

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

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The nomination of Elinor McCance-Katz, M.D., as assistant secretary for mental health and substance use disorders is generating much hope in the field. Observing the need for improvement in behavioral health services, they see this as a time of opportunity and challenge. McCance-Katz is the former medical director of SAMHSA.  
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## New York state, local MH groups push for Senate to ban conversion therapy

While conversion therapy legislation is pending in the New York Senate, an unprecedented gathering of state and local psychiatrists, social workers and psychiatrists met at the state capitol April 25 to urge lawmakers to support the bill that would prohibit mental health professionals from engaging in efforts to change a minor's sexual orientation.

Conversion therapy is an attempt to change someone's sexual orientation from homosexual to heterosexual through psychological treatments or counseling. Six states — California, New Jersey, Oregon, Illinois, Vermont and New Mexico — and Washington, D.C., have passed legislation preventing this practice.

Members of the National Association of Social Workers — NYC

### Bottom Line...

*The Senate bill on conversion therapy has moved from the higher education committee and may be heading toward the mental health committee.*

and the local chapters of the American Psychiatric Association and the American Psychological Association met with Senator Brad Hoylman (D-Manhattan) and Assembly Member Deborah Glick (D-Manhattan) to promote the legislation.

The legislation, A. 4958/S. 121, is "an act to amend the education law, in relation to prohibiting mental health professionals from engaging in sexual orientation change efforts with a patient under the age of eight-

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## Field responds to nomination of first assistant secretary of mental health

President Trump's announcement of Elinore McCance-Katz, M.D., as his nominee for assistant secretary of mental health and substance use disorders is encouraging to some in the field who hope her position will help put the focus more on the needs of consumers with serious mental illness, and the integration of mental health and substance use disorders in overall health care.

McCance-Katz was the first chief medical officer of the Substance Abuse and Mental Health Services Administration (SAMHSA). McCance-Katz, appointed in 2013, left her SAMHSA position after two years.

Currently, McCance-Katz is chief medical officer of the Rhode Island Department of Behavioral Health-

### Bottom Line...

*The National Alliance on Mental Health has sent its letter of support for McCance-Katz to the Senate Committee on Health, Education, Labor & Pensions.*

care and professor of psychiatry and human behavior at the Alpert School of Medicine at Brown University.

The assistant secretary post was created in the 21st Century Cures Act, bipartisan legislation that passed in December and adds much-needed reforms to the mental health system. The assistant secretary is charged with overseeing programs at SAMHSA and coordinating mental

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teen years and expanding the definition of professional misconduct with respect to mental health professionals.” The Senate bill, introduced by Hoylman, was stalled in committee last June (see *MHW*, June 20, 2016).

Meanwhile, the New York Assembly bill, sponsored by Glick, passed March 28.

There has been some progress on this front. Gov. Andrew Cuomo used executive authority in 2016 to ensure that the Office of Mental Health (OMH) promulgated regulations making it unlawful for any mental health facility licensed, funded or operated by the OMH to provide conversion therapy to minors. Coverage is also prohibited under Medicaid in New York state.

In the past, professional organizations regarded conversion therapies as private agreements between individual patients and therapists, according to a fact sheet on conversion therapy. Many believed that efforts to eradicate homosexuality were a reasonable and harmless undertaking. In recent years, however, complaints about poor outcomes have led to greater scrutiny, the fact sheet stated.

Other groups in support of the bill include the New York Society for Clinical Social Work, the New York Association of Psychiatric Rehabilita-

tion Services and Families Together in New York State.

## Membership support

“We’re urging our members to call their senators in support of the bill,” said Candida Brooks-Harrison, LCSW, president of the National Association of Social Workers — New York City and founding co-chair of the Coalition on Race, Diversity and Intersectionality, told *MHW*. The

**‘It was a surprise. You usually don’t see us lobbying on the same side.’**

Jack Drescher, M.D.

Senate bill has left the higher education committee and is moving to the mental health committee, she said. “It’s in progress right now,” said Brooks-Harrison.

“This is not just to ban conversion therapy,” she said, adding that it’s important to protect minors. Adults, of course, have the right to make decisions for themselves; children do not. “Conversion therapy is not a real thing. It’s unethical to treat

a person who does not have a mental illness as if they do,” she said. Therapists who attempt to do this in the state could lose their license under this legislation, she noted.

The legislation that specifically protects minors has not moved from committee to the Senate floor in four years, said Brooks-Harrison. Meanwhile, the fact that the three disciplines joined together in support of the legislation “is historic unto itself; we don’t agree on everything,” said Brooks-Harrison.

## Human Rights Campaign

“The Human Rights Campaign [HRC] has partnered with the National Center for Lesbian Rights and state equality groups across the nation to pass state legislation ending the dangerous practice of so-called conversion therapy,” Stephen Peters, spokesperson for the HRC, told *MHW*. “New Mexico, California, Illinois, New Jersey, Oregon, Vermont, New York and the District of Columbia currently have laws or regulations protecting LGBTQ [lesbian, gay, bisexual, transgender, questioning, and queer] minors from the dangerous practice. Numerous municipalities also have these protections in place.”

Conversion therapy, sometimes known as reparative therapy, has been rejected by every mainstream

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

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# WILEY

medical and mental health organization for decades, but due to continuing discrimination and societal bias against LGBTQ people, some practitioners continue to conduct conversion therapy, according to the HRC. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness and suicide, the HRC stated.

### A common goal

Lawmakers seemed a little surprised to see all three disciplines coming together for a common goal, said Jack Drescher, M.D., distinguished life fellow of the American Psychiatric Association and clinical professor at New York Medical College. The push for Senate lawmakers to pass a conversion therapy bill “is one of the few areas where the

three groups present a united position in favor of the legislation,” said Drescher. “It was a surprise. You usually don’t see us lobbying on the same side.”

The Senate has not passed the legislation each time it was introduced throughout the last four legislative sessions, Drescher said. “It’s not clear what the results will be,” he said. Meanwhile, the Assembly passed its identical version four times, he said. “Every year, the Senate has not acted on the bill,” Drescher said.

The purpose is to protect minors up to age 18 from harmful effects of having changed their sexual orientation. Sometimes parents may force their children to do the surgery, he said. “There are no signs that [conversion therapy] works,” he said. Licensed mental health profes-

sionals should not be performing conversion therapy on anyone under 18, Drescher said.

Before passage in New Jersey and California, the bills had been challenged by conversion therapists, he said. Both states lost their appeal, he added.

Drescher pointed to an article he co-authored in the *Journal of Medical Regulation*, “The Growing Regulation of Conversion Therapy,” noting that this growing trend creates novel challenges for licensing board and ethics committees, most of which are unfamiliar with the issues raised by complaints against conversion therapists. The research stated regulatory bodies should develop appropriate guidelines on how to sanction licensed practitioners of conversion therapies. •

## State Budget Watch

### Ohio advocates concerned about federal reform, state budget

As the health reform debate continues, Ohio advocates say that both the Affordable Care Act and state funding are critical for addressing the state’s mental health needs. Additionally, proposed funding in the state budget will help secure more beds and aid in treatment for people with mental illnesses and substance use disorders, but it may not be enough, they said.



The Affordable Care Act helped to increase resources needed for both drug and mental health treatment, Amy Hanauer, executive director of Policy Matters Ohio, told *MHW*. The funding was essential, given the state’s “terrible drug epidemic,” she said. The state experienced 3,300 opioid-related deaths in 2015, second to California, which has three times as many people, Hanauer said. “We really have a big problem,” she said. “Medicaid expansion has helped.”

“President Trump is consistently saying new [health care] plan changes are on the horizon,” said Hanauer. “Any plan that reduces Medicaid

#### Bottom Line...

*Ohio policy advocates say that despite some increases in the state budget, more is still needed to address the needs of state residents with mental illness and substance use disorders.*

mental health treatment for patients is problematic.”

Hanauer said she is pleased Gov. John Kasich embraced the Medicaid expansion, which has helped provide funding and contributed to reduced hospital rates. Hanauer pointed to a recent report by the Center on Budget and Policy Priorities that noted that each year, Ohio’s schools receive \$81.5 million from Medicaid to pay for health services like speech therapy, mental health services and wellness screenings for eligible students and students with disabilities.

Federal Medicaid funding is essential to both school-based mental health care and other mental health care, said Hanauer. “If [Congress] cuts Medicaid funding, or block

grants the Medicaid program, we would not have the resources we need for mental health services in our public schools in Ohio,” said Hanauer.

Another of the concerns related to the budget was that the state did not have enough treatment beds for addiction and mental health patients. She noted a *PBS NewsHour* report in August that noted that 40 beds are needed for 100,000 people across the country. Ohio has less than one-quarter of the beds deemed to be needed, she said.

“The reason for the shortfall [in general] is that we’re so stretched in Ohio cutting taxes for the wealthy, and corporations,” she said. “It shouldn’t come as a surprise that the state doesn’t have enough money to care for its people.”

#### Funding proposal

The state legislature on April 26 did provide funding that will help add more beds in the budget that they released, she said. “They pro-

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vided \$130 million for treatment,” said Hanauer.

Included in the \$130 million allocated for treatment is a \$30 million increase over the biennium for child protective services and a \$10 million allotment of federal Temporary Assistance for Needy Families dollars for child care for kinship families, according to Gongwer News Ser-

stabilization centers, and a mandate that insurance companies cover telemedicine, which can help provide services in underserved and rural areas, Gongwer reported.

“We’re inadequately funded in health and human services,” Wendy Patton, senior project director for Policy Matters Ohio, told *MHW*. Patton said she is encouraged about the funding; however, the question re-

aged care plan will be eligible for up to 15 days of inpatient mental health treatment, *The Columbus Dispatch* reported. The program specifically exempted that group from inpatient coverage since it was founded in 1965. Medicaid now insures 3 million poor and disabled Ohioans.

“For many years, we have been advocating to have access to inpatient care,” Cheri Walter, CEO of the Ohio County of Behavioral Authorities, told *MHW*. Although the Medicaid managed care rule can be seen as an opportunity for more treatment, it is somewhat limited in its scope, she said.

Managed care is providing the funding for the treatment, which is restricted to only 15 days per month, Walter said. The Centers for Medicare and Medicaid Services is requiring states to make the change, she said. Providing more service access to more people is the bottom line, said Walter. “This is a good step in the right direction,” she said. •

**‘We need to have sustained, adequate revenue so people aren’t sick and desperate like we’re seeing across the state.’**

Wendy Patton

vice. The increase also covers a \$24 million distribution to the Alcohol, Drug Addiction and Mental Health Services boards for treatment, and \$20 million in capital to expand treatment facilities or create a pilot program to turn nursing beds into treatment beds.

On the mental health side, a \$19.4 million allocation includes \$6 million per year for mental health

mains whether it is enough. “We’re so far behind with investments [in the mental health arena] but we’ve got to start somewhere,” she said. “We need to have sustained, adequate revenue so people aren’t sick and desperate like we’re seeing across the state.”

### Medicaid MC rule

Effective July 1, Medicaid recipients ages 21 to 64 who are in a man-

For more information on behavioral health issues, visit [www.wiley.com](http://www.wiley.com)

## Netflix series prompts need for conversation, information

A new Netflix series about a young girl who has committed suicide has raised some concerns among the education, suicide prevention and mental health communities regarding its potential impact on young people, particularly those who may be experiencing psychological distress. Among the concerns, the drama glamorizes suicide and fails to provide adequate resources, say observers.

*13 Reasons Why* tells the story of high school student Hannah Baker, who takes her life — revealed in graphic detail — and explains the reasons why in a series of taped cassettes created for those she blames for her downward spiral. The 13-part

series, which commenced March 31, is based on a 2007 young adult novel of the same name by Jay Asher.

A number of organizations, such as the National Alliance on Mental Illness Maryland and Kognito, a New York City–based health simulation company, have prepared resources for parents and educators and other stakeholders. Both organizations released talking points to help parents and teachers talk about suicide as it relates to the situational drama that unfolds in the series.

The talking points literature was prepared by SAVE (Suicide Awareness Voices of Education) and the Jed Foundation. One of the points highlighted is that Hannah’s tapes blame

others for her suicide. Suicide is never the fault of survivors of suicide loss, according to the talking points.

Kognito officials prepared a webinar series with 2,000 attendees, including social workers, psychologists, counselors and educators. “As a service to our user base, we need to help them answer questions and give them guidance on what to do,” Jennifer Spiegler, senior vice president of strategic partnership at Kognito, told *MHW*.

“The concern is that there are kids who are already struggling with a mental health condition or who are themselves going through a difficult time for whatever reason as an ado-

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## Addressing the gap in MH care using a holistic approach

By Mehri Moore, M.D.

As ongoing efforts to destigmatize mental disorders such as anxiety and depression continue to make progress, we must be careful not to minimize the critical role proper treatment plays, not only as a social salve but — arguably more importantly — as a central component of a patient’s well-being. Typically, those suffering from severe anxiety and/or depression have two options: either check into an inpatient facility at a hospital or other institution and receive constant care and monitoring, or enroll in outpatient therapy, usually amounting to, at most, a handful of treatment hours per week. These tracks are perfect for some patients, but we as the mental health care community are doing other patients a disservice by acceding to a two-sizes-fit-all arrangement.

Building on the insights I gained and successes I helped engineer over the course of two decades at The Moore Center for Eating Disorders (now The Eating Recovery Center of Washington), I have designed a partial hospitalization program (PHP) that is a holistic, transformative program capable of offering individualized treatment to women and girls suffering from anxiety and depression, always being mindful of the unique social, biological and cultural challenges they face (female adolescents, for instance, are three times as likely as their male counterparts to struggle with depression). The PHP’s outpatient structure consists of five 10-hour days per week, providing a level of support comparable to that received in a residential program but enabling our patients to remain fully connected to their families and communities, a connection that is in and of itself an important part of the pivot from illness to wellness.

In order to make meaningful and significant changes in maladaptive behaviors, patients need to be provided with a map for what can often be a sinuous road to recovery. But just as a map is indecipherable without a legend, so too is a patient prone to get lost if she fails to understand not only her desired destination, but also where she is to begin with, what exactly it is that she needs to adjust and how she can go about making such adjustments. The PHP ensures patients have access to all the information they need to succeed by using a form of cognitive behavioral therapy developed by Dr. Marsha M. Linehan known as dialectical behavior therapy (DBT).

DBT is “dialectical” insofar as it emphasizes two opposing tendencies: acceptance and change. Before modifying maladaptive behaviors, a patient must accept both that they exist and that, regardless of

etiology, they are in need of rectification; a “You Are Here” beacon must be placed before a patient — or, indeed, a therapist — can even consider which direction represents substantive progress. By practicing DBT, we help patients solidify their strengths and learn and apply skills for (re)structuring their lives, managing their symptoms and coping with the stressors of everyday life. People suffering from severe anxiety and/or depression are often prone to intense emotional responses and, consequently, have a low tolerance for distress, but, with a not insignificant amount of work, durable recoveries are certainly possible.

Our mission at THIRA Health is to provide a setting in which patients committed to the work of DBT are able to achieve optimal results. In addition to DBT and individual psychotherapy, patients’ 50 weekly program hours are spent practicing yoga and mindfulness, eating nutritious meals with other program participants, engaging in art therapy, receiving medication management consultations (if necessary), participating in “vocational time” (patients can continue to work remotely, if appropriate, during the typically two-to-four-week program), and sharing successes and setbacks in multifamily therapy. In varying ways, each PHP component helps create an environment — both at THIRA Health HQ and at home — conducive to comprehensive, sustainable change.

While every patient is different and mental health panacea should be approached with a critical mindset, our PHP treatment at THIRA Health represents a significant addition to the slate of treatment options available to certain classes of patients. The PHP is not an appropriate solution for every individual wrestling with anxiety and/or depression, but it wasn’t designed to be. Our goal is to be a resource for physicians, psychotherapists and their patients, by providing a more intensive level of care than typical outpatient therapy can provide while simultaneously eschewing the overwhelming — and highly expensive — imposition of inpatient hospitalization.

Nearly 17 million Americans experience depression every year, meaning one in 10 of us will be afflicted by a depressive disorder at some point in our lifetime. Reducing these figures is a complex endeavor, but what remains certain is that every person who experiences anxiety and/or depression deserves a treatment program that is tailored to their needs. At THIRA Health, we are dedicated to doing everything we can to assist those in need, and by opening the partial

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hospitalization program, we hope to cater to an underserved segment of mental health patients and thereby take a small step toward making our community the healthiest it can be.

Mehri Moore, M.D., a psychiatrist, is the founder and chief medical officer at THIRA Health.

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lescent,” she said. Although Netflix has provided some resource and cautionary information for viewers, it is not enough, she said. “You always want to make sure you include prevention messaging and crisis response resources,” she said. The tapes that the protagonist leaves behind for those she blames for her suicide can make the survivor much more vulnerable to the suicide, said Spiegler.

Other concerns raised about the drama included the glamorization of suicide, the failure of adults to respond appropriately, the focus on the responsibility of others for the character’s suicide and not addressing mental illness or alternatives to suicide, according to the webinar.

Although Netflix officials have provided some content warning at the beginning of two episodes, it is not enough, said Spiegler. “They are not aggressively promoting safe

places for kids to take their concerns and feelings,” she said. “That’s really a problem.”

The series aired during spring break for most students, noted Spiegler. Some students were binge watching the drama during that time, she noted.

### Students at risk?

“Our approach has not been to say that the series is a bad idea,” said Mary Ann Panarelli, director of intervention and prevention services for Fairfax County Public Schools in Virginia, told *MHW*. The concern is that a child experiencing a loss of a friend or sibling may be put at risk, she said. Panarelli added that she wanted to help parents navigate the conversation when they come into contact with their children who have seen the series or read the book.

The series does not provide a very realistic portrayal of how a

school counselor would respond to a student experiencing a crisis or a problem of any kind, explains Panarelli. When Hannah tells the counselor she had been raped and refuses to name the person, the counselor says he cannot help her. That’s one example of a missed opportunity where a person could have been helped, said Panarelli.

*13 Reasons Why* has sparked a conversation, she said. The suicide prevention community immediately responded and made sure to distribute materials, including information prepared by the National Association of School Psychologists, to school psychologists, counselors and social workers, she said. •

For information about the webinar presented by Kognito, visit <http://go.kognito.com/13reasonswhyondemandfollowup.html?aliId=779026>.

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health and substance use programs at other federal agencies.

Rep. Tim Murphy (R-Pennsylvania), who spearheaded the Helping Families in Mental Health Crisis Act that created the new mental health and drug czar position, opposed the nomination. During a recent appearance on C-SPAN’s *Washington Journal*, Murphy blasted Trump’s pick. “I hope that the president withdraws this nomination,” Murphy said. “I hope that if she advances forward, the Senate does not confirm her.” He added, “She doesn’t deserve to be assistant secretary.”

Murphy’s comments followed a strongly worded press release that read, in part, “I am stunned the President put forth a nominee who served in a key post at SAMHSA

under the previous Administration when the agency was actively opposing the transformative changes in H.R. 3717, the original version of my Helping Families in Mental Health Crisis Act. In fact, the previous Administration and SAMHSA actively opposed the creation of an Assistant Secretary, as well as opposing my changes to HIPAA [the Health Insurance Portability and Accountability Act], expanding access to inpatient crisis psychiatric hospital beds, strengthening commitment standards and a host of other reforms.”

### Field encouraged

The American Psychiatric Association (APA) on April 25 released a statement in support of McCance-Katz’s nomination as the first assis-

stant secretary for mental health and substance use disorders in the Department of Health and Human Services. The APA is urging the Senate to swiftly confirm her nomination.

“Dr. McCance-Katz has a wealth of experience in academic and public-sector settings in addressing mental health and substance use disorders,” said APA President Maria A. Oquendo, M.D., Ph.D. “She is an accomplished physician, and the APA strongly supports her nomination.”

“We urge the Senate to confirm Dr. McCance-Katz as soon as possible,” added APA CEO and Medical Director Saul Levin, M.D., M.P.A. “We look forward to working with

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her to improve the quality of care of mental health and substance use disorders.”

### Nomination support

“We support the nomination of Dr. McCance-Katz,” Ron Honberg, J.D., senior policy advisor for the National Alliance on Mental Illness, told *MHW*. McCance-Katz is a board-certified psychiatrist and addictions psychiatrist. “Her skill set will be a real asset in this job,” he said. “She’s going to face opposition and challenges moving forward.”

NAMI has three important areas it would like to see the nominee focus on, said Honberg.

1. Early identification and intervention in the treatment of psychosis and other mental health conditions. Honberg said NAMI would like to see efforts building on the momentum of the National Institute of Mental Health’s (NIMH’s) RAISE (Recovery After an Initial Schizophrenia Episode) studies. NIMH and SAMHSA have partnered on early identification and intervention efforts that have been helpful, said Honberg. “These programs should be continued and strengthened,” he said. “We would like to see first-episode psychosis programs across the country in every state.”
2. Integrating mental health and substance use disorder care in overall health care. “The health systems have operated separately for too long,” says Honberg. “There’s not enough coordination. It’s costly across the country. We hope Dr. McCance-Katz prioritizes this important area.”
3. Reducing tragic consequences resulting from inadequate mental health and substance use disorder services, including suicides, homelessness and incarceration. One solution would be the coordina-

## Mental health groups call for field to oppose amended AHCA

The Bazelon Center for Mental Health Law and the National Council for Behavioral Health are among the mental health advocacy groups that are calling on members and consumers to urge their representatives to oppose the amended American Health Care Act (AHCA) and reject any proposal that results in cuts or rollbacks of Medicaid.

According to the National Council, Congress is working hard and moving fast right now to secure votes for the amended AHCA. This bill — if passed — would decimate the Medicaid program, allow states to roll back the essential health benefits like mental health and substance use and allow insurers to charge higher premiums for individuals with pre-existing conditions, they said. Reports indicate they have not yet decided whether they will support the bill.

The new amendment also would allow states to seek waivers from the Affordable Care Act’s requirement to provide essential health benefits, including crucial services for people with disabilities such as mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management, and pediatric services. The combination of these changes would make it nearly impossible for people with pre-existing conditions to find affordable plans that cover basic health care services, according to the Bazelon Center.

The National Council for Behavioral Health is calling on all advocates to join them in a nationwide call-in campaign this week. For more information, visit [https://www.voterveice.net/NATIONALCOUNCIL/Campaigns/51907/Respond#\\_blank](https://www.voterveice.net/NATIONALCOUNCIL/Campaigns/51907/Respond#_blank).

tion of key federal agencies, including the Department of Justice, the Department of Housing and Urban Development, the Department of Labor, the Veterans Administration and other agencies, he said. Financing also needs to be aligned. All agencies need to be at the table, he noted.

NAMI is hopeful about the assistant secretary nomination, said Honberg. “The title itself symbolically says that mental health and substance use disorders are real priorities within HHS,” he said.

DJ Jaffe, author of *Insane Consequences: How the Mental Health Industry Fails the Mentally Ill*, said he is pleased with the nomination. “This is a great appointment,” Jaffe said in a statement. “Trump is rumored to have been considering another terrific candidate, Judge Steve

Leifman, who has a long history of trying to improve services for the seriously mentally ill. As the mental health industry has abandoned the most seriously mentally ill, it is corrections, police, sheriffs, judges and others in the criminal justice system who are picking up the slack. Ultimately, Trump went with someone who had a medical background.”

He added, “SAMHSA needs to be headed by a change agent. Someone who in their heart of hearts really wants to help the seriously mentally ill, and is tough enough to force the agency to change.” •

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**BRIEFLY NOTED****NEDA applauds congressional request for ED research funding**

The National Eating Disorders Association (NEDA) released a statement applauding Congressman Ryan Costello (R-Pennsylvania) and Congresswoman Chellie Pingree (D-Maine) for spearheading a request to the Department of Defense petitioning for funding of eating disorders research among military service members. Studies show eating disorders affect members of the military at a high rate, with one study reporting that 34 percent of active-duty females showed at-risk signs for eating disorders. Children of military families also reported similar conditions at a significantly higher rate than the civilian population. However, federal funding for research for eating disorders is very limited, with only \$0.93 per person affected by eating disorders compared to other diseases such as autism receiving \$44 per person affected, say NEDA officials. On April 5, Costello and Pingree — with bipartisan support from 39 U.S. representatives — sent a letter to the House of Representatives' Defense Subcommittee requesting the inclusion of \$10 million for eating disorders research through the Depart-

**Coming up...**

The **National Association for Children's Behavioral Health** is hosting its annual public policy meeting, "Next Gen Health Care: Integrating Children's Behavioral Health in 2017 and Beyond," **June 14–15 in Baltimore**. For more information, visit <http://files.constantcontact.com/57c33206301/7d63f838-2d9c-4ecb-b722-56d9801dd253.pdf>.

The **National Alliance on Mental Illness** is hosting its national convention, "Educate, Empower, Engage," **June 28–July 1 in Washington, D.C.** For more information, visit [www.nami.org/convention/hp](http://www.nami.org/convention/hp).

ment of Defense's Congressionally Directed Medical Research Programs (CDMRP), which strives to transform health care for service members and the American public through innovative and impactful research. Funding through the CDMRP will offer an important opportunity to study these diseases — including anorexia, bulimia and binge eating disorder — that are not well understood, have limited treatment options and for which military service is associated with a heightened risk, NEDA officials said.

**STATE NEWS****Oregon inmates with SMI spend too much time in their cells**

Disability Rights Oregon says male inmates with the most severe mental illnesses are allowed out of

their cells for only a few hours on average each week, despite a pledge last year by the Oregon Department of Corrections to increase the amount of time, *The Oregonian* reported. The finding is part of the organization's progress report on the state's promise to improve conditions in the Behavioral Health Unit at the Oregon State Penitentiary in Salem. The new report was released April 26. The advocacy group had also issued a report in 2015 detailing "a hopeless and dysfunctional program" responsible for 40 inmates with serious mental illnesses. The report concluded that inmates spent a vast majority of their days in their cells in an area facility that was dark, stifling and foul-smelling. "It was sort of like a dungeon," said Joel Greenberg, an attorney with Disability Rights Oregon. Greenberg authored the 2015 report, as well as the new progress report. Greenberg said the prison system has made "impressive and meaningful" improvements. The use of force on the unit, for instance, has declined, as has the number of inmates trying to harm themselves. Fewer inmates have been placed on suicide watch. But prisoners in the unit still spent less than five hours a week outside of their cells, which the progress report called "a deeply concerning failure."

**In case you haven't heard...**

Stimulating the brain by taking on leadership roles at work or staying in education help people stay mentally healthy in later life, according to University of Exeter research, the *Business Standard* reported April 20. The large-scale investigation, which used data from more than 2,000 mentally fit people over the age of 65, examined the theory that experiences in early or mid-life that challenge the brain make people more resilient to changes resulting from age or illness — they have higher "cognitive reserve." The analysis, funded by the Economic and Social Research Council, found that people with higher levels of reserve are more likely to stay mentally fit longer, making the brain more resilient to illnesses such as dementia. The research team analyzed whether a healthy lifestyle was associated with better performance on a mental ability test. They found that a healthy diet, more physical activity, more social and mentally stimulating activity and moderate alcohol consumption all seemed to boost cognitive performance. "People who engage in stimulating activity which stretches the brain, challenging it to use different strategies that exercise a variety of networks, have higher 'cognitive reserve,'" researcher Linda Clare said.

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