

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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New York Gov. Kathy Hochul's new budget proposal includes a 1.5% COLA for human services nonprofit organizations. The mental health community is seeking to work with Hochul and the legislature for a 1.7% increase to match the current CPI rate of 3.2%. Other key elements in the budget call for mental health court expansions, and a requirement for commercial insurance to pay the Medicaid rate for mental health services. . . . See top story, this page

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State Budget Watch

NYS advocates encouraged by budget proposal, urge COLA hike



New York State advocates said that while they are pleased with the governor's FY 2024–2025 executive budget proposal, which includes criminal justice reform efforts and new mental health courts, sufficient funds are still very much needed to address the mental health workforce shortage crisis and fill jobs for workers given the more than 30% job vacancy rate at most programs across the state.

Gov. Kathy Hochul's budget

proposal includes a 1.5% cost-of-living adjustment (COLA) increase for human services not-for-profit sector employees, including mental health services. However, advocates have said that the full executive and legislative commitment should be 3.2% to reflect this year's Consumer Price Index (CPI) rate at 3.2%.

The 1.5% increase represents only a partial victory, Mental Health Association of New York State (MHANYS) CEO Glenn Liebman told *MHW*. "We're essentially having one-half of a loaf," said Liebman. MHANYS is rooting for New York State to receive the whole loaf, he noted. "To [Hochul's] credit, there

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Bottom Line...

Mental health advocates are seeking a 1.7% COLA increase to be paired with the proposed 1.5% COLA increase to reach the 3.2% CPI rate.

Slight easing of labor market allows hospital to reopen mental health unit

A central Massachusetts acute-care hospital is gradually reopening a mental health treatment unit that has been shuttered since fall 2021. The hospital's chief executive told *MHW* that there has been some easing of a hiring crisis that had forced the mental health unit's closure during the COVID-19 pandemic.

Heywood Hospital President and CEO Rozanna Penney said state regulators have approved the reopening of six mental health beds at the Gardner, Massachusetts, facility; the unit housed four patients as of Jan. 16. She said the 134-bed hospital ultimately hopes to win the state's approval to operate a 12-bed mental health unit.

Penney said the parent organization's current federal bankruptcy

Bottom Line...

Leaders at Heywood Hospital in Massachusetts hope they soon will operate 12 inpatient mental health beds at a unit that has been closed since late 2021.

proceedings have not affected the timing of plans to resume inpatient mental health care. Heywood Healthcare, which also operates a 25-bed critical access hospital in Athol, Massachusetts, and several physician practices, last October filed a petition under Chapter 11 of the federal bankruptcy code. At the time, it cited problems such as workforce-related challenges, supply chain delays and

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has never [been] a governor who has paid as much attention to COLA as she has," he said. "But we have years and years of not being funded appropriately."

In the last 15 years, the budget shortfall has amounted to more than 33%, based on the annual COLAs over the last 15 years; every year [that] we did not get funded. "We did the math — we have a shortfall of 33% not being funded appropriately. We have to make this whole," noted Liebman.

"The COLA offer of 1.5% is only a start," Harvey Rosenthal, CEO of the Alliance for Rights and Recovery (formerly the New York State Association of Psychiatric Rehabilitation Services), told *MHW*. "Negotiations will need to take place between the [New York State] legislature and the governor. We could use a lot more. We want [the 3.2%] COLA in all our sectors. We need to get the job done. The workforce is stretched thin."

The state is experiencing a more than 30% job vacancy rate, in the human services sector which is especially important to staff the new programs the governor is proposing, he noted. "This is a crushing crisis," added Rosenthal.

Criminal justice reform

The governor is calling for the creation of new mental health courts and to expand those currently in operation, but she did not indicate

how much funding will be behind this, Luke Sikinyi, director of public policy and public engagement for the Alliance for Rights and Recovery, told *MHW*. "The state does not have these courts in all its counties," he noted. Gov. Hochul, however, did propose \$6.2 million to provide mental health specialists and peers in mental health courts.

"One of the good things we liked about this budget regarding criminal justice are the goals to diverting more people from jails and prisons," said Sikinyi, adding that the proposed budget does lack specific details.

Rosenthal said he is pleased with the governor's goal to divert more individuals from jails and prisons, particularly considering the "horrible" conditions in the state's prisons, i.e., Riker's Island in New York City. "Individuals diverted will receive needed community care rather than incarceration," he told *MHW*.

Rosenthal added, "The budget proposal for the state represents a mixed bag, although there are good investments in it."

Treatment not jail

The Alliance, meanwhile, is proposing the Treatment Not Jail Act, which would establish mental health courts in every county while removing the requirement of a guilty plea to enter into a diversionary agreement.

The Treatment Not Jail Act has not been adopted yet, said Sikinyi.

The act modernizes and expands mental health courts to enable them to accept more people and make the process of accessing the court more efficient and fairer, he said. "It allows judges to be the deciders for whether people can go to mental health court." Sikinyi noted.

He added that the current mental health court law requires the prosecuting district attorneys to agree to having defendants go to treatment courts. It would also increase education about mental health challenges for court employees. It also removes the requirement to plead guilty before entering in an agreement, which is often required in the current law.

Sikinyi explained that the types of services available for people who enter the agreements would include voluntary community-based services, supportive housing, peer recovery services and others of the like.

1115 Medicaid waiver

The governor's proposal makes reference to a \$7.5 billion 1115 Medicaid demonstration waiver over three years to improve health equity through investments in safety net hospitals and improve the integration of primary care and behavioral health.

"The 1115 Medicaid waiver calls for increased focus on screening people for social determinants of health, referred to as health-related social needs, and then provides

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funding to help connect people with service providers to address these determinants,” noted Sikinyi. The health-related social needs include housing, transportation and nutrition.

“The proposed budget requires commercial insurance to pay at least the Medicaid rate for mental health services provided by service providers who are authorized by our state Office of Mental Health,” said Sikinyi.

First Responder pilots in the Medicaid demonstration waiver to support New Yorkers in mental health or substance use crisis; and more peer ‘bridgers’ to support people transitioning from hospitals back to their communities.

Rosenthal said he hopes the Medicaid waiver would put some emphasis on primary care and the services that people with mental

State hospitals

The budget allocates tens of millions of dollars to open an additional 125 state-operated inpatient psychiatric beds that would include beds for children and adolescents, adults and forensic patients. The \$50 million proposed for this effort would be better used in the community, said Rosenthal. “If we’re looking for more money, one of the best places is closing state hospitals,” he said.

The Alliance is calling for that funding to be used to promote a systematic expansion of community-based prevention, crisis support and hospital, jail and prison diversion models, including the use of INSET peer-led engagement teams, the 988 crisis line, peer crisis stabilization, crisis respite and living room drop-in services.

MHANY’S Liebman said that during the New York’s State of the State address on Jan. 9, Gov. Hochul stated, “Mental health issues are the defining challenges of our time.” “Our mental health system is underfunded,” said Liebman. “She gets it.” •

“If we’re looking for more money, one of the best places is closing state hospitals.”

Harvey Rosenthal

“This is critical because commercial insurance often pays far less than the Medicaid rate, leaving people with commercial insurance either paying high out-of-pocket costs or not being accepted for services at all.”

The Alliance said it plans to urge the governor and the state legislature to include Mental Health

health need. “The waiver is broad and complicated,” he added. “It should include peer wellness coaches in primary care practices. We hope the waiver accepts that,” Rosenthal said. “We’re keeping our eyes on the prize for people with major health needs and with major mental health needs.”

Issue brief responds to federal guidance on police alternatives

For individuals experiencing a mental health crisis, a health-focused team of workers with mental health expertise should be deployed instead of police, just as an ambulance would be dispatched to help someone experiencing a physical health emergency. Any failure to do so violates the civil rights of people with disabilities, according to a new issue brief released Jan. 16 by the Bazelon Center for Mental Health Law and the Vera Institute of Justice.

The joint issue brief supports federal guidance from the U.S. Department of Justice (DOJ) and the U.S. Departments of Health and Human Services (HHS) that people with mental illness and other disabilities should receive a health response — and not a law enforcement response — in circumstances where other individuals would receive a health response.

Bottom Line...

The Bazelon Center and the Vera Institute agree that federal guidance for communities to implement a mental health system that can and will reduce violence against people with behavioral health disabilities is a useful tool.

In May 2023 the DOJ and HHS issued guidance for state, tribal, and local officials on responding to, and interacting with, people with behavioral health disabilities. The guidance describes practices for responding to crises experienced by people with mental health and substance use conditions and other disabilities, including intellectual, developmental, vision and hearing disabilities.

The agencies were required to issue the guidance by President

Biden’s 2022 Executive Order on advancing effective and accountable policing.

According to the brief, the new federal guidance can be a useful tool for communities to implement a comprehensive community-based mental health system that can and will reduce violence against people with behavioral health disabilities, especially in BIPOC communities, which disproportionately experience the most negative impacts of policing.

Diverting calls

Vera and the Bazelon Center agree with the new guidance that “jurisdictions should not assume that the proper response to a crisis is always to send law enforcement,” according to the issue brief. Law enforcement and 911 dispatch should

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divert calls to unarmed, properly trained behavioral health responders “whenever appropriate.” As the guidance explains:

“Equal opportunity requires that people with behavioral health disabilities receive a health response in circumstances where others would receive a health response. For example, if call centers would dispatch an ambulance or a medic rather than law enforcement to respond to a person experiencing a heart attack or diabetic crisis, equal opportunity would entail dispatching a health response in similar circumstances involving a person with a behavioral health disability.”

“In other words, sending police in response to a mental health crisis where there is no immediate safety risk to the public is discriminatory and violates civil rights laws,” the brief stated.

Making the vision a reality

“The crisis response guidance that DOJ and HHS issued last year was an important step forward because it highlighted the need to reduce unnecessary police involvement in crisis situations,” Daniela Gilbert, director of the redefining public safety initiative at the Vera Institute of Justice, told *MHW*. “Working closely with the Bazelon Center, our goal with this issue brief is to urge these agencies to do more to make this vision a reality.”

Gilbert added, “That includes more clearly asserting how communities must shift away from their overreliance on police-led responses, including co-responder teams that pair clinicians with police and contribute to unnecessary police presence in crisis situations. The federal government should also further invest in civilian crisis responses to make them more widely available nationwide.”

Inappropriate law enforcement responses to calls for help involving people with behavioral health disabilities or those in crisis is an

extremely significant issue, added the Bazelon Center’s senior staff attorney. “As such, the new federal guidance is long overdue,” Lewis Bossing, told *MHW*. As many as 10% of police calls involve people with mental health disabilities; these people account for 20% to 25% of individuals who are killed by law enforcement, he said.

Bossing noted that the Bazelon Center and Vera issue brief identifies a number of tools that should be part of the health response to people with disabilities, including transferring 911

“The crisis response guidance that DOJ and HHS issued last year was an important step forward because it highlighted the need to reduce unnecessary police involvement in crisis situations.”

Daniela Gilbert

calls involving people with mental health disabilities to local behavioral health hotlines and warmlines, including (as appropriate) those affiliated with the new 988 Suicide and Crisis Lifeline, investing in mobile crisis teams, making those teams available 24/7 and ensuring they respond in real-time to the location of the person in crisis, engage the person, assess their needs, intervene to de-escalate the situation and connect the person to the services they want and need for long-term stability.

He added, “With these and other tools in place, most mental health

crises can be effectively addressed and resolved on-site or in the community.”

The BIPOC population with disabilities is disproportionately harmed in these encounters, he added. “Black men with behavioral health disabilities are killed by law enforcement at significantly higher rates than white men who exhibit similar behaviors,” Bossing stated.

Significant to BH population

Between the findings and guidance that they issued last year, the DOJ and HHS have made it clear that federal law requires a behavioral health response for people who experience behavioral health crises, stated Gilbert. “For too long, these calls to 911 have received police responses as the default, so the federal government’s acknowledgment that crisis situations demand health-centered responses is hugely significant for people with behavioral health needs.

She added, “However, as we explain in our issue brief with the Bazelon Center, further concrete guidance and investment in communities that reflects a true commitment to minimizing police involvement in crisis situations is still required.”

Communities should also apply for existing Substance Abuse and Mental Health Services Administration and Bureau of Justice Assistance grants that HHS and DOJ, respectively, have made available for launching and expanding civilian crisis responses, Gilbert recommended.

“The Bazelon Center for Mental Health Law and the Vera Institute of Justice appreciate the federal government’s guidance that law enforcement and 911 [emergency call] dispatch should divert calls for help involving people with mental health disabilities or those in crisis to unarmed, properly trained behavioral health responders “whenever appropriate,” stated Bossing.

The guidance is an important step forward, he said. “The Bazelon Center and the Vera Institute urge all

levels of government — federal, state and local — to undertake greater investment in and clarity around

the prioritization and implementation of unarmed crisis responses over police-led approaches.” •

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South Carolina leading the way with 988 geotracking resource

A 988 Suicide & Crisis Lifeline mapping tool and an online platform are among the new tools in South Carolina's suicide prevention toolbox as the state works to bring down its number of suicide rates.

Statistics from the South Carolina Department of Mental Health (SCDMH) revealed that, across the state, mental health emerged as a critical public health challenge with far reaching consequences for individuals, families and agencies, according to information provided to *MHW* by SCDMH officials. The increasing prevalence, access issues

(MHA) of Central Carolinas piloted 'RapidDeploy,' considered a leader in 911 emergency call-taker mapping and analytics. The company, on its website, refers to themselves as innovators that are changing traditional 911 paradigms, transforming emergency response and improving the efficacy of 911.

"The Charleston Dorchester Mental Health Center (CDMHC) will be partnering with RapidDeploy to implement its 'Radius Mapping' program, which provides best-in-class mapping that optimizes the contextual and informational view of a location, within seconds, by integrating

nationwide in nine states and hundreds of local 911 centers across the country. However, South Carolina is using this resource tool for its 988 centers. "South Carolina is the only state to pilot this geotracking resource in its 988 program," said Butler. Meanwhile, the Charleston mental health center will join the pilot in early spring 2024.

Also referred to as geotracking, the resource tool will allow for individuals to provide consent for their location to be sent to the 988 contact center, she said. "It is another tool to help people in crisis if they are unable to tell [us] their location," said Butler. "It's completely done by consent."

People experiencing a mental health crisis are calling, texting and chatting on the 988 suicide and crisis line and need to get resources quickly, noted Butler. "They may not be in any condition to tell you where they are," she said. The geomapping resource will address that, she noted. The 988 staff member can send a link to the cell phone of the crisis caller, and upon clicking it, 988 will know where they are.

Two years ago the state enacted legislation that required 988 on every student's ID card for grades 7 through college, Battle said. "We're seeing trends in much younger children attempting to take their own lives," she said. "We need to get as many resources to them as easily as possible."

Training opportunities at the SCDMH include one designed for health care and behavioral health professionals interested in the latest intersectional suicide care practices. Trainings can be provided to inpatient and outpatient behavioral health professionals (one-day training) and inpatient and outpatient direct care staff (half-day training).

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“We’re trying to wrap as much care and compassion and resources around South Carolinians who are in crisis in many ways and innovatively and try to provide care when, where and how they need it.”

Jennifer Butler

and provider availability significantly worsened the statewide mental health crisis in the following ways:

- 706,000 adults in South Carolina have a mental health condition;
- 37.6% of adults in South Carolina reported symptoms of anxiety or depression (February 2021);
- 23.3% were unable to get needed counseling or therapy; and
- Only three South Carolina counties have more than 100 psychologists, psychiatrists, counselors and other mental health providers per 100,000 residents/county.

Last year, Mental Health America

the most trusted and diversified data in the industry," Jennifer Butler, director of the Office of Emergency Services at SCDMH, told *MHW*.

First in the state, country

Meanwhile Mental Health America – Greenville in Greenville, South Carolina, was the first 988 call center in the state to partner with RapidDeploy, and many of the South Carolina 911/PSAPs [Public Safety Answering Points] utilize it as well. Funding will be allocated for the Charleston Dorchester center to implement Radius Mapping within its 988 contact center as well.

Local news reports indicate that RapidDeploy is currently deployed

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Evidence-based self-care

CredibleMind, a personalized well-being platform, is another suicide prevention initiative in South Carolina. The name of the state's CredibleMind platform is called Hopeful Minds, said Butler.

The platform has unique features and qualifications, she noted. The platform provides a more strategic and comprehensive people-focused strategy that helps improve well-being and mental health through,

for example, self-help/self management mental health support through a digital platform that is available to all South Carolinians, creating a community of action and culture of mental health statewide.

Hopeful Minds is an evidence-based self-care wellness platform, explained Butler. "We've been using it with employees of the SCDMH and South Carolina Health and Environmental Control, and [they are] the only two agencies in the state to do so. Particularly since COVID, it's another way to care for those who

care for others, said Butler. Some have experienced burnout, and this is a way for them to manage their own wellness, she said.

"We're trying to wrap as much care and compassion and resources around South Carolinians who are in crisis in many ways and innovatively, and try to provide care when, where and how they need it." Some may prefer to receive services in person, on the phone or via the online platform, she offered. "It's about meeting people where they are," said Butler. •

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a costly and time-consuming transition to an electronic medical record system.

"This was a strategic business decision to position us for future success," Penney said of the Chapter 11 filing. "It was not just closing services and cutting costs. The mental health unit is right up there in terms of the need in the local community."

Pandemic's impact

At the time of the mental health unit's closure in 2021, Heywood Hospital was facing significant problems in hiring for all operations, Penney said. Administrators were finding it necessary to rely on traveling clinicians to fill important roles in the organization and were falling short of being able to keep the mental health unit running throughout the day. A typical inpatient mental health stay at the time ranged from 5 to 10 days.

"Therapists were finding alternatives to work remotely," Penney said. "The mental health population was also presenting particular challenges; some patients were not always compliant with rules on wearing masks."

The October 2021 closure of the mental health unit did not mean patients with mental health needs suddenly stopped arriving at the hospital. By the middle of last year, new leaders at the hospital were observing overcrowded conditions in the

emergency department and realized that they needed to move toward re-opening mental health bed space, Penney said.

"The labor market had calmed down a bit," she said. "More people were coming back. We were able to find more people from the local area who understood how important it was to provide this service."

The hiring picture for both nurses and therapists has improved

mural, relaxing music, lighting dimmers and rocking chairs. It also is being furnished with items such as art and music therapy supplies and weighted blankets. Penney said this feature of the unit has applicability both in meeting patient needs in the moment and in addressing longer-term needs as part of discharge planning. "It gives patients skills to help them prevent an agitated episode after discharge," she said.

"It was not just closing services and cutting costs. The mental health unit is right up there in terms of the need in the local community."

Rozanna Penney

somewhat in recent months, Penney said. Another high priority hire for the mental health unit has been in occupational therapy, as the re-opened unit is placing a greater emphasis on offering sensory resources to patients. Upgrades to the re-opened mental health unit include the establishment of a sensory room that provides a calming environment for patients.

Funded through a grant from the Robert J. Mullen Charitable Trust, the sensory room includes a soothing

Use of incentives in hiring

Hospital leaders also have resumed the use of incentives to attract mental health clinical staff. Signing bonuses and tuition reimbursement were among the hospital's offerings in the past, but these inducements weren't having much of an effect on attracting applicants during the peak of the pandemic.

The hospital continues to offer signing bonuses to coveted employees but pays these out periodically over a two-year period rather than

immediately at hiring, Penney said. “Retention is also very important,” she said. The amount of the bonuses varies based on position and the difficulty in hiring for a particular slot.

Ultimately, Penney said, what is most important is finding someone from the local community who has the type of mission-driven mindset needed to excel in the mental health unit.

She said weekly communications from the association that represents the state’s hospitals show around 500 individuals on waiting lists for an inpatient mental health bed at any one time in the state.

The latest report from the

Massachusetts Health & Hospital Association states that even though around 450 new inpatient psychiatric beds were established within Massachusetts’ acute-care hospitals and psychiatric facilities in 2021 and 2022, “fully staffing existing and newly licensed beds is a considerable barrier to opening new or expanded services. Much more needs to be done to ensure behavioral health patients have access to needed care, in particular by increasing the pipeline of staff, improving retention and ensuring the sustainability of services.”

Penney said that policymakers need to focus on making outpatient

services more viable, which would ultimately result in easing the pressure on inpatient care capacity. “This would prevent situations from becoming acute,” she said. Heywood Hospital also operates a partial hospitalization program with a capacity of around 40 patients a day.

Because there is currently no reliable reimbursement mechanism for community health workers, “We can’t hire them at competitive salaries,” Penney said. Greater attention to shoring up outpatient treatment would go a long way toward improving the challenging scenario that inpatient facilities continue to face, she said. •

Study finds new ADHD prescriptions climbed during pandemic

While new prescription rates for most medications to treat behavioral health conditions were steady during the COVID-19 pandemic, prescriptions for attention deficit hyperactivity disorder (ADHD) medications rose sharply, a study published last week in *JAMA Psychiatry* found. The largest increases in ADHD medication prescriptions were among women and people aged 20 to 39, according to an APA Psychiatric News Alert.

“During the COVID-19 pandemic, widespread concerns arose regarding increased behavioral health needs and unprecedented challenges in health care access,” wrote Grace Chai, Pharm.D., M.P.H., of the Food and Drug Administration’s Center Office of Surveillance and Epidemiology, and colleagues. “Pandemic-related stressors and early mitigation measures such as stay-at-home orders, virtual schooling, and economic stressors contributed to concerns of increased behavioral health needs,” she wrote.

In the cross-sectional study, “Trends in Incident Prescriptions for Behavioral Health Medications in the US, 2018–2022,” Chai and colleagues analyzed data from the National Prescription Audit, which captures 94% of prescriptions dispensed

at outpatient pharmacies in the United States. Drugs in five classes were included: antidepressants, benzodiazepines, Schedule II stimulants, non-stimulant ADHD drugs, and buprenorphine labeled as a medication for opioid use disorder.

To capture changes in medication initiation before and during the COVID-19 pandemic, the authors looked at new prescriptions dispensed from April 2018 to March 2022.

In the two years before the pandemic (April 2018 to March 2020), 51.5 million prescriptions in the five classes were dispensed compared with 54 million during the pandemic (April 2020 to March 2020). Additional results include the following:

- Compared with the two years before the pandemic, rates of prescriptions dispensed during the pandemic increased by 10% for antidepressants, 14% for Schedule II stimulants, and 32% for nonstimulant ADHD drugs. The authors noted that the increased rates of Schedule II stimulants and nonstimulant ADHD drugs were significant and exceeded pre-pandemic trends, whereas the increased rate of antidepressant prescriptions followed the increasing

trend that started before the pandemic’s onset;

- Among patients aged 20 to 39, Schedule II stimulant prescriptions increased by 30%, and nonstimulant ADHD drug prescriptions increased by 81%;
- Among women, Schedule II stimulant prescriptions increased by 25% and nonstimulant ADHD drug prescriptions increased by 59%;
- For all patients, the rates of benzodiazepines and buprenorphine decreased by 9% and 2%, respectively; and
- Prescriptions written by nurse practitioners increased across all drug classes, ranging from 7% for benzodiazepines to 78% for buprenorphine.

“The lack of significant changes in the trends of incident prescriptions dispensed for antidepressants, benzodiazepines, and buprenorphine ... during the COVID-19 pandemic suggests that a unique set of drivers may have contributed to the differential use of ADHD medication,” the authors wrote. “Additional research is needed to differentiate increases due to unmet need vs. over-prescribing, highlighting the

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need for further ADHD guideline development to define treatment appropriateness.”

According to the authors, the differential changes during the COVID-19 pandemic in incident prescription trends for ADHD, particularly for C-II stimulants, underscore the need for robust policies to address unmet needs while balancing public health concerns. •

BRIEFLY NOTED

NASMHPD releases revised 988 model bill for 2024

The National Association of State Mental Health Directors (NASMHPD) announced Jan. 12 an updated 988 “model bill,” originally developed in 2021 and updated annually, according to *NASMHPD Update*. Amendments have been made to the 2023 model to update the 988 Suicide & Crisis Lifeline language, add new definitions and descriptions regarding the collaboration between 988 and the original 911 emergency line, and parity provisions. This year’s model bill includes several new additions, with a specific emphasis on collaboration:

- States are required to help establish collaboration between 988 Lifeline centers and a variety of key community groups; and
- 988 and 911 are encouraged to collaborate for the purpose of “no wrong door responses” by working together and coordinating, training, protocols, and procedures.

“988/911 collaboration” is the partnership of the 988 Suicide and Crisis Lifeline Centers and 911 Emergency Communication Centers to effectively address caller needs by providing call and information sharing solutions, identifying the processes and training needed to properly handle behavioral health crises and determining each stakeholder’s role and responsibility.

Coming up...

The **American Psychiatric Association** is holding its Annual Meeting **May 4–8** in **New York**. The meeting will be held in-person and virtually. (Registration for the virtual meeting opens in February.) Visit <https://www.psychiatry.org/psychiatrists/meetings/annual-meeting/registration> for more information.

The **National Alliance on Mental Illness** is holding its annual conference, NAMICON, “Elevating Mental Health,” **June 4–6** in **Denver**. For more information, visit <https://convention.nami.org>.

The **American Mental Health Counselors Association** is holding its annual conference **June 10–12** in **Charlotte, N.C.** Visit <https://www.amhca.org/conference> for more information.

Travel insurer to pay \$1.5M in mental health discrimination case

Allianz, the world’s largest travel insurance company, will pay \$1.5 million to settle a civil rights lawsuit that alleged the company discriminated against Washington residents with mental health conditions. A civil rights trial was set to begin Jan. 17, *The Seattle Times* reported. According to the Washington attorney general’s office, the company had a policy that excluded coverage for “mental and nervous health disorders” including dementia, schizophrenia, post-traumatic stress disorder and other mental health conditions. “Allianz would accept a claim over a broken foot, but not a life-altering mental health diagnosis

— that’s not fair, and it’s not lawful,” said Washington Attorney General Bob Ferguson. Allianz will pay about \$800,000 to reimburse customer’s travel losses and premiums, plus interest, and about \$700,000 for the costs of the litigation, investigation and distribution of the financial restitution. Allianz has since entered a consent decree and changed its policy to remove the mental health exclusions, according to the attorney general’s office.

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In case you haven’t heard...

In a poll fielded last December by the American Psychiatric Association (APA), most adults said they were anxious about their personal finances (59%) and uncertainty for the new year (54%). The Healthy Minds Monthly poll found that more than one-third (38%) were anxious about their mental health — a trend consistent with the prior year’s polling. Just under half (44%) of adults said they anticipate experiencing the same level of stress at the start of 2024 as they did at the start of 2023, while one in four said they expect more stress. The poll was fielded by Morning Consult from Dec. 2–4, 2023, among 2,202 adults. The polls run each month throughout the year, tracking information on mental health and anxiety. Over the past year, adults have remained the most anxious about inflation, a recession and gun violence. During this period, adults have consistently been least anxious about the COVID-19 pandemic. Other topics about which Americans have been anxious have included hate speech and hate crimes, which peaked at 67% in November; and international conflict, which also peaked in November at 70%. Worries about artificial intelligence, while on the minds of many Americans, stayed relatively flat at about 55% since August 2023.