

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 35 Number 9
March 3, 2025
Online ISSN 1556-7583

IN THIS ISSUE...

The conversation continues surrounding the administration's plans to address childhood chronic diseases via the recent establishment of its Make America Healthy Again Commission. A board member representing Children and Adults with Attention-Deficit/Hyperactivity Disorder offers his thoughts about the importance of treatment for children with attention deficit/hyperactivity disorder (ADHD) and his concerns about the administration's putting ADHD in such a negative light. . . . See top story, this page

AMA working to support physician health and wellbeing . . . See page 3

MassHealth, tech firm partner to lower inpatient wait time . . . See page 6

Bipartisan bill would enhance MH support for first responders . . . See page 6

SAMHSA workforce faced with federal cutbacks . . . See page 7



FIND US ON
facebook
mhnewsletter

© 2025 Wiley Periodicals LLC

CHADD weighs in on government's plans to address children's MH, medications

The Trump administration's executive order establishing the Make America Healthy Again Commission, released Feb. 13, continues to cause much concern in the field, including in the use of stigmatizing language with references to assess "the prevalence of and threat of" several medications, such as antidepressants and stimulants needed to treat children and adults with mental health conditions, such as attention deficit hyperactivity disorder (ADHD).

Recently, some in the field took issue with remarks by HHS Secretary Robert F. Kennedy, Jr., about antidepressants being more addictive than heroin, as well as plans to reform the way Medicare pays physicians (see "Field responds to HHS Kennedy's remarks about

Bottom Line...

CHADD wants to ensure continued access to medications that best meet the needs of children with ADHD.

MH medications, reimbursement," *MHW*, Feb. 24; <https://doi.org/10.1002/mhw.34345>).

A White House fact sheet pointed to the "overmedication" of more than 3.4 million children currently taking medication for attention deficit disorder (ADD)/ADHD. The executive order states that within 100 days of the date of this order, the commission shall submit to the president, through the chair and the executive director, the Make Our Children Healthy Again Assessment
See CHADD page 2

Research backs innovative approach to reducing MH waitlists, no-shows

Community-based behavioral health providers are quite familiar with the dual inefficiencies of having to maintain long wait lists for services while witnessing frequent no-shows for appointments among their existing patient base. A researcher and consultant who has helped providers implement an innovative approach to patient scheduling believes that to remedy the situation, provider organizations need a complete change in mindset about when and how often patients should be seen. Jules Rosen, M.D., now has results of published research to back up his view.

Use of a "phase-based care" approach at a Colorado federally qualified health center (FQHC) that was experiencing long wait times for

Bottom Line...

Some community-based mental health organizations are achieving striking clinical and financial results with a patient scheduling system that prioritizes rapidly addressing those with the highest-acuity needs.

mental health services resulted in rapid engagement of patients needing acute care, reduced need for medical services and increased behavioral health revenue for the FQHC. Organizations using phase-based care devote the vast majority of their clinical resources to the highest-acuity patients, many of whom routinely have to wait weeks
See No-shows page 4

CHADD from page 1

of the "threat" about the "potential overutilization of medication."

"The real 'threat' to the American people is when you do not treat this condition," Max Wiznitzer, M.D., co-chair of the Children and Adults with Attention Deficit Disorder's (CHADD's) Professional Advisory Board, told *MHW*. Much of the attention of the new commission is its emphasis on children's health, including nutrition and obesity, but clearly the focus is on mental health disorders, said Wiznitzer, a pediatric neurologist at Rainbow Babies & Children's Hospital in Cleveland, Ohio. He is also professor of Pediatrics and Neurology at Case Western Reserve University.

"We have to break it down into several components," said Wiznitzer. Medications to treat ADHD are part of a multimodal treatment plan, he said, adding that some children with

ADHD have to use medication, depending on the behaviors being targeted. An individualized, multimodal treatment approach can include behavioral interventions, parent and patient training, educational support, and medication.

Multimodal approach

A multimodal approach for children with ADHD would make it easier for affected individuals to socialize and be more efficient in their daily functioning, Wiznitzer said. "It puts you on an even footing with your peers," Wiznitzer added. The medical literature addresses the use of medication as part of a treatment management package, he noted. Untreated ADHD, rather than appropriate management, can lead to such consequences as smoking, substance abuse, failure to complete school and risk-taking behavior, he said.

The executive order refers to an overreliance, rather than a judicious and appropriate use of such ADHD medications as Adderall, Ritalin, Concerta and Vyvanse, Wiznitzer stated. Concerns include the emphasis of putting ADHD treatment in a negative light as well as attempts to try and restrict further use of the medication, he said. "[The administration] might try and ban them but it is not easy to do that," he said.

Wiznitzer pointed to the president's issuance of executive orders

seeking to end government support for programs promoting diversity, equity and inclusion (DEI). If federal funds are withheld from DEI programs, "what's to stop a parent or caregiver from being able to manage a child's ADHD with medication?" he said. They would not be able to care for a child who has ADHD in the most medically appropriate manner, Wiznitzer added.

In more recent news regarding DEI programs, U.S. District Judge Adam Abelson in Baltimore granted a preliminary injunction blocking the administration from terminating or changing federal contracts they consider equity-related.

Report requested

As part of the executive order, the MAGA Commission is charged with submitting to the president a strategy based on the findings from the Make Our Children Healthy Again assessment.

"The Strategy shall address appropriately restructuring the Federal Government's response to the childhood chronic disease crisis, including by ending Federal practices that exacerbate the health crisis or unsuccessfully attempt to address it, and by adding powerful new solutions that will end childhood chronic disease," the executive order stated.

"Who are the people that are going to be addressing medications?" Wiznitzer noted. "Who are the people

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
Email: vcanady@wiley.com
Submissions are subject to editing for space or style.

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Publishing Editor Valerie A. Canady

Contributing Editor Gary Enos

Production Editor Douglas Devaux

Publishing Director Lisa Dionne Lento

Mental Health Weekly (Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the first Monday in April, the second Monday in July, the first Monday in September, and the first and last Mondays in December. The yearly subscription rates for **Mental Health Weekly** are: Online only: \$672 (personal, U.S./Can./Mex.), £348 (personal,

U.K.), €438 (personal, Europe), \$672 (personal, rest of world), \$8,717 (institutional, U.S./Can./Mex.), £4,456 (institutional, U.K.), €5,627 (institutional, Europe), \$8,717 (institutional, rest of world). For special subscription rates for the National Council for Mental Wellbeing, USFRA, The College for Behavioral Health Leadership, NACBHDD and Magellan Behavioral Health members, go to [http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/\(ISSN\)1556-7583](http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/(ISSN)1556-7583). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at +1 877 762 2974; email: cs-journals@wiley.com. © 2025 Wiley Periodicals LLC, a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

Mental Health Weekly is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Premier (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Student Resource Center Bronze, Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

Business/Editorial Offices: John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774; contact Valerie A. Canady, email: vcanady@wiley.com.

To renew your subscription, contact Customer Service at +1 877 762 2974; email: cs-journals@wiley.com.

WILEY

who are going to do an objective evaluation?" The opinion of persons selected to provide the strategy may run counter to the general medical community, he indicated. "They may not be objective," he said.

If for example, as a result of the executive order, there were to be changes regarding messaging on the medication packaging, that would

CHADD also wants to make sure that there continue to be access to medications that best meet the needs of children with ADHD, said Wiznitzer.

"We don't want the government to restrict our ability to best manage ADHD," said Wiznitzer. "Guidance on the use of ADHD medication should be driven by good, objective,

That would mean a multimodal approach, not just medication, he said. [We also] have to make sure that parents and caregivers of children with ADHD should be educated about ADHD treatments. Teachers should also be more educated about ADHD.

CHADD agrees and wants to make sure the goals are emphasized. "We want to make sure children in America are as healthy as they can be," said Wiznitzer. "We all agree with that."

"I talk to multiple parents," said Wiznitzer. "They agree that people need to know what's going on and why. We want to make sure that resources are available to our families and not taken away or restricted or vilified because of people's reactions."

Wiznitzer added, "At CHADD, we also want to make sure that there continue to be access to medications that best meet the needs of children with ADHD." •

“We don’t want the government to restrict our ability to best manage ADHD. Guidance on the use of ADHD medication should be driven by good, objective, sound science.”

Max Wiznitzer, M.D.

have to be justified by the FDA. "There has to be a reason about why this is suggested and not just because the president ordered it," he said.

sound science." "CHADD wants to make sure that management of ADHD continues to be based on the science," he said.

AMA working to support physician health and wellbeing

Observing that more than 40% of physicians avoid seeking mental health care due to stigmatizing language on disclosure requirements on licensure forms, the American Medical Association (AMA) has been urging licensing boards, hospitals, health system and credentialing bodies to follow recommendations provided in its issue brief to remove inappropriate questions about mental health care and treatment for a substance use disorder.

Identifying whether an applicant has a current impairment — whether physical, psychological or behavioral — is of paramount importance to ensure patient safety, the AMA stated in its *Advocacy Resource Center Issue Brief: Campaign to support medical student, resident and physician health and wellbeing*.

Inquiries about past diagnosis or treatment, however, have little or no bearing on current fitness to

Bottom Line...
Physician discusses importance of providers seeking mental health treatment without feeling penalized.

practice medicine, the brief stated. The key inquiring of all credentialing, peer reference forms and other applications should be whether the impairment represents a current concern for patient safety and the physician's ability to provide competent, professional care.

MHW interviewed the chief medical officer at Iris Telehealth last week about the risks of untreated mental health issues among physicians. "AMA is advocating for the kind of changes to be made to avoid stigma for someone seeking help about a mental health issue," said Tom Milan, M.D., MDiv, also an associate professor at Virginia Tech.

Milan added, "The AMA is leading

the effort to destigmatize issues around providers having the ability to get appropriate care for the mental health treatment they need without being penalized." It's important to point out that untreated mental health can affect anyone's ability to do their job no matter what that work might be, Milan said.

The stress that providers face working in emergency rooms and in urgent care centers for example, and feeling burned out were even paramount well before COVID. For many physicians and other providers working in front line care, working under such stressful conditions is like being in a war room, said Milan.

They may be reluctant to seek mental health care and express any concerns they might have "for fear of that coming back to haunt them in some way," he said. State licensure forms may ask questions that

Continues on next page

Continued from previous page

ask, ‘Do you have any mental health or substance use disorder that would impair your ability to treat patients effectively?’” he noted.

Meanwhile, other professionals have experienced similar concerns about mental health stigma and what it means for their profession. (See “Lawyers seek removal of MH question from bar applications, *MHW*, Nov. 13, 2019; <https://doi.org/10.1002/mhw.32124>).

Supporting providers

Milan said he has worked to provide support to other providers via telehealth and by phone, which helped to provide some level of anonymity for them. Those kinds of services enable people to get the

use disorder treatment are not a reliable indicator of current fitness to practice medicine, AMA stated. To date, at least 29 states have updated their licensure forms to remove stigmatizing questions in line with AMA standards, according to the AMA.

“Virginia was the first state to adopt the [updated language] and make substantive changes in querying by the licensure board,” Milan said. Instead of the form asking, do you have a mental health or substance use disorder condition that may impact your ability to treat your patient, the form makes reference to if you have an underlying condition that may impact your ability to care for patients, said Milan.

According to the Issue Brief, the AMA indicated its support of the

treat patients and serve your patients better than if you are struggling with something.” Providers need to be encouraged that it is safe to ask for help, he added. “They will not be sanctioned; you want them to come forward and get the treatment they need,” he said.

The goal is to create an environment for someone who is struggling with a mental health or addiction without repercussions or the fear of loss of your job. “That’s what we want to create in this country,” he said.

The needle is moving around the country, said Milan. More people are talking about depression and more employers are creating Employee Assistance Programs nationwide, he said. “There’s more awareness about mental health issues,” said Milan. •

“Getting proper treatment enhances your ability to treat patients and serve your patients better than if you are struggling with something.”

Tom Milan, M.D., MDiv

support they need without using local resources, particularly if they live in a small town, he said. “Telehealth is one way for people to connect with others outside their state or region in confidence,” said Milan. “It’s a godsend for physicians and providers and for rural communities.”

Providers may find it hard to seek services where they are, he noted. They may go to a church or a synagogue or temple, or a child’s sport team and see someone they may have confided in about their mental health, for example. They may also visit a mental health center to receive counseling, and while there, sees someone they know, maybe a parent or a child in that same clinic, he said.

Inquiries about past diagnosis of mental health care and substance

following language, “Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No).” The question is supported by the Dr. Lorna Breen Heroes Foundation and other organizations.

The language update “could help people feel more comfortable and be honest on their application about seeking treatment in general,” added Milan. “Say I have a panic attack or anxiety, I might not get treatment [for fear] it might be reported to the medical board.” An individual might not want to raise a flag that there might be a problem, he said.

Milan added, “Getting proper treatment enhances your ability to

No-shows from page 1

or months for a first appointment under usual care. Organizations achieve this in part by removing rigid scheduling of other patients who are more stable.

The experience of the FQHC CrescentCare in implementing phase-based care is documented in a paper published online Feb. 13 in *Psychiatric Services*. Rosen, who has worked with CrescentCare and other organizations to introduce the phase-based care model, told *MHW* that phase-based care represents a “radical cultural change” in a provider organization.

“We try to put a rational framework around a system that is irrational,” Rosen said. “I’ve had therapists say to me, ‘But my patient needs me. They’ve been seeing me every two months for three years.’ I say, ‘These [waitlisted patients] are also your patients, but you don’t know them yet.’”

Principles of phase-based care

As a researcher, Rosen became interested in the relationship between clinical outcomes and financial benefits for a provider organization. When

the former University of Pittsburgh professor moved to Colorado to become chief medical officer of a community mental health organization, he became frustrated with a highly regulated approach to patient scheduling.

“There were some crazy rules, such as a patient had to have at least three sessions with a therapist before they could see a psychiatrist,” Rosen said. “I was so upset with this. They would say, ‘We’re doing the best we can with what we have.’”

Rosen started working with psychiatry staff to get high-acuity patients into treatment much faster and get them treated effectively, maximizing the vast clinical resources of a community mental health agency. Working in such a system led Rosen to the conclusion that for these patients in general, two to three sessions conducted over no longer than a 12-week period could effectively treat depression.

An earlier study at a community mental health center in western Colorado found that after 12 weeks, 78% of patients with a primary mood disorder who had received treatment in a phase-based care approach were in recovery based on a score of 10 or less on the Patient Health Questionnaire-9.

The needs of the highest-acuity patients can be met only if organizations get a handle on no-show rates that approach 30 to 50% in the industry, Rosen said. At CrescentCare, behavioral health leaders sought help after the FQHC’s waitlist had grown to 702 patients by October 2022.

Lucy Cordts, CrescentCare’s director of behavioral health, told *MHW* that she first became familiar with the phase-based care approach after attending a webinar sponsored by the National Council for Mental Wellbeing. “I talked to a number of health centers about this issue, asking how they were keeping up with the demand for behavioral health services,” Cordts said. “Some were maintaining waitlists with unknown wait times, some were not taking

new patients, some imposed arbitrary treatment limits. None of this felt right to them or to me.”

Further discussions about phase-based care led CrescentCare to embrace a new approach. “The tenets of [phase-based care] made so much sense to us: provide the most intensive treatment and services to those with the most intensive treatment needs, use a team-based care approach, use measurement at every touch to guide treatment and decrease the intensity of treatment and services as the individual stabilizes,” Cordts said.

“Getting rid of no-shows has not been a priority in mental health organizations. They’re not incentivized to be efficient.”

Jules Rosen, M.D.

As described in last month’s published paper, CrescentCare established a triage clinic to evaluate all waitlisted patients within three months and a multidisciplinary treatment clinic offering immediate care to the highest-acuity patients. Through this process it was able to estimate that around one-third of triaged patients would need the high-acuity clinic’s services.

A research team led by Rosen used CrescentCare electronic health record data to compare monthly results for pre-intervention and post-intervention periods, with the post-intervention period running from March 23 to July 31 of 2023. A total of 37% of triaged patients engaged with the weekly high-acuity treatment clinic within 2 weeks, with

many of the others waitlisted patients who did not need these services referred to individual therapy or case management.

The researchers found that within the waitlisted group, medical visits declined by 23% while behavioral health visits increased by 165%. Moreover, monthly per-patient per-month revenue for the FQHC increased by 29%, representing nearly a \$24,000 increase in monthly revenue for the organization. By placing individuals in a care schedule most suited to their needs, no-show rates dropped from 52% to 35%.

“Getting rid of no-shows has not been a priority in mental health organizations,” Rosen said. “They’re not incentivized to be efficient.”

Rosen is now serving as chief medical officer at startup company Vitalic Health, which uses phase-based care to offer mental health treatment to Medicare patients with at least two chronic conditions.

Cultural shift

“This report found that significant cultural transformations were required to implement [phase-based care],” authors of the CrescentCare study wrote. “The ingrained belief that stable patients must be scheduled at routine intervals was challenged and dispelled, permitting reallocation of resources to the waitlisted patients.”

Cordts explained that continuous involvement from clinical staff was essential to executing this new strategy. “They are so incredibly invested in our mission as a community health center, and it started with thinking about this issue from the perspective that the entire community is our ‘client,’ not just those who are currently in treatment,” she said.

“With ‘our community is our client’ as the guiding principle, our clinicians were on board to work on this as a team, pool our resources to triage our clients as quickly as they were coming to us for care, and getting them the appropriate intensity of treatment at the time they need it — not 12 months later,” Cordts said. •

MassHealth, tech firm partner to shorten inpatient wait time

Ensuring that patients awaiting inpatient treatment in emergency departments and within hospitals are seen in a timely manner are important goals of a partnership announced last week by MassHealth, the Commonwealth of Massachusetts' Medicaid and Children's Health Insurance Program (CHIP), and a leading healthcare technology platform.

MassHealth and PointClickCare announced the Feb. 26 launch of a Behavioral Health Treatment and Referral Platform to be used across the Commonwealth and designed to address challenges associated with behavioral health boarding in which patients face prolonged wait times in an emergency department or medical-surgical floors within hospitals until an appropriate inpatient psychiatric bed is available, officials stated in the release announcing the initiative.

The platform aims to support the Commonwealth's Expedited Psychiatric Inpatient Admission (EPIA) protocol by streamlining referral processes, sharing essential information on provider capacity, and standardizing admissions information.

Wait times for inpatient psychiatric care are an "enormous problem," said Hamad Husainy, DO, FACEP, chief medical officer at PointClickCare. When a patient presents with a mental illness in an emergency room and is evaluated and determined to need inpatient care, the wait time can take anywhere from six hours to several days and even months, Husainy said. "It depends on the caseload, the availability and the staffing," he told *MHW*.

The Behavioral Health Treatment and Referral Platform will be used by acute care hospitals, psychiatric hospitals, health plans, accountable care organizations and state agencies. "We're able to recognize a problem we all know exist," said Husainy. "This is an opportunity for technology to bring all the partners and different players in one space."

The dual effort aims to expedite all the information in a technical way quickly and in a more complete manner to institutions accepting

continuum, contributing to current capacity issues facing the healthcare system in Massachusetts and across the country, officials stated.

Right now the new initiative is based only in Massachusetts, representing a joint opportunity between Massachusetts Health and PointClickCare, he said. Plans are for the platform to become a model going forward on how to address the mental health crisis on the inpatient side, Husainy indicated.

When the transition of care is ineffective there are many costs associated with that, said Husainy. "It can cost a lot more money than the value you are receiving," he said. "Patients not receiving the care they need is costly to payors and to the health system." This effort will help to reduce health care costs, Husainy said.

"We're hoping to show that getting patients into care at a quicker pace can reduce inpatient stays at the hospitals or the ERs," said Husainy.

"The Behavioral health Treatment and Referral Platform is a major step in the right direction in helping to reduce continuum of care challenges and ensuring financial stability of healthcare organizations, ultimately supporting patients and making it easier for them to receive the care they need in a timely manner," Mike Levine, assistant secretary for MassHealth, stated in a news release. •

"We're hoping to show that getting patients into care at a quicker pace can reduce inpatient stays at the hospitals or the ERs."

Hamad Husainy, DO, FACEP

patients, he said. "Our platform will expedite and make it more complete," he said. "We're bringing visibility and clarity about what the process is," said Husainy. "We're transitioning all the patients across the state in a coordinated way."

Planned model

Behavioral health boarding can create bottleneck in the care

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

Bipartisan bill would enhance MH support for first responders

U.S. Senators Josh Hawley (R-Mo.) and Kirsten Gillibrand (D-N.Y.) reintroduced the bipartisan First Responders Wellness Act. The legislation would establish a national mental health hotline for first responders in addition to expanding mental health

services for those on the frontlines of major disasters, according to a news release from Sen. Hawley's office.

"Congress should prioritize the wellbeing of those first on the scene of life's crises," said Hawley. That starts with investing in the health

and safety of our police officers, firefighters, and EMTs. "This bipartisan legislation would provide first responders with the mental health tools they need to cope with past trauma and the resources necessary to support them in their jobs."

“Police officers, firefighters, and EMTs face unique stressors, and as a result, they are at high risk of developing PTSD and other mental health problems,” said Gillibrand. “We owe it to our first responders to do more to help. I am introducing bipartisan legislation to establish a mental health hotline specifically tailored to the needs of first responders and staffed by peer specialists and counselors who have an understanding of the occupational stressors experienced by first responders and have completed trauma-informed training.”

Gillibrand added that the bill would also expand professional mental health services for first responders during times of major disasters. I am proud to be introducing this legislation with Senator Hawley and hope to get it passed soon.”

First responders—including our men and women in blue, firefighters, EMS personnel, and public safety telecommunicators—face higher rates of PTSD than civilians, the senators indicated.

To address this, the First Responders Wellness Act would:

- Amend the Omnibus Crime Control and Safe Streets Act of 1968 to develop a professional program to provide confidential and independent mental health services to law enforcement officers;
- Increase the number of mental health service providers available to law enforcement officers;
- Establish a first responders mental health hotline to provide peer and emotional support, information, brief intervention, and mental or behavioral health and substance use disorder resources; and
- Require the Secretary of Health and Human Services to submit an annual report to Congress on the hotline and its implementation. •

Visit www.wiley.com

How are developments in Washington affecting you?

We want to hear from our readers: How are you and your organization addressing the fast pace of developments at the start of the new administration and Congress? How are recent changes affecting issues around funding, staffing and policy? What will you be watching most closely in the coming months? Send your comments to Publishing Editor Valerie Canady at vcanady@wiley.com.

BRIEFLY NOTED

‘Change fatigue’ a notable risk for HR professionals: Gallagher report

As organizations navigate ongoing external challenges, human resource (HR) and communication leaders are identifying “change fatigue” as a significant challenge, according to a 2025 employee communications report released by Gallagher’s, Insurance News reported. The report highlighted the pressures faced by HR professionals, which may have implications for employer-provided insurance coverage, particularly in employee assistance programs (EAPs), mental health benefits and liability protection for HR professionals.

The report, which drew insights from more than 2,000 communication and HR leaders across 55 countries, found that 44% of HR leaders view change fatigue as a key battleground for success in 2025, while 39% point to a lack of clear leadership direction within their organizations.

These findings indicate companies may need to assess their insurance coverage to ensure adequate support for employees dealing with workplace stress. Employee benefits plans that include mental health services, stress management programs, and wellness resources can mitigate the impact of prolonged organizational change.

The study also highlighted HR professionals’ well-being, with 33% reporting a decline due to workload strain, leadership challenges and ongoing organizational change. Employers that provide comprehensive

health and wellness benefits, including mental health coverage and flexible work policies, may improve retention and mitigate risks associated with burnout.

Gallagher’s report suggests that HR and communications professionals will continue to play a crucial role in navigating workplace change.

SAMHSA workforce faced with federal cutbacks

More than 10% of the staff working for the Substance Abuse and Mental Health Services Administration (SAMHSA) were fired this month as part of the government-wide cuts to recently hired federal workers ordered by Elon Musk’s Department of Government Efficiency (DOGE) task force, CBS News reported Feb. 21

The cuts amounted to around 100 probationary workers, multiple current and former federal health officials told CBS News, and affected multiple teams around the department, ranging from recently hired directors of SAMHSA’s regional offices to staff working on projects related to the 988 hotline for people facing mental health crises, which the agency oversees.

MHW reached out to SAMHSA to inquire about the cutbacks and the subsequent impact on its programs and services, including the 988 Suicide & Crisis Lifeline. A SAMHSA spokesperson responded, “The 988 Suicide & Crisis Lifeline continues daily, life-saving work and remains uninterrupted helping millions of people in crisis each year.”

The spokesperson added, “As an agency within the Department

Continues on next page

Continued from previous page

of Health and Human Services, SAMHSA is dedicated to advancing the behavioral health of the nation improving the lives of individuals living with mental and substance use disorders, and their families, in support of the President's agenda to Make America Healthy Again."

STATE NEWS

Ohio business leaders discuss mental health epidemic

Members of the Ohio Business Roundtable (OBRT) last month convened at Cardinal Health to discuss the growing mental health epidemic in Ohio and across the country, stated a Feb. 24 Ohio State University Medical Center news release. Recognizing the importance of this issue, these business leaders shared how they were working to meet the mental health needs of their workforce.

The OBRT is a nonpartisan, non-profit organization that includes more than 120 presidents and CEOs of Ohio's top companies who work together to improve Ohio's economic vitality. The Center for Psychiatry and Resilience provides clinical services, educates patients and conducts research to explore the root causes of mental illness and addiction.

Leaders of The Ohio State

University Wexner Medical Center and Cardinal Health announced a \$1 million gift from Cardinal Health to Ohio State's Department of Psychiatry and Behavioral Health's Center of Psychiatry and Resilience to turn learnings into practical strategies that prevent mental health disorders, support recovery and build resilience.

Mental health issues impact people in every community and every

business across the state," said Jason Hollar, chief executive officer of Cardinal Health. "We're pleased to support the Center for Psychiatry and Resilience and its work to better understand and treat these issues and improve the quality of life for our employees and our communities."

Coming up...

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 **New Jersey Association of Mental Health and Addiction Agencies, Inc.**, will hold its 2025 Spring Conference: "Looking Beyond the Horizon in Behavioral Health," **April 8–9 in South Iselin, N.J.** Visit <https://www.njamhaa.org> for more information.

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*MTAzOTQwMjA50S4xNzl5NjE5Nzkx* ga*NTEzMz11NzkyLjE3Mjk2MTk3OTE.* ga 2F00SBS511*MTczMjIxMTQyMS4yLjAuMTczMjIxMTQyMS42MC4wLjA.

The **National Association for Children's Behavioral Health** is holding its NACBH 2025 Impact Symposium, "Empowering Behavioral Health with AI," **May 6–7 in Minneapolis, Minn.** For more information, visit <https://www.nacbh.org>.

The **American Psychiatric Association** is holding its Annual Meeting **May 17–21 in Los Angeles**. Visit www.psychiatry.org/psychiatrists/meetings/annual-meeting/registration for more information.

In case you haven't heard...

A new study reveals that where kids grow up can play a major role in shaping their emotional well-being. According to the research, Vermont is the best state for raising mentally strong and healthy children, followed by Nebraska and South Dakota, a news release stated. The Best States for Children's Mental Health Index comes from leading school staffing agency, ProCare Therapy. It ranks all 50 states based on 10 key indicators that impact children's mental health outcomes, evaluating geographical and socioeconomic conditions that contribute to or detract from children's mental health. The research identified states where children's mental health is made a top priority, offering the policies, funding, education, and programs that set kids up for success. Vermont, Nebraska, and South Dakota excel in mental health provider availability, timely access to children's mental health care, school psychologist and counselor staffing, and access to healthy food and exercise opportunities, ensuring children receive comprehensive support both inside and outside the classroom. Meanwhile, Nevada, Texas, and Arizona rank at the bottom, highlighting significant disparities in access to crucial mental health resources.

CALL FOR PROPOSALS

The National Federation of Families is calling for proposals for its upcoming annual conference, #Accept, Advocate, Act in Chicago, Ill., November 13–15. The deadline for submitting a proposal to present has been extended to April 1. For more information, visit <https://www.ffcmh.org/conference-call-for-proposals>.

Renew your subscription at
cs-journals@wiley.com

Find more resources at
www.wiley.com