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Essential information for decision-makers

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Behavioral health integration appears as a prominent theme in the proposed rule for the Centers for Medicare & Medicaid Services' (CMS's) 2023 Medicare Physician Fee Schedule. CMS is proposing to create a new behavioral health integration service, a move that advocates believe could improve Medicare beneficiaries' access to mental health care. . . . See *top story, this page*

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2023 Medicare Physician Fee Schedule proposes creation of BHI services

The Centers for Medicare & Medicaid Services (CMS) released its 2023 Medicare Physician Fee Schedule proposed rule on July 7. CMS is moving forward on its 2022 behavioral health strategy to improve access to, and quality of, mental health care services. Pointing to comments in previous years' rulemaking regarding services for behavioral health integration (BHI), CMS is also including in-depth psychological evaluations delivered by a clinical psychologist as part of its proposed rule.

The proposed rule includes potential policy changes for Medicare payments under the Physician Fee Schedule and other Medicare Part B issues for claims occurring on or after January 1, 2023.

Bottom Line...

National mental health organizations are currently reviewing the 2,000-plus page document to determine the CMS proposed rule's impact on members and patients.

A key focus of the proposed rule is BHI. "Considering the increased needs for mental health services, and feedback we have received, we are proposing to create a new general BHI [behavioral health integration] service personally performed by clinical psychologists (CPs) or clinical social workers (CSWs) to account for monthly care integration where the mental health services furnished by

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Advocates call for expanded authority at US Labor Department to enforce parity

Seeing insufficient protection for consumers against insurer violations of the federal mental health parity law, mental health advocates are calling on Congress to strengthen the U.S. Department of Labor's authority to impose penalties for failure to comply.

Numerous national organizations last month joined New York advocates in signing a letter to Senate Majority Leader Chuck Schumer calling for civil monetary penalty authority for the Labor Department. This authority has been included in versions of the now stalled Build Back Better Act, though there may be several alternative vehicles in Congress for advancing the proposal.

"Notwithstanding the fact that more than a decade has passed

Bottom Line...

National and state mental health organizations are asking Congress to give the Department of Labor authority to impose civil monetary penalties against insurers that fail to comply with the federal mental health parity law.

since adoption of the parity act, every time insurers' practices are looked at, they are found to be in violation," Shawn Coughlin, president and CEO of the National Association for Behavioral Healthcare (NABH), told *MHW*. Fines that some states have imposed for practices that restrict access to mental health services have not been sufficient to alter insurer behavior, Coughlin said.

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a CP or CSW are serving as the focal point of care integration,” CMS officials stated.

CMS added, “We are also proposing to allow a psychiatric diagnostic evaluation to serve as the initiating visit for the new general BHI service.”

CMS also included an objective to “increase detection, effective management, and/or recovery of mental health conditions through coordination and integration between primary and specialty care providers.”

In calendar years (CYs) 2017 and 2018 physician fee service rule-making, CMS noted it received comments that initiating visit services for BHI should include in-depth psychological evaluations delivered by a CP, and that CMS should consider allowing professionals who were not eligible to report the approved initiating visit codes to Medicare to serve as a primary hub for BHI services.

Additionally, CMS is proposing a number of policies related to Medicare telehealth services, including making several services that are temporarily available as telehealth services for the public health emergency (PHE) available through CY 2023 on a Category III basis, which will allow more time for collection of data that could support their

eventual inclusion as permanent additions to the Medicare telehealth services list, the proposal stated.

CMS is also proposing to delay the in-person visit requirements for mental health services furnished via telehealth until 152 days after the end of the public health emergency. (The Biden administration extended the COVID-19 public health emergency for another three months, *CNN Health* reported July 15.)

Reducing barriers

According to CMS, in light of the current needs among Medicare beneficiaries for improved access to behavioral health services, officials say they have considered regulatory revisions that may help to reduce existing barriers and make greater use of the services of behavioral health professionals, such as licensed professional counselors (LPCs) and licensed marriage and family therapists (LMFTs).

CMS stated, “Therefore, we are proposing to make an exception to the direct supervision requirement under our ‘incident to’ regulation at 42 CFR (Code of Federal Regulations) 410.26 to allow behavioral health services provided under the general supervision of a physician or NPP (non-physician practitioner), rather than under direct supervision, when these services or supplies are

provided by auxiliary personnel incident to the services of a physician (or non-physician practitioner). We believe that this proposed change will facilitate utilization and extend the reach of behavioral health services.”

The board president of the American Mental Health Counselors Association told *MHW* he is encouraged by CMS’ recognition of therapists and counselors as part of its behavioral health service strategy. “We’re glad CMS recognizes the importance of including licensed mental health counselors (LMHCs) and LMFTs across various healthcare contexts,” said Fredrick Dombrowski, Ph.D., LMHC, CASAC. “These professionals comprise a large proportion of the mental health workforce.”

Dombrowski noted that the changes proposed by CMS have the potential to increase access to mental health care for Medicare recipients, particularly within settings where integrated care already occurs. “CMS made an important point in its proposed rule that their authority to incorporate LMHCs and LMFTs is limited due to needing congressional action to fully integrate LMHCs and LMFTs.”

He added, “We’re hopeful that Congress will make additional changes (Senate bill 828 and House bill 432) to fully reflect the importance of

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providing Medicare recipients access to the full mental health workforce.”

The Mental Health Access Improvement Act of 2021, S. 828, sponsored by Sen. John Barrasso (R-Wyo.); and H.R. 432, sponsored by Rep. Mike Thompson (D-Calif.); provides for coverage of marriage and

to develop discharge plans for post-hospital service.

Organizations weigh in

The National Association of Social Workers is also in the process of reviewing the 2023 CMS Proposed Physician Fee Schedule, said Denise

workers in 2023 include the quality payment program, coding, reimbursement, and telehealth,” Johnson told *MHW*.

The American Psychological Association (APA) is currently analyzing the proposed rule, and in a note to its members, indicated plans to complete its analysis and submit a comment. “Given the complexity of the proposal, APA will continue its review of the 2,066-page document and provide psychologists with additional information in the coming weeks about how they can advocate for our profession and the patients we serve,” officials stated.

The APA informed its members that there are many proposed policy changes regarding integrated primary care, pain management, digital therapeutics, telehealth, and much more, which will impact not only Medicare but also influence policy for Medicaid and private payers as well. •

‘We’re hopeful that Congress will make additional changes (Senate bill 828 and House bill 432) to fully reflect the importance of providing Medicare recipients access to the full mental health workforce.’

Fredrick Dombrowski, Ph.D., LMHC, CASAC

family therapist services and mental health counselor services under Medicare. It also excludes such services from the skilled nursing facility prospective payment system and authorizes marriage and family therapists and mental health counselors

Johnson, LCSW-C, senior practice associate for clinical social work. “Our primary areas of focus for social

For a CMS blog on the proposed behavioral health changes, please visit <https://www.cms.gov/blog/strengthening-behavioral-health-care-people-medicare>.

Yale study finds one-half of counties lack CIT service access

More than two weeks after the country has transitioned to a 988 suicide and mental health crisis lifeline, Yale School of Public Health researchers — based on a study conducted in 2020 — have found that nearly half of all U.S. counties lack access to a facility providing community crisis intervention team (CIT) services.

The study, “Association of Access to Crisis Intervention Teams With County Sociodemographic Characteristics and State Medicaid Policies and Its Implications for a New Mental Health Crisis Lifeline,” was published July 15 in *JAMA Network Open*.

According to the study, 1,512 of 3,142 (48%) counties lacked access to a facility providing community CIT services in 2020. In the absence of appropriately trained first responders, including CITs, persons experiencing behavioral health

Bottom Line...

Rural crisis models could also leverage peer support specialists to staff crisis teams, rather than relying exclusively on mental health clinicians who are often unavailable in rural areas, a Yale researcher stated.

crises face the risk of incarceration and even death, researchers stated.

This cross-sectional study included 10,430 facilities from the 2015 National Directory of Mental Health Treatment Facilities and 10,591 facilities from the 2020 National Directory of Mental Health Treatment Facilities, that attributed to 3,142 U.S. counties.

“In this study we assessed access to one crisis service likely to impact 988 implementation: crisis intervention teams (CITs),” Helen

Newton, Ph.D., M.P.H., a postdoctoral fellow at Yale School of Public Health and the study’s lead author, told *MHW*. “We examined county-level access to CITs in 2015 and 2020, and associations with area characteristics and state policies in 2020.”

CITs

Crisis intervention teams (CITs) are one of three core components of an effective behavioral health crisis care system, according to the researchers. In addition to a mobile CIT, guidelines from the Substance Abuse and Mental Health Services Administration (SAMHSA) require not only a call center to be open 24 hours a day, 7 days a week, but also crisis stabilization services.

The study indicated that crisis services are currently initiated by

Continues on next page

Continued from previous page

calling 911 or another crisis line, such as a suicide lifeline. While most calls (approximately 80%) can be managed by phone, 10% to 20% require an in-person response. In this case, CITs are sent to assess the client and provide transport to stabilization services, if necessary. Approximately 1 in 3 in-person visits from the CIT require stabilization services, which can include hospitalization.

Researchers said they considered five state-level Medicaid policies enacted before 2020 to assess whether they were associated with CIT access. “We included policies that could either encourage demand for crisis intervention services, [such as] whether the state had expanded Medicaid by 2020, or increase supply of crisis intervention services through federally supported demonstration programs or grant funding and other payments,” they stated.

“We also considered two recent policies intended to assist 988 implementation to assess whether support matched need: (1) the state’s receipt of 2021 American Rescue Plan CIT development grants, and (2) the status of recent state legislation to fund 988,” researchers indicated.

Results

In their study, Newton noted that half of counties, particularly rural counties and counties with a greater percentage of uninsured residents, did not have access to a CIT, she said. “Moreover, we found few Medicaid policies were associated with county access to CIT. One exception was Medicaid expansion: counties without vs. with CIT access were less likely to be in states that expanded Medicaid (52% vs. 68%).”

How are these CIT access concerns exacerbated by the 988 crisis line? “Though most lifeline calls (80%) can be managed by phone, 10%-20% of calls require in-person response,” said Newton. “Encounters handled by untrained law enforcement are more likely to result in arrest than referral to treatment,” Newton noted.

“Notably, in this study we found that many rural counties had no access to CITs, suggesting the need to develop rural-specific crisis models for the 10% to 20% of callers requiring in-person response,” she said. Rural-specific models could include leveraging technology, such as iPads or similar devices, to provide existing law enforcement with the resources they need to respond to crisis calls locally, Newton stated.

She added, “Or, rural crisis models could also leverage peer support specialists — individuals who have lived experience — to staff crisis teams, rather than relying exclusively on mental health clinicians who are often unavailable in rural areas.”

‘Encounters handled by untrained law enforcement are more likely to result in arrest than referral to treatment.’

Helen Newton, Ph.D., M.P.H.

988 funding opportunities

The 988 lifeline is important because of the financing opportunities it makes available, said Newton. “Crisis care is a historically underfunded specialty behavioral health service,” she said. “The designation of 988 as a three-digit emergency number itself creates a financing opportunity: states can choose to add a tax to individual phone bills, like they already do for 911, to finance the services provided by 988.” The federal government has awarded \$15 million to 20 state Medicaid agencies to support the development of community-based mobile crisis intervention services, Newton said.

Newton said she and her fellow researchers were not surprised by their findings. “As with other mental health treatment services, access to CITs remains inequitable: we found that counties with a higher percentage of uninsured residents and older residents (where older is age 55 and above) and those with the highest suicide mortality rates were less likely to have access to CIT in 2020,” she said.

“Geographic maldistribution of CITs follows patterns similar to other mental health services and professionals: we found that many rural counties in the South and Midwest had no access to CIT in either 2015 or 2020,” said Newton.

This national cross-sectional study found that half of U.S. counties, representing approximately 1 in 9 people, did not have access to at least one CIT in 2020, and rural communities were the least likely to have access, said Newton. “We found that there was little change in the percentage of facilities reporting offering services from 2015 to 2020,” she said. “Although we found the net number of counties with access did not change, approximately 9% of counties lost access and, separately, 9% gained access in 2020.”

These findings suggest there may be opportunities to increase public funding or technical support for communities that are in danger of losing CIT access to prevent these closures, said Newton. •

Parity from page 1

The perception in recent years has been that the mental health community is losing ground rather than making progress in seeing equitable access to behavioral health care. Reports issued in 2019 from Milliman Inc. and Congress’ Government Accountability Office found, respectively, a widening gap between behavioral health and medical/surgical care in reimbursement rates and shortcomings in federal regulators’ oversight of health plans (see *MHW*, January 6, 2020).

“Although the federal [parity] law passed in 2008 and it resulted in states around the country taking some steps to ensure compliance by health plans, providers and other entities, the momentum we had at the beginning of that critical moment subsided over time,” Lauri Cole, L.M.S.W., executive director of the New York State Council for Community Behavioral Healthcare, told *MHW*. New York’s own approach to ensuring compliance with parity mandates, while comprehensive, “takes far too long for regulators to enforce,” Cole said.

Strengthening authority

The July 13 letter to Schumer refers to a January report to Congress in which the Labor Department — along with two other Biden administration Cabinet agencies — outlined the failure of health plans to comply with the federal parity law and asked for expanded authority under the Employee Retirement Income Security Act (ERISA) to “greatly strengthen the protections of [parity].”

The letter goes on to state that the authority to impose civil monetary penalties “will position [the Labor Department] — which has one investigator for every 12,500 plans — to step in more aggressively when necessary to change plans’ coverage practices, make parity a reality, and increase access to life-saving treatment.” Individuals covered by self-funded ERISA plans have only the Department of Labor to protect them, the letter explains, as parity enforcement actions at the state level do not affect the practices of these plans.

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The letter states that giving the Labor Department the same civil monetary penalty authority that already exists for violations of the federal Genetic Information Non-Discrimination Act would also serve to protect insurers that are found to exercise reasonable diligence to comply with the parity law.

Mental health advocates contend that increased enforcement authority at the federal level will help to make up for state-level responses that largely have not altered insurer practices. Cole said that although New York state regulators have issued nearly 200 citations against insurers in the past two years for parity compliance issues or inappropriate denials of claims, “there has been almost nothing in the way of fines that hit the plans where they live.”

‘Most patients don’t know they are subject to a parity violation. And the appeal process for them is onerous.’

Shawn Coughlin

Without significant enforcement action that moves insurer behavior, Cole said, “The result is needless additional barriers that serve to delay or deny access to care at precisely the moment when the demand for mental health and substance use disorder services has never been greater.”

NABH portal

NABH, which represents psychiatric hospitals and health systems across the country, has revamped and reintroduced an online portal that allows members to report on parity violations that they and their patients have experienced. The portal was originally introduced last year to help the association move beyond the many anecdotal reports of violations that it was hearing from member hospitals, Coughlin said.

Members of NABH’s managed

care committee were consistently relating stories of managed care companies imposing a series of measures that resulted in reduced access to care, Coughlin said. For a while, retrospective reviews would be the prominent vehicle insurers were using, after which another practice would take over for a while, he said.

After several months of having the denial-of-care portal available for members’ use, NABH learned from members that the process of posting was too onerous. “Members had to answer all of the questions, or they couldn’t submit the data,” Coughlin said. As a result, NABH has streamlined the questions, while also adding new information based on the Department of Labor’s recent guidance on “red flag” issues to watch out for in insurer practices.

“We know the best way to advocate for parity enforcement with regulators is to provide hard data from our members that show how insurers are not complying with the landmark 2008 parity law,” Coughlin said in a statement posted on the NABH website.

He added in his interview with *MHW* that “most patients don’t know they are subject to a parity violation. And the appeal process for them is onerous.”

Coughlin said he doesn’t see one approach alone as being sufficient to move the needle on compliance, or overcome the actions of the powerful insurance lobby. It will take a combination of stepped-up enforcement and increased public attention to insurer practices to achieve results, he said. “We’re pushing on all fronts,” he added. •

Foundation awards grants to address youth MH initiatives

Seeking to dramatically reduce the number of children with mental illness and lessen the severity of its impact on youth, a relatively new foundation has awarded multimillion grants to three organizations that officials say “create systemic change in the youth and mental health arena.”

The Goodness Web Foundation on July 26 announced \$5.3 million in grants to be awarded to three inaugural recipients who offer mental health-related initiatives for youth. In these initial grants, the foundation will deploy \$1.6 million in 2022, and eventually will allocate the total \$5.3 million over four years to fund efforts that can create transformative change in mental health for youth, officials stated.

The foundation is a Section 501(c)(3) nonprofit organization co-founded in 2019 by the Jan Swartz and Mark Verdi families. Its mission is to connect a diverse community of result-oriented donors and partners who pool their resources and expertise to accelerate the most promising mental health initiatives to improve lives.

Officials say the foundation redefines the traditional philanthropy approach by uniting donors with organizations tackling the youth mental health crisis. A statement on its website reads: “The Goodness Web connects a diverse community of result-oriented donors and partners who pool their resources and expertise to accelerate the most promising mental health initiatives to improve the lives of youth and those who care for them.”

Ambitious agenda

“We have an ambitious agenda to redefine corporate philanthropy and support the health crises, starting with youth,” Mark Verdi, co-founder and president of The Goodness Web Foundation, told *MHW*. “We started with the fundamental belief that there are solutions out there.”

Verdi added, “One out of six

children and youth ages 6-17 experience mental health disorders each year. Youth are suffering in large numbers and unfortunately suffering for longer periods of time.” Another motive for their philanthropy is the need to bridge the 11-year gap between onset of mental health symptoms and treatment, he said.

Last year the foundation set out and met its \$5 million fundraising goal. “We exceeded that in the fourth quarter,” said Verdi. This year, the foundation set a similar monetary goal. At *MHW* press time, the Goodness Web Foundation had reached between 63% and 65% of its annual fundraising goal.

“The grants will help nonprofits that are doing great work in the mental health space,” said Verdi. “Our goal is to create a pool of significant capital [and] advocate for mental health-related nonprofits.”

Inaugural grantees

The three inaugural recipients of the grants are:

- The Jed Foundation (JED). JED protects emotional health and prevents suicide for the nation’s teens and young adults. With The Goodness Web’s \$1.5 million, three-year grant, JED will expand to partner with more high schools, colleges and universities to help them assess and enhance their campus approaches and infrastructure to best support student mental health.
- Think:Kids and the Meadows Mental Health Policy Institute (MMHPI) partnership. Enabled by The Goodness Web’s \$2 million, four-year grant, MMHPI will allow for teams of providers to deliver Think:Kids’ Collaborative Problem Solving, an evidence-based approach to working with children with behavior challenges, through already-established networks of primary care practitioners, leveraging

MMHPI’s robust Texas-wide reach and impact.

- The Path Forward. This group leverages large employers to drive insurance companies to cover integrated treatment of mental health in primary care settings. The Goodness Web’s \$1.8 million, three-year grant will help build a national infrastructure to increase access to care.

According to The Goodness Web, the grants are made possible by the generosity and commitment of more than 70 initial donors, or “founding families,” who are dedicated to improving the mental health of young people. These founding families are the initial members of what The Goodness Web hopes will grow into a large community of “great leaders with big hearts who wish to make bold bets” together.

“Today, mental health support is highly fragmented and largely ineffective,” said Swartz. “TGW [The Goodness Web] looks to encourage next-level collaboration among mental health donors and nonprofits so that we can have a larger, faster impact in helping our youth. We believe better support for youth mental health is one of the greatest needs of our age.”

The foundation found that the mental health landscape is “widely fragmented,” said Verdi, adding that currently there are 10,000 mental health nonprofit organizations in this country. “What’s remarkable is that they are all doing important work,” Verdi said. “Many are incredibly small.” The foundation wants to be a catalyst, an accelerant to the great work being done, he said.

“We wanted to create an organization that can be [an] energizing force, [and] create scale in resources, in both capital and people,” said Verdi. Each of the three inaugural grantees selected stood out to the organization as an opportunity for them to make a very significant impact, he noted. •

APA poll reveals workers value employer support for MH

Observing the stress of isolation, fear of the virus, and an overwhelming news cycle brought on by the COVID-19 pandemic, the American Psychological Association (APA) noted that workplace leaders have realized the need to address mental health concerns among their staff. And to bolster that observation, a new well-being survey released this month by the APA has found that 7 in 10 workers (71%) believe their employer is more concerned about the mental health of employees now than in the past.

According to APA's 2022 Work and Well-being survey, this recent focus is highly valued by employees. In fact, 81% of individuals said they will be looking for workplaces that support mental health when they seek future job opportunities.

The survey was conducted online by The Harris Poll among more than 2,000 working adults between April 1, 2022 and May 2, 2022.

When workers were asked to select from a list of a dozen possible supports that they would like to see employers offer, flexible work hours were the most commonly chosen support (41% of workers), followed by a workplace culture that respects time off (34%), the ability to work remotely (33%) and a four-day work week (31%).

"These findings underscore the importance of mental health support in the workplace to workers across all industries," Arthur C. Evans, Jr., Ph.D., APA's CEO, stated in a news release. "Some of the increased focus on workplace mental health support may have resulted from employers working to meet employees' needs in response to the COVID-19 pandemic."

"Though these efforts have been helpful, it is important to recognize many workers continue to struggle and need additional supports," Evans added. "Therefore, employers must maintain and, in some cases, expand their mental health service offerings."

Significant stress

Workers revealed significant sources of stress in the workplace, from compensation to harassment and discrimination. In fact, a majority of employees (71%) said they are worried that their compensation has not kept up with inflation. Further, nearly one-quarter (24%) reported that they do not feel they receive adequate compensation.

The workers who do not feel they receive adequate compensation cited two main factors for feeling this way: (1) their pay has not kept up with inflation (60%), and (2) their pay does not reflect all of the work they do (52%). Those who are worried that their compensation has not kept up with inflation were also significantly more likely than their counterparts to report negative impacts of work on their psychological well-being.

According to the survey, nearly 2 in 5 (39%) said their work environment has had a negative impact on their mental health compared with 21% of those who were not worried about compensation. More than half of those who were worried about inflation's impact on their compensation (54%) typically felt tense or stressed compared with 34% of those who were not worried.

Nearly 1 in 5 (18%) of all employees described their workplace as somewhat or very toxic. Furthermore, harm in the form of harassment,

verbal abuse or physical violence in the workplace — either by someone within their organization, such as a coworker or manager, or outside of it — has been experienced by 3 in 10 workers (30%) within the last year. More than 1 in 5 employees (22%) said someone within their organization or outside of it had abused them verbally in the workplace.

Many workers may not have experienced an abusive workplace, but said they feel scared while at work. Black and Latino workers were more likely to say that they are often scared at work, 29% and 31%, respectively.

Younger adults were also more likely to say that they are often scared when compared with adults aged 44 and older. A total of 38% of 18- to 25-year-olds and 32% of 26- to 43-year-olds reported feeling frightened at work compared with 17% of 44- to 57-year-olds, 10% of 58- to 64-year-olds, and 6% of workers aged 65 and older.

While 13% of all workers said they have been the target of workplace discrimination — such as unequal treatment based on some aspect of identity such as race/ethnicity, gender, sexual orientation, ability status, or age — this percentage was higher for employees from marginalized populations. More than one-quarter of workers with a disability (27%) said they have been the

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Mental Health Weekly wins APEX Award for Publication Excellence

Mental Health Weekly has won an Award of Excellence in the Newsletters – Print (Entire Issue – Content & Design) category in the APEX 2022 Awards — the 34th annual awards program recognizing excellence in publishing by professional communicators. The APEX 2022 Award recognizes publishing editor Valerie A. Canady, contributing editor Gary Enos, production editor Douglas Devaux, and copy editor James Sigman. APEX Awards are based on excellence in editorial content, graphic design and the ability to achieve overall communications excellence. The full list of winners can be viewed at <https://apexawards.com>.

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target of discrimination in their workplace, while fewer than 1 in 10 workers without a disability (8%) said the same.

According to the survey, discrimination was experienced by more LGBTQ+ workers than non-LGBTQ+ workers (22% vs. 12%), and Black workers were nearly twice as likely as white workers to report that they have experienced discrimination on the job (21% vs. 11%).

“It’s the responsibility of the employer to ensure the safety and well-being of their employees while at work,” said Evans. “There is always more that can be done.” •

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STATE NEWS

New York MH professionals receive boost with \$1M donation towards student loan forgiveness

New York City Mayor Eric Adams and NYC Health + Hospitals announced on July 24 the launch of a new student loan forgiveness program for behavioral health providers, funded by a \$1 million contribution from an anonymous donor, New York City news outlets have reported. The new program is designed to help attract and retain doctors, nurse practitioners, and other clinicians who care for New Yorkers with mental health or substance use needs as the U.S. faces a national shortage of mental health professionals. NYC Health + Hospitals will offer psychiatrists, psychiatric nurse practitioners, psychologists, and licensed clinical social workers between \$30,000 and \$50,000 of student loan debt relief in exchange for a three-year commitment to serve the public health

Coming up...

The **National Institute of Mental Health** is hosting its 25th NIMH Conference on Mental Health Services Research: “Transforming Challenges into New Opportunities,” **Aug. 2-3** to be held **virtually**. For more information, visit www.nimh.nih.gov/news/events/announcements/25th-nimh-conference-on-mental-health-services-research-mhsr.

The **American Psychological Association** is holding its annual convention, “APA 22,” **Aug. 4-6** in **Minneapolis** and **virtually**. Visit https://convention.apa.org/?_ga=2.173989539.1018587257.1652295243-475887881.1652295243 for more information.

The **American Academy of Child and Adolescent Psychiatry** and **Canadian Academy of Child and Adolescent Psychiatry** will host their annual meeting **Oct. 17-22** in **Toronto** and **virtually**. Registration opens August 2 for members and August 9 for nonmembers. For more information, visit <https://aacap.confex.com/aacap/2022/meetinginfo.cgi>.

The **National Dialogues on Behavioral Health** is holding its in-person conference, “Behavioral Health Workforce: Future Directions and Initiatives,” **Nov. 13-16** in **New Orleans**. The NDBH is partnering with the **National Association of County Behavioral Health and Developmental Disability Directors**, the **Western Interstate Commission for Higher Education Behavioral Health Program** and the **National Association of State Mental Health Program Directors**. For more information, visit <https://nationaldialoguesbh.org>.

system. The news was welcomed by New York State Office of Mental Health Commissioner Dr. Ann Marie T. Sullivan. “The nationwide shortage of health care workers has impacted facilities and providers all across the country, at a time when the stress of the COVID-19 pandemic has increased the need for services,” she said.

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The American Psychiatric Association Foundation (APAF) recently awarded Languages of Care a \$20,000 multi-year grant from its Ukraine Disaster Relief Fund, a July 27 APAF news release stated. This grant will specifically support Languages of Care’s work to translate and provide mental-health-related resources and supports in Ukraine. The Ukraine Disaster Relief Fund is designed to support human services organizations that address the mental health and well-being of Ukrainian refugees, as well as those who are still in harm’s way inside the country. Languages of Care supports crisis survivors, relief workers, and mental health practitioners by translating high-quality, clinically reviewed and culturally sensitive resources into the languages most suitable for the community in need. Since the beginning of the war in Ukraine, Languages of Care has been providing translated resources to refugees on the ground through evacuee transports and local organizations, and to mental health providers in many countries that accept refugees. With this grant, Languages of Care plans to support projects translating disaster mental health training and trauma-informed teacher and school psychologist training into Ukrainian, Polish and Romanian.