

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Editor's note:
Mental Health Weekly will not publish a Dec. 2 issue. We wish all of our readers a Happy Thanksgiving. Publication will resume in two weeks with the Dec. 9 issue.



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Whitepaper urges investment in CSC for people with first episode psychosis

Despite recent growth and its proven success, the number of Coordinated Specialty Care (CSC) programs remains insufficient to meet the needs of individuals experiencing early or first-episode psychosis (FEP), according to a new whitepaper that provides insights from a national model and the impact of scaling access to care nationally.

CSC is considered the standard

of care for individuals with early psychosis. Expanding access to CSC programs for individuals in need could not only improve lives but also generate an economic return, according to authors of the whitepaper, “Scaling Coordinated Specialty Care for First-Episode Psychosis: Insights from a National Impact Model.” (<https://www.nami.org/wp-content/uploads/2024/11/Scaling-CSC-for-FEP-Insights-from-a-National-Impact-Model.pdf>)

Both the national model and the whitepaper are the result of a collaboration among the National Alliance on Mental Illness (NAMI), the National Association of State Mental Health Program Directors (NASMHPD), the National Council for Mental

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Bottom Line...

Partners of the whitepaper cite an opportunity and an imperative for U.S. stakeholders (e.g., policymakers, providers, and payers) to invest in scaling CSC for people experiencing FEP — improving lives while also generating an economic return.

Colorado voters back gun tax to support victim assistance

Colorado voters this month approved a 6.5% excise tax on gun manufacturers and retailers, with much of the anticipated revenue targeting mental health support for crime victims. Some mental health organizations in the state officially backed the measure, although victim assistance more broadly served as the main driver of the initiative.

Proposition KK received support from just over 54% of Colorado voters who cast ballots. Supporters largely promoted the measure as a vehicle for helping victim assistance organizations to meet high demand for services amid shrinking sources of traditional funding.

Many of the victim assistance service agencies that are expected to

Bottom Line...

Military veterans and at-risk youths are identified as some of the anticipated beneficiaries of a voter-approved excise tax on gun manufacturers and retailers in Colorado.

benefit from this new revenue source offer individual counseling (often free of charge) and group therapy to victims of crime, said Courtney Sutton, public policy director at the Colorado Organization for Victim Assistance, a statewide advocacy coalition.

“This is a therapeutic process for anyone who is a crime victim,” Sutton told *MHW*. “It isn’t always recognized by mental health care.”

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CSC from page 1

Wellbeing, and the McKinsey Health Institute with a goal to increase awareness of this issue and to identify and codify the benefits of scaling CSC for early psychosis. (The whitepaper uses “first-episode psychosis” and “early psychosis” interchangeably.)

CSC is a multidisciplinary, team-based approach that employs person-centered and shared decision-making principles to offer an array of services aimed at recovery and symptom remission in early psychosis (e.g., psychotherapy, medication management, family education and support, service coordination, supported employment, and peer support), the report stated.

Multiple trials have shown that CSC reduces hospitalizations, emergency department visits, criminal justice involvement, and symptoms, and also improves vocational engagement and quality of life.

Increasing access

“At its core, the whitepaper is about increasing access,” Jessica Monahan Pollard, Ph.D., senior behavioral health advisor for NASMHPD, and contributor to the whitepaper, told *MHW*. “We know that CSC dramatically improves outcomes of FEP. CSC can help people recover and lead meaningful lives. I’ve seen it firsthand.” Early psychosis was a career focus for her early on, she said.

“We went from a handful of CSCs in early 2000, to hundreds now, but they’re not enough,” said Pollard. The steady increase was partially attributable to the success of the National Institute of Mental Health’s RAISE (Recovery After an Initial Schizophrenia Episode) program — an intervention program to help young people recovering from FEP (see “RAISE program reveals positive outcomes for youth, effective monitoring,” *MHW*, July 23, 2015; <https://doi.org/10.1002/mhw.30265>). NAMI was also actively involved with the RAISE study.

Additional support came from Congress in the form of the Community Mental Health Services Block Grant, which allowed each state to set aside 10% of its funding to support evidence-based intervention for individuals in the early stages of a serious mental illness.

“When you think of the impact of not getting the right care for psychiatric disorders, it can literally be deadly,” she said. Pollard pointed to the whitepaper’s statement that people in the early stages of psychosis are 25 times more likely than their peers to die. “We’re talking about young people — ages 16 to 30,” she said.

Pollard added that individuals experiencing untreated early psychosis also experience high rates of hospitalizations and physical health issues. “It really affects families and the community,” she said. The need for expanded CSC is urgent, Pollard stated.

Policy makers, state and federal leaders, and others need to make the decision to invest in CSCs, she said. “They have to make a concerted effort in growing the program,” she stated. Many states, noted Pollard, have developed CSC programs through Medicaid services. Private insurers are not doing that, she noted.

“We want 90% of individuals with early psychosis detected and to receive evidence-based treatment in care for the conditions they have and achieve recovery,” said Pollard. The vision of the partners involved in the whitepaper is to keep it aligned with the Kennedy Forum’s goal to achieve “90-90-90” in mental health by 2033: 90% of individuals are screened for mental or substance use disorders, 90% receive the evidence-based care they need, and 90% of those treated can manage their symptoms and achieve recovery, Pollard indicated.

Over 10 years, expanding access to CSC from the baseline rate of 10%–25% to a rate of 90% could provide evidence-based care for approximately 600,000–800,000 additional individuals experiencing FEP and generate about \$115 billion to \$140 billion in system savings, the report stated.

Positive outcomes

CSC has shown several positive outcomes for people experiencing psychosis relative to those who



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receive care as usual or community care, the whitepaper stated, including:

- a 33% reduction in inpatient days and a 36% reduction in emergency department visits, driven by improvement in both mental health and physical health;
- a 42% reduction in the likelihood of being unemployed;
- a twofold improvement in education and employment rates (from 40% to 80% in six months);
- a 48% reduction in the need for homelessness services among the FEP population; and
- a 76% reduction in the risk of committing a first crime.

Meaningful lives

The CSC program, designed for individuals 16 to 26, can help young people live out meaningful lives through school, work and peer connections, as well as assist with supportive housing and supported employment, Darcy Gruttadaro, J.D., chief innovation officer at NAMI, told *MHW*. The whitepaper serves as “a reminder that it makes good economic sense for investments at the state and federal level,” she said.

Gruttadaro pointed to quotes in the whitepaper from young people that get to the heart of what they’re experiencing. “They [cite] the

Individual with lived experience praises early intervention

In the whitepaper, “Scaling Coordinated Specialty Care for First-Episode Psychosis: Insights from a National Impact Model,” J.G., a Healthy Brains Global Initiative lived experience council member, recounts his experience: “I experienced a psychotic episode at the age of 35 that resulted in a hospital admission. Upon release, I was fortunate enough to receive over three years of early intervention service support, which included a care coordinator, psychotherapy, medication, family support and access to peer support. Thanks to a robust and early response, not only have I been able to recover but, more important, I also have been able to find meaning and purpose: I now work within mental health services to improve outcomes for others.”

importance of having the right services available for them and staying engaged,” said Gruttadaro (see box, above).

Investments are needed at the state, federal and local levels. “We really need the private insurance industry to fund services,” added Gruttadaro. “This is an evidence-based program to address a condition that, if not treated well, can lead to unemployment, becoming unhoused, traumatized, or experience with the criminal justice system.”

Gruttadaro added, “Conditions for someone with schizophrenia, for example, could be problematic if they don’t receive the right care.”

“We need to ask for workforce expansion as well,” she said. Raising

awareness is also crucial. “NAMI is working hard at it,” Gruttadaro said. “We want to help 16 to 26-year-olds get screened and have outreach so that people are aware.”

The whitepaper aims to reach a broad array of stakeholders: policy-makers, legislators, advocates and mental health providers, Gruttadaro said. “This is one of the areas where we can make a positive difference for people with psychosis or schizophrenia,” she said. “If we identify these conditions early and get them into care, this [represents] a huge opportunity we should not miss.” •

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Majority of Americans want doctors to ask about mental health

A new survey released last week by West Health and Gallup has found that seven out of 10 Americans want their health care provider to ask about both their physical and mental health concerns during medical appointments, compared with 29% who say they want to be asked only about physical health. More than half of those surveyed say that someone in their household has been diagnosed with a mental health condition.

The West Health-Gallup Survey on Mental Health in America was

Bottom Line...

Most respondents indicated their preference for having PCPs work directly in tandem with mental health professionals, the survey suggests.

conducted by web and mail with 2,389 adults aged 18 and older, living in all 50 U.S. states and the District of Columbia, as a part of the Gallup Panel. West Health is a family of nonprofit and nonpartisan organizations focused on health care and aging.

“This is the first study that we have conducted that looks specifically at the issue of PCPs [primary care providers] and mental health,” Dan Witters, director of Wellbeing Research at Gallup, told *MHW*. “The results emphasize prior West Health-Gallup research from their 2024 Survey on Aging in America report that found that nine in 10 Americans believe mental health to be at least as important as physical health, and 87% favor Congress strengthening requirements to force health insurance plans

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to cover mental health to the same degree that they cover physical health.”

In the current survey, more than three-quarters of women (76%) say they prefer that a health care provider ask them about both types of health concerns, compared with 65% of men.

Evidence in the medical community suggests that having primary care providers work directly in tandem with mental health professionals can lead to better outcomes for patients, the report indicated. The survey results show that most U.S. adults prefer this kind of integrated approach and that many households are likely in need of behavioral health care.

More than half of Americans (53%) say someone in their household, or a close family member, has been diagnosed with a mental health condition. Among those who report that someone close to them has been diagnosed, 20% say that condition negatively affects their family's or household's daily life “a great deal,” and 39% say “quite a bit.”

Prior research

The results of the new survey emphasize prior West Health-Gallup research from their 2024 Survey on Aging in America, said Witters. That report found that nine in 10 Americans believe mental health to be at least as important as physical health, and 87% favor Congress strengthening requirements to force health insurance plans to cover mental health to the same degree that they cover physical health, he said.

Witters added, “Furthermore, 56% believe that future generations will have worse mental health than Americans do now compared to just 16% who think future generations will be better off in their mental health.”

Mental health care has been a focus of West Health and Gallup's throughout 2024, said Witters. “In May, we reported that 38% of U.S. adults think mental health issues are

handled “much worse” and 37% “somewhat worse” than physical health issues, while 15% say they are dealt with “about the same,” he said. “Just 4% think mental health issues are treated “somewhat better,” with 1% saying “much better.”

Only 9% of American adults give the U.S. health care system a grade of A or B in addressing mental health care conditions, said Witters. “And 81% believe that mental health conditions such as depression and anxiety have increased in the U.S. compared to five years ago,” he said.

“In October, we reported strong bipartisan support for improving access to mental health care, with 81% who support (including 48% who “strongly support”) current federal law that requires health insurance

Half (51%) of the public says it's “very important” that PCPs screen patients for anxiety and depression, and even higher proportions (57% each) say it's very important that these providers treat patients themselves for these conditions, or refer patients to another doctor, the survey indicated.

Women are much more likely than men (61% to 40%) to view screening for anxiety and depression as very important. Similarly, women are more likely to say it is very important that family care doctors treat these mental health conditions themselves as well as make referrals.

“Health literature provides a mixed bag regarding long-term destigmatization of discussing mental health in the U.S., but the sharp

“Furthermore, 56% believe that future generations will have worse mental health than Americans do now compared to just 16% who think future generations will be better off in their mental health.”

Dan Witters

companies to provide equal coverage of mental health care and substance abuse treatment as the coverage for physical health,” he said. “And 73% of Americans, including 57% of Republicans, believe that the government is not doing enough to ensure that Americans have access to mental health care.”

Preferences

Among those who say they would prefer that a doctor ask them about both mental and physical health concerns, 75% say a PCP has asked them about their mental health, while 24% have not been asked. For those who would prefer that their doctor ask only about physical care, 45% say a PCP has asked them about their mental health.

worsening of mental health issues since pre-COVID, coupled with substantial efforts by employers to promote workplace mental health-related support and Employee Assistance Programs, has likely played a role elevating the comfort level of adults regarding discussing this topic with their doctors,” Witters stated. •

Mental Health Weekly

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Leveraging diverse perspectives for holistic patient care



by **Jasleen Chhatwal, M.D.**

In recent years, mental health care has evolved to prioritize more holistic and collaborative approaches, with an increasing focus on the benefits of interdisciplinary, integrated and integrative care. Mental health disorders are inherently complex, with each patient presenting a different constellation of symptoms, histories and contributing factors. No single discipline holds all the answers to these intricate issues.

Interdisciplinary care involves professionals from diverse fields — psychiatrists, psychologists, social workers, counselors, nurses, internal medicine physicians, integrative practitioners and other health professionals — working together as a collaborating team to address the full spectrum of a patient's health needs. Each clinician brings their own unique expertise to the table, ensuring that no aspect of a patient's care is overlooked.

Enhancing care through collaboration

Integrated care models support interdisciplinary collaboration by bridging mental health care with primary health services, recognizing the mind-body connection that has been proven to be critical for improving quality of care. An ideal care model today requires that we honor our patients' needs, including traditional and holistic treatment modalities that fall under the umbrella of integrative care. This approach recognizes that mental health treatment should encompass not just medical and psychological services, but also lifestyle changes, mindfulness practices, traditional healing practices, spiritual support and other therapeutic interventions that can support overall well-being.

For example, a patient with depression might benefit not only from medication management but also from cognitive-behavioral therapy, neurostimulation in the form of transcranial magnetic stimulation, support for social reintegration, acupuncture for pain reduction, therapeutic massage for stress reduction and perhaps assistance with occupational therapy to help regain skills for daily functioning. This multidimensional care helps ensure that the patient's needs are met from multiple angles, guaranteeing that the patient receives the most comprehensive care possible.

Improving patient outcomes

The benefits of an interdisciplinary approach go beyond patient care — they extend to measurable improvements in patient outcomes. Research consistently shows that collaborative care models are associated with better clinical outcomes for patients with

mental health conditions. The integration of mental health services into primary care, for example, has been linked to improved symptom management, greater patient satisfaction and reduced hospitalization rates. Inclusion of integrative care also provides enhanced benefits in the form of greater engagement from the patient and improved rates of long-term recovery.

One of the key reasons for these improved outcomes is that interdisciplinary teams can offer timely and coordinated interventions. Collaborative teams are often more attuned to the social and environmental factors that influence mental health. A patient struggling with depression may also have comorbid pain, job stressors, financial challenges or interpersonal conflict. These are issues that may not be addressed by any one type of professional but can be tackled more effectively in an interdisciplinary team, where each member brings expertise in managing different aspects of a patient's life.

Supporting professionals' well-being

While patient care is always the primary focus, an interdisciplinary approach also has significant benefits for the well-being of health professionals themselves. Working in seclusion, especially in a high-stress field such as mental health, can lead to burnout, stagnation and isolation. By contrast, interdisciplinary teams offer support, shared responsibility and a sense of camaraderie.

The collaborative nature of interdisciplinary care means that professionals can share the burden of difficult cases and learn from one another. In my experience as chief medical officer at Arizona's Sierra Tucson, working in a supportive team environment fosters professional growth and encourages a sense of community. It reduces the sense of isolation that can come from working with patients who may present complex or difficult challenges.

By being part of a team where each member's expertise is valued, mental health professionals are more likely to feel engaged and motivated in their work, which can ultimately lead to better outcomes for both patients and providers.

A call for systemic change

While the benefits of an interdisciplinary approach are clear, the reality is that many mental health systems still operate in silos. Overcoming these structural barriers requires systemic change — greater integration of

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services, improved communication among professionals, and policy and payment models that encourage collaborative care. The development of team-based care models that include regular case discussions, shared electronic health records and comprehensive care plans is crucial for realizing the full potential of interdisciplinary collaboration.

As a psychiatrist leader, it is my belief that embracing interdisciplinary care is not just a luxury or an ideal — it is a necessity. In breaking down barriers and fostering collaboration, we can deliver more comprehensive and effective care to those who need it most while creating a work environment that supports and empowers all members of

the health care team. An interdisciplinary approach isn't just beneficial — it's essential for the future of mental health care!

Jasleen Chhatwal, M.D., is chief medical officer of Arizona-based mental health treatment center Sierra Tucson (<https://www.sierratucson.com>). A board-certified psychiatrist who is also certified in electroconvulsive therapy, transcranial magnetic stimulation and addiction medicine, Dr. Chhatwal uses a holistic and integrative approach inspired by her fellowship at the Arizona Center for Integrative Medicine. Born in India, Dr. Chhatwal is a past president of the Arizona Psychiatric Society and is passionate about reducing the stigma around seeking help from mental health professionals.

Tax from page 1

Implementation of the excise tax is scheduled to begin next April, but there is a chance that the measure will face legal hurdles. In late 2023, California state legislators adopted a first-in-the-nation excise tax on firearms and ammunition, which took effect on July 1, 2024. However, several state and national groups, including the National Rifle Association, have sued to block the California law on the grounds that it violates the U.S. Constitution's Second Amendment.

Response to funding shortage

Sutton said funding support for victim assistance services has diminished considerably in recent years. Federal funding to Colorado under the Victims of Crime Act, supported by fines imposed on offenders prosecuted by the U.S. Department of Justice, has dropped from around \$56 million in 2018 to around \$13.5 million currently, she said. This federal funding has supported community providers who respond to the emotional and physical needs of crime victims.

Advocacy groups in Colorado have reported that, in general, courts have been reducing fines on offenders in order to improve individuals' prospects for rehabilitation.

Lacking a dedicated state funding source for victim assistance

services in Colorado, the state's advocates had been seeking new sources of support. "We've been lobbying the legislature since 2020," Sutton said. State legislators did offer some assistance to help offset the shortfall in federal dollars, she said, but advocates decided that going to the state's voters offered a desirable strategy for establishing long-term dedicated funding.

She views the support from voters as "a recognition of the needs of our survivors. So many have experienced violence."

Sutton said there are around 200 agencies statewide that offer some form of victim assistance services. These agencies are a combination of stand-alone organizations that offer confidential help to individuals and system advocates from

"The legislature is fairly well-informed on the mental health landscape. If it's up to the legislature to hash this out, it will be a good outcome."

Vincent Atchity, Ph.D.

The advocacy coalition for Proposition KK identified groups that have suffered significant harms from gun violence. The campaign for the ballot measure therefore specified that military veterans and youths would be among the groups receiving support via the proposed excise tax.

"We did a grassroots-level campaign with a focus on victim service providers and mental health providers," Sutton said. "We talked about rural programs that would have to close their doors without additional support."

law enforcement and other government agencies that offer support to victims.

The statewide advocacy organization Mental Health Colorado became one of a handful of mental health-focused groups that joined the advocacy coalition backing Proposition KK, said Mental Health Colorado President and CEO Vincent Atchity, Ph.D. Aspen Ridge Mental Health was part of a small group of mental health providers that officially backed the measure, Atchity said.

The excise tax is expected to raise around \$39 million a year, Sutton said. Businesses that earn less than \$20,000 a year from gun sales are exempt from the tax, she said, as are law enforcement purchases of firearms.

The measure also will earmark a portion of funding to school safety initiatives. Atchity said he believes the excise tax found favor with a majority of voters largely because it creates a revenue source for appealing initiatives without resorting to a broad-based tax on the public.

He said the mechanics of how funds will be distributed remain unclear, though he believes state legislators will be sensitive to the needs of the mental health community. “The legislature is fairly well informed on the mental health landscape,” Atchity told *MHW*. “If it’s up

to the legislature to hash this out, it will be a good outcome.”

California’s experience

California legislators in September 2023 adopted Assembly Bill 28, the Gun Violence Prevention and School Safety Act, making California the first state to impose an excise tax on firearms. Spectrum News reported last July that, with the 11% excise tax taking effect on July 1, the final days leading up to that were marked by a rush of business at several gun retailers. Since then, some retailers have been passing along the cost of the tax to customers in the form of higher prices.

The new law is expected to raise around \$160 million for initiatives such as school-based mental health services, violence intervention programs and gun safety education.

The Spectrum News article quoted a buyer of \$2,000 worth of ammunition prior to the tax taking effect: “I do think that gun safety should absolutely be a thing, but I also think that, at the end of the day, making it more expensive to purchase firearms and weapons is just making it harder for lower-income people,” he said.

Similar thoughts were articulated by opponents of Colorado’s ballot measure, with some arguing that state lawmakers should establish a dedicated funding source if they indeed value services and supports for crime victims.

Colorado advocates will closely watch developments with the lawsuit that has been filed in California, mindful that similar challenges could occur once the Colorado excise tax takes effect next year. •

Behavioral Health Workforce Career Navigator launched

In recognition of National Career Development Day, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced on Nov. 13 the launch of the Behavioral Health Workforce Career Navigator, designed to help current and aspiring behavioral health professionals identify state requirements for a range of behavioral health careers, according to a SAMHSA release. The navigator supports President Biden and Vice President Harris’ commitment to expanding America’s behavioral health workforce, a key element of the Administration’s Unity Agenda for the Nation.

“We need a behavioral health workforce that can meet our country’s needs. That includes helping current and aspiring behavioral health workers pursue their careers and thrive in their work,” said U.S. Health and Human Services (HHS) Secretary Xavier Becerra. “The new Behavioral Health Workforce Career Navigator is an important tool towards improving the process of finding and comparing education,

training, and licensure and certification requirements across the country. President Biden and Vice President Harris’ Unity Agenda continues to take on the biggest challenges facing Americans, including addressing our nation’s behavioral health needs.”

“The COVID-19 pandemic underscored the urgent need for action to address shortages of behavioral health providers across the country,” said Miriam E. Delphin-Rittmon, Ph.D., HHS Assistant Secretary for Mental Health and Substance Use and the leader of SAMHSA. “This new tool supports not only those considering behavioral health careers or seeking a job for the first time, but also those looking to advance their career, develop their talents, and determine the necessary requirements if they wish to move between states.”

In October 2023, as part of her nationwide Fight for Our Freedoms College Tour, Vice President Harris issued a call to action for young people to join the behavioral health field. The Behavioral Health Workforce Career Navigator provides a

one-stop-shop for those considering the field to learn more by reviewing education, regulatory, credentialing, licensing, and renewal information for behavioral health careers by state. Additionally, the navigator supports existing behavioral health workers who may be considering moving or working in different states by identifying credential reciprocity.

SAMHSA also published the [Practical Guide for Expanding the Community-Based Behavioral Health Workforce](#), which presents best practices for expanding community-initiated prevention and care and the role of behavioral health support specialists. It offers examples of community-based models of care and provides resources for communities working to ensure community members’ well-being. •

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STATE NEWS

ERISA Industry Committee urges Colorado to reconsider new mental health parity rules

The ERISA Industry Committee (ERIC) last week submitted public comments on proposed regulations from the Colorado Division of Insurance aimed at administering parity for mental health and substance use disorder benefits, according to a Nov. 20 news release. ERIC's public comments strongly urge Colorado regulators to reconsider the proposed rules, cautioning that if the state rules conflict with future changes to federal law, it could lead to future compliance conflicts and undermine how employers administer benefit plans. Because underlying Colorado law adopts relevant federal regulations in this space, further state codification is unnecessary and could only lead to complications down the road. ERIC has been a leader in shaping federal mental health and substance use disorder benefit parity policy for many years, dating back to the enactment of the Mental Health Parity and Addiction Equity Act, the news release indicated. When the federal rule was issued in September, ERIC expressed concerns that the rule is unworkable for employers who choose to offer

Coming up...

The **National Association for Children's Behavioral Health** is holding its NACBH 2024 Emerging Best Practices Conference: Cultivating Tomorrow's Excellence **Dec. 4–6 in St. Pete Beach, Florida**. For more information, visit <https://nacbh.memberclicks.net/emerging-best-practices-conference>.

The **American Association for Geriatric Psychiatry** is holding its 2025 Annual Meeting, "Human Rights and Mental Health Advocacy for Aging Adults," **March 14–17, 2025 in Phoenix, Arizona**. For more information, visit <https://aagponline.org/education-events/annual-meeting>.

The **National Council for Mental Wellbeing** will hold its annual NATCON 25, **May 5–7, 2025 in Philadelphia**. For more information, visit https://www.xpressreg.net/register/NATC0525/landing.asp?gl=1*9i0qiz* gcl_au*MTAzOTQwMjA5OS4xNzI5NjE5Nzkx* ga*NTEzMzI1NzkyLjE3Mjk2MTk3OTE.* ga_2F00SBS511*MTczMjIxMTQyMS4yLjAuMTczMjIxMTQyMS42MC4wLjA.

behavioral health benefits for their workers. ERIC is a national advocacy organization exclusively representing the largest employers in the United States in their capacity as sponsors of employee benefit plans for their nationwide workforces.

CALL FOR PRESENTATIONS

NJAMHAA accepting presentations for spring conference

The New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) is now accepting proposals to present at the

NJAMHAA Spring Conference — "Looking Beyond the Horizon in Behavioral Health." Anyone who has expertise in any area related to mental health and addiction treatment is encouraged to submit a proposal. The conference will take place on April 8-9, 2025 in Woodbridge, N.J. NJAMHAA is looking for engaging and informative presentations that will help attendees stay up-to-date on the latest research and best practices. The application deadline is Jan. 6, 2025.

For more information, visit <https://njamhaa.site-ym.com/events/register.aspx?id=1891773&itemid=c8442a74-8e13-4484-928e-3cfccb71987f>.

In case you haven't heard...

In response to the increasing volume and accessibility of video content for youth on streaming channels and various online platforms, the American Psychological Association (APA) has issued its first ever set of recommendations to help parents, policymakers and tech companies empower teens to manage their viewing habits, an APA news release stated last week. The APA Recommendations for Healthy Teen Video Viewing summarizes the scientific research on adolescents' video viewing habits to offer steps that can be taken immediately by parents, youth and educators, as well as recommendations for substantial changes by policymakers and technology industry professionals. The report recommends educating adolescents so they can be more selective regarding the videos they view. It notes that videos can "assist with homework, teach new skills or hobbies, or provide insights into different cultures and experiences." By being taught video literacy in schools at all levels, teens can expand their knowledge and abilities while resisting manipulative platform features designed to prolong engagement and profit from their attention. The report also calls for tech companies to modify the built-in features of their platforms that can impact adolescent well-being.

Mental Health Weekly

welcomes From the Field submissions from its readers on any topic in the mental health field. Submissions are preferred to be no longer than 700 words, and should be submitted to: Valerie A. Canady, Publishing Editor Mental Health Weekly
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