent of CCBHC respondents said they have increased screening for clients’ unmet social needs in areas such as housing and transportation.

“One of the cool things, especially about prospective payment, is it gives clinics the flexibility to do things that make a difference but have not been billable,” Ingoglia said. “These services can be embedded in the payment rate.”

The survey also reports significant progress in CCBHCs’ ability to offer evidence-based medication treatment to patients with an opioid

GAO report

Also this month, the Government Accountability Office (GAO) published its latest report to members of Congress on the Department of Health and Human Services’ (HHS’s) evaluations of the CCBHC program’s effects on access, cost and quality. The GAO stated that HHS’s ability to assess the program’s impact has been and will continue to be hampered by challenges in comparing results for participating and nonparticipating states and clinics.

“HHS allowed states to identify different program goals and target populations, and to cover different services,” the GAO report states.

Emerging 988 crisis hotline expected to transform BH care

On July 16, 2022, two of the most important numbers in this country will be 911, for medical emergencies, and 988, for mental health and suicide crises, and with that, an important time for communities to invest in crisis response and continuum of care, said the CEO and president of RI International during the National Council for

Bottom Line...

The three core elements of the Crisis Now model of care — contact, support and rescue — will support individuals in a behavioral health crisis, and reduce psychiatric boarding and law enforcement involvement, said a NATCON presenter.

Mental Wellbeing’s NATCON 21 mental health and addiction recovery conference on May 5.

David Covington, LPC, also principal at Behavioral Health Link, spoke to attendees about the 988 Mental Health and Suicide Prevention Crisis Hotline during the NATCON workshop “988 and

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Opportunities for Providers.” He noted that Dr. Richard McKeon, branch chief for suicide prevention at the Substance Abuse and Mental Health Services Administration (SAMHSA), has called 988 the most significant opportunity in a lifetime for transforming behavioral health care.

Covington recalled for attendees the Chilean mine crash that occurred more than 10 years ago, trapping 33 Chilean miners for nearly two weeks. A hole that was drilled down thousands of feet to make contact “became a lifeline,” he said. “That became their ‘988’ as we engaged and supported them.” They also received food and water. Subsequently, a larger hole was dug in order to rescue all of them.

“That was a victory for us,” he said. “Unfortunately, that is not the kind of active, engaging outreach that we see for individuals in psychiatric crisis.”

Individuals typically involved in a crisis and having to depend on an emergency department tend to feel like they are being punished and have to spend indeterminate amounts of time in the emergency department — not hours but days, Covington said. Many had been transported by law enforcement officers in the back of a patrol car, and sometimes in handcuffs, he noted. He pointed to research that found the average wait time for service for a mental health crisis in an emergency department is three days.

“We have a real opportunity with 988 to see something different as we coalesce in a behavioral health leadership behind psychiatric emergency response,” Covington told workshop attendees.

Prevention lifeline calls

Currently, about 3 million calls annually are being received by the National Suicide Prevention Lifeline’s 800 number. The lifeline centers will answer the 988 calls going forward, he added.

Challenges associated with crisis

care access are significant, he noted, leading to psychiatric boarding, high costs and deaths of despair, such as suicide and opioid overdoses, he said. “These are all national challenges,” Covington said. “We’ve got to have a safety net for a psychiatric emergency,” he said.

In an open letter in 2015, Sherree Kruckenberg Lowe, vice president of behavioral health at the California Hospital Association, which is made up of more than 400 hospitals and health systems, said the increasing dependence on hospital emergency departments to provide behavioral evaluation and treatment is not appropriate, not safe and not an efficient use of dwindling community emergency resources, said Covington.

While the opportunity to address needed behavioral health crisis support is there, it would need to be followed by mobile teams coming out to a person or immediate access made available to crisis facilities; otherwise challenges, such as psychiatric boarding and law enforcement engagement, will continue to occur, he said.

The three core elements of the Crisis Now Action Alliance for Suicide Prevention model of care as contact, support and rescue, said Covington. The Crisis Now effort is about not using law enforcement or a hospital unless it’s a medical emergency, he said. The initiative helps to get people directly into care support and engagement.

Crisis Now is essentially the same as the response that had been provided to those Chilean miners in 2010, said Covington.

He added that, similarly, “with 988, we want to provide care for, and we want to engage, [people], and we want the person to get back to their life and dreams. It means hospitals and law enforcement are used a fraction of what they are today in relation to behavioral health crises. We shouldn’t be using the police unless it’s a public safety threat.”

SAMHSA’s National Guidelines

for Behavioral Health Crisis Care creates the best blueprint for moving this forward, Covington said. SAMHSA’s guidelines, published last February, create a road map that can be replicated and extended nationwide, he said.

Someone to talk to, places to go

Having “someone to talk to is powerful,” said Covington. In the behavioral health space, this talking to someone is going to resolve 80% — maybe 90% — of mental health and suicidal crisis-related calls, he said.

Regarding a mobile team, crisis support is also critical and could help resolve 75% of the crises, Covington said. “If we don’t have a community mobile team available, law enforcement will be dispatched, leading to all kinds of anxiety and stress and terrible outcomes,” he said.

Covington pointed to the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) Crisis System Model, which commenced 15 years ago. The model is a centralized statewide tech-enabled behavioral health crisis care operated through a collaboration between the Georgia DBHDD, Beacon Health and providers. It is funded primarily through Georgia’s state budget — \$10 million for the Georgia Crisis and Access Line and \$35 million for statewide mobile crisis teams.

Another crisis system initiative is the Living Room model in Arizona, which RI International innovated in 2002. It creates a healthy space, a recovery-oriented environment with peers, who represent one-third of the staff, dominating the engagement. Other staff are physicians, nurses and clinicians.

Covington said he hopes attendees will work with 988 in their local communities.

The National Association of State Mental Health Program Directors and RI International are working with their partners on *Crisis Now: Transforming Crisis Services* — an initiative providing all communities a

road map to safe, effective crisis care that diverts people in distress from the emergency department and jail by developing a continuum of crisis care services that matches people's

clinical needs (see *MHW*, Aug. 10, 2020). •

For more information, visit <https://crisisnow.com>.

For more information on behavioral health issues, visit www.wiley.com

Groups mark Floyd anniversary with call for equitable practices

On the one-year anniversary marking the tragic death of George Floyd, the National Alliance on Mental Illness (NAMI) and the American Psychiatric Association (APA) released statements calling for change and committing themselves to equitable practices and highlighting specific actions they have taken to address disparities.

"One year ago today [May 25, 2020], George Floyd died at the hands of the police," the APA stated. "His murder forced overdue conversations about the structural racism in the very roots of our nation. It also caused many to examine what was once considered business as usual.

"The American Psychiatric Association and psychiatry were forced to confront our own past, and to examine how racism had entwined itself into our current operations, and how racism was impacting our patients on a daily basis. We began important conversations and took actions to reform our organization and to help our member psychiatrists better serve Black, Indigenous, and people of color (BIPOC) patients."

The APA added, "Today we mourn the loss of Mr. Floyd, Breonna Taylor, Ahmaud Arbery and the many others who have died as a result of structural racism. We commit as an organization and a field to staying vigilant to injustices that impact our patients and taking action to achieve mental health equity for all."

Expressing solidarity

"We are encouraged by the tens of thousands across the country who expressed solidarity with the Black community in the wake of George Floyd's death and those who continue to do so," NAMI CEO Daniel H.

Gillison Jr. said in a statement. We are relieved by steps taken toward accountability through the conviction of ex-police officer Derek Chauvin. We are even hopeful for more change as we see our nation continue conversations about racial disparities.

"But we are also still frustrated, knowing the systemic issues that enabled this tragedy remain," Gillison stated. "We are still grieving, knowing nothing can truly rectify the loss of another Black life, which could have easily been our own, a family member or a friend. More than anything, we feel the exhaustion from

'We cannot ignore the intersection of race, identity and mental health.'

Daniel H. Gillison Jr.

the racial trauma that continues to negatively impact our physical and mental health.

"Here at NAMI, we recognize that there are no quick and easy solutions to the systemic racism that has permeated every aspect of our society for far too long. Today, only one in three Black adults who need mental health care receive it. But we are committed to keep striving toward more equitable and just practices within our own organization and within the mental health community.

"That's why over the last year we have created and bolstered our

Justice, Equity, Diversity, and Inclusion work, increased the amount of Black mental health resources on our website, hosted a series of Help Not Handcuffs webinars, and championed legislation that will allow individuals in mental health crises an alternative to a 911 law enforcement response for support. And that's why we have intentionally integrated anti-racist initiatives into our five-year strategic plan.

"We cannot ignore the intersection of race, identity and mental health," said Gillison. "And we are determined to do our part in dismantling barriers to accessing culturally competent resources for every individual in our country." •

Young from page 1

stemmed from interruptions to pivotal developments in young adults' lives, from graduations to first jobs to first experiences away from home, Mauch said. "For many of these examples, these were the first of these developmental experiences for them," she said.

Unlike older adults, who might have been able to put the COVID-19 experience in perspective because of having faced other significant trials in their lives, young adults might have had a harder time seeing this crisis as a temporary phenomenon, Mauch said.

The #JustAsk campaign will urge young people to build on their resilience by taking advantage of the support systems they already have around them. Critical to this will be turning to peers, a group on which young adults lean heavily.

"Young adults will first turn to

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these peer networks before turning to a family member,” Mauch said.

Video messaging

#JustAsk includes a collection of multimedia resources, such as videos, social media messaging and a centralized website. In one of the video messages, young people are shown delivering comments to their peers such as “This past year has taught us that we all have limits. None of us are superhuman.”

The video goes on to stress that asking for help amounts to a show of strength, not an admission of weakness. “Just ask if you don’t feel like your best self,” one young person urges the viewer.

Mauch believes the words from a young adult’s peers will prove powerful. “You don’t see anybody who looks like me on this video,” she said. “These voices resonate with young adults. Frankly, they resonate with me.”

The video also suggests that when help from close people in one’s life doesn’t suffice, there are other important resources from which they can draw. In Massachusetts, these include Network of Care Massachusetts, a comprehensive statewide service directory, and the state’s 2-1-1 service, which can link individuals to mental health support as well as other resources such as housing and food assistance. But for many, enough help might be found right in their own natural support network.

“It’s not always about a professional, clinical response,” Mauch said. “We want people to have a sense of

agency about protecting or getting help for their mental well-being.”

Mauch said it is also important to empower young adults, because it still can be very difficult for them to access specialty care. The pandemic has only worsened this problem, as a persistent workforce shortage collides with increased community need and demand for care during the crisis.

She said MAMH will track the impact of this campaign by looking at trends in areas such as traffic to various web events and the volume of individuals accessing the Network

‘Young adults will first turn to these peer networks before turning to a family member.’

Danna Mauch

of Care. “We think we’ll have to keep the message moving over the next year as people recover from the pandemic,” she said. “We haven’t projected how far this is going to go.”

Key statistics

Also involved in the launch announcement for #JustAsk were the Blue Cross Blue Shield of Massachusetts Foundation, one of three foundations that support Network of Care Massachusetts, and the state Health and Human Services Agency, which funds the 2-1-1 system in the state.

“We are just beginning to see the impacts of the pandemic on mental health, and we understand that young adults feel the anxiety and stress of uncertainty about their futures in a new social and economic environment,” Massachusetts Health and Human Services Secretary Marylou Sudders said in a news release announcing the campaign. “We want everyone to know that these resources are there to support them, and are just a phone call or text away.”

Data from multiple surveys indicates that many young adults have struggled greatly from the numerous effects of the COVID-19 crisis. A Kaiser Family Foundation report that was issued last February stated that 56% of adults ages 18 to 24 reported symptoms of anxiety or depression during the pandemic, compared with 41% of other adults.

Also, according to data from the Centers for Disease Control and Prevention (CDC), 25% of young adults reported an increase in substance use in order to cope with the effects of the pandemic. Another 25% reported serious thoughts of suicide — a number Mauch said exceeds the historical prevalence of suicidality in this population from major annual surveys. The largest increases in reports of anxiety and depressive symptoms and unmet mental health needs occurred among young adults and persons with less than a high school education, the CDC reported.

“We felt we should focus on this group and its needs during Mental Health Month,” Mauch said. “Many of these individuals may not think they could just ask.” •

Public opinion poll finds return-to-work concerns amid COVID

Although more employers are becoming more accommodating to the needs of their employees during the pandemic, still some stigma remains for employees, as a new poll from the American Psychiatric Association (APA) reveals that slightly

fewer of them than last year say they feel comfortable utilizing mental health services with their current employer or can talk openly about their mental health at work.

The results are revealed in a new poll, *APA 2021 Public Opinion*

Poll: Workplace, that was released May 20 and came from an APA-sponsored online survey conducted March 26–April 5, 2021, among a sample of 1,000 adults 18 years of age and older.

The poll found in 2021 that 71%

of employees agreed that they know how to access mental health care services through work if they need it, compared to 70% of employees who agreed in 2020.

Meanwhile, in response to the question “I feel comfortable utilizing mental health services with my current employer,” 64% of employees totally agreed with the statement in 2021 versus 67% in 2020. The responses were similar across age groups and among Hispanics, African Americans and whites.

According to the APA poll, the majority of employees working from home say they experienced negative mental health impacts, including isolation, loneliness and difficulty getting away from work at the end of the day.

Fifty-four percent of employees report their employer has become more accommodating to their mental health needs since the start of the pandemic; 15% said less and 31% didn't know. However, only one in five said their employer has offered additional mental health services, down from 35% last year. Just over half of employees say they can talk openly about mental health with co-workers (56%) and supervisors (56%), down slightly from last year (65% and 62%, respectively).

When looking at how employers treat employees who may have mental health issues, 28% said their employer had become more supportive over the course of the pandemic, 33% said the same as before and only 9% said less supportive (31% didn't know). Hispanic (38%) and Black (36%) employees were more likely than white employees (23%) to say their employer had become more supportive during the pandemic. Younger workers (42% of 18–29-year-olds) were more likely than older workers (23% of 45–64-year-olds) to say their employer had become more supportive.

“It's not surprising that in light of the pandemic that mental health is on people's' and employers' minds,” APA President Vivian Pender, M.D.,

said in a news release. “What's worrisome is that given this discussion, many people, particularly younger people, are still worried about retaliation if they take time off for mental health. This is stigma in action, and it has to stop.”

“The poll shows us that working from home, while it kept us safe from COVID-19 and brought some benefits, also meant many Americans felt lonely and isolated,” said APA CEO and Medical Director Saul Levin, M.D., M.P.A. “As we shift back into our offices, or whatever alternatives are made available, I encourage business and organizational leaders to visit the APA Foundation's Center for Workplace Mental Health, which has resources on ensuring employees' mental well-being through COVID and beyond.”

More than four in 10 employees are concerned about retaliation if they seek mental health care or take time off for their mental health. Younger workers are most concerned. Nearly six in 10 (59%) employees 18 to 29 years old and 54% of employees 30 to 44 years old are somewhat or very concerned about retaliation or being fired if they take time off for mental health needs, compared to 39% of 45–64-year-olds. Black and Hispanic employees are somewhat more concerned about retaliation than are whites.

Compared to last year, slightly fewer employees report their employer offers mental health benefits, including primary care with sufficient mental health coverage (28%, down from 34%), mental health days (14%, down from 18%) and on-site mental health care (12%, down from 16%). About one in seven employees reports their employer offers mental health apps, such as Calm or Headspace, or mental health training for supervisors and managers.

Working from home

Sixty percent of employees reported working at home at least a few days a month, and nearly a third (32%) worked at home all the time

(19% a few days a week and 9% a few days a month). While working from home has advantages and benefits, it also comes with drawbacks, including isolation and loneliness and difficulty getting away from work for personal time.

Nearly two-thirds of people working from home feel isolated or lonely at least sometimes, and 17% do all the time. More than two-thirds of employees who work from home at least part of the time report they have trouble getting away from work at the end of the day always (22%) or sometimes (45%). Younger adults (73% of 18–29-year-olds and 73% of 30–44-year-olds) were more likely to report feeling isolated or lonely working at home compared to older adults (48% of 45–64-year-olds). •

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BRIEFLY NOTED

Senate HELP Committee passes MH support, maternal care bills

The Senate Health, Education, Labor and Pensions (HELP) Committee last week passed six bipartisan bills, including legislation to improve maternal care and to provide mental health support for health care professionals, according to a news release. The bills passed during the executive session held May 25 include the Dr. Lorna Breen Health Care Provider Protection Act, which would address the need to support the mental health of doctors and nurses given what they face every day in their work, especially throughout the COVID-19 pandemic, by enhancing training and educational programs to increase awareness on suicide and other mental health concerns. This legislation passed the committee by voice vote. The other five bills passed by the HELP Committee are the Maternal Health Quality Improvement Act, the Rural

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Maternal and Obstetric Modernization of Services (MOMS) Act, the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act, the Supporting the Foundation for the National Institutes of Health and the Reagan-Udall Foundation for the Food and Drug Administration Act and the Promoting Physical Activity for Americans Act.

STATE NEWS

Utah MH translational research building receives funding from Utah lawmakers

During a special session of the Utah State Legislature May 20, lawmakers approved \$90 million in funding that will be combined with \$65 million in funds from the Utah philanthropic community for the Utah Mental Health Translational Research Building at the University of Utah's Huntsman Mental Health Institute, University of Utah Health reported May 21. Championed by Senate President Stuart Adams and Speaker Brad Wilson, funding for mental health was prioritized as part of the \$1.6 billion Utah accepted in COVID-19 relief funds. The Utah Mental Health Translational Research Building will catapult Utah to the forefront of mental health research and care by creating a collaborative environment to solve mental health challenges like suicide, child and young adult mental health, rural mental health, stigma, workforce shortages and the unknown neurological, psychiatric and social factors created by COVID-19. The building will house the world's only 7 Tesla MRI dedicated to brain research and innovative clinical interventions that will attract engineers, physicists, psychologists and researchers from around the world. It will also be the first institution in the nation to co-locate mental health researchers with experts in science, artificial intelligence, public policy, business and law. Construction will begin in late 2021.

Coming up...

The **New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA)** is hosting its IT conference, "Connection and Protection," online **June 9**. Visit <https://www.njamhaa.org> for more information.

McLean Hospital, in conjunction with **Harvard Medical School**, is hosting its Psychiatry Continuing Education Online Conference **June 10–12**. For more information about this virtual course, visit <https://home.mcleanhospital.org/ce-psychiatry>.

The **National Alliance on Mental Illness** is holding its virtual NAMIcon 2021, "Bringing People Together for Mental Health: The Time is Now," **July 27–28**. Visit <https://www.nami.org/Get-Involved/Attend-the-NAMI-National-Convention> for more information.

NAMES IN THE NEWS

Former U.S. first lady **Rosalynn Carter** was recognized May 24 by the World Health Organization (WHO) for 50 years of leadership to help improve access to health care for all people with mental health and substance use issues, according to a news release from the Carter Center. During a virtual ceremony at the opening of the 74th World Health Assembly, WHO Director-General Dr. Tedros Adhanom Ghebreyesus presented Carter with an Award for Global Health in recognition of her contributions to advancing global health. In a prerecorded

video, Carter Center Board of Trustees Chairperson Jason J. Carter, grandson to Jimmy and Rosalynn Carter, read a letter from his grandmother and accepted the award on her behalf. In the letter, she said: "The Director-General's award for global health is especially meaningful to me in light of the Carter Center's long partnership with WHO to eradicate debilitating neglected tropical diseases and to promote the inclusion of mental health as an integral part of overall well-being. My hope is that this is the moment when all nations will make behavioral health a priority and create quality systems of care that are equitably delivered..."

In case you haven't heard...

The use of psychedelics is evolving for the treatment of a variety of mental illnesses, including anxiety, depression, post-traumatic stress disorder and other related uses, Financial News Media reported May 25. Some psychedelic drugs are extracted from plants or mushrooms, and some are synthetic (human-made). These drugs are now considered effective for patients with treatment-resistant depression, as they are fast-acting and long-lasting. The most common psychedelic substances include: ketamine, psilocybin, ibogaine, LSD, dimethyltryptamine and MDMA. The majority of psychedelic drugs under development are targeting mental and/or behavioral health indications. This is an area with significant unmet need. According to a report from Data Bridge, the psychedelic drug market is expected to gain market growth in the forecast period of 2020 to 2027, growing with a compound annual growth rate of 16.3% in the forecast period, and is expected to reach \$6.8 billion by 2027, from \$2 billion in 2019. Growing acceptance of psychedelic drugs for treating depression and the increasing prevalence of depression and mental disorders are the factors most responsible for the market growth.