

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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CDC's new "Vital Signs" report is the first to describe and compare self-reported well-being and working conditions for health workers, other essential workers and all other workers before the pandemic (2018) and after the start of the pandemic (2022). It shows that health workers have continued to face a mental health crisis.

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CDC report examines increasing mental health crisis among health workers

Health care workers are feeling fatigue, loss, and grief at levels higher than they had before the pandemic, according to a stark new "Vital Signs" report from the Centers for Disease Control and Prevention (CDC), which found that poor mental health symptoms increased more for health workers in the pandemic than for other groups of workers in the same period.

According to the new report, health workers faced overwhelming demands and experienced crisis levels of burnout before the COVID-19 pandemic; the pandemic presented unique challenges that further impaired their mental health. The report calls for more support for health workers whose jobs in the U.S. involve demanding and sometimes dangerous duties, including exposure

Bottom Line...

Improving management and supervisory practices might reduce symptoms of anxiety, depression and burnout, the CDC stated. Promoting stress prevention, positive emotional health and safe worker environments are also urged.

to infectious diseases and violence from patients and their families, the CDC indicated.

Other stressors brought on by the pandemic included a surge of patients, longer working hours, and shortages of supplies and protective equipment, according to the new CDC "Vital Signs: Health Worker-Perceived Working Conditions and
See CDC page 2

Digital mental health agent for youths shows results similar to therapy group

A study involving adolescents in a Virginia hospital health care system has found that a smartphone-based mental health intervention was non-inferior to clinician-led cognitive behavioral therapy (CBT) in reducing symptoms of depression. Leaders of the company that developed the digital intervention have called the findings unprecedented and said they bode well for efforts to improve youths' access to care for depression and anxiety.

Results of the study were unveiled last month in a poster presentation at the American Academy of Child and Adolescent Psychiatry's (AACAP's) annual conference. Officials at the mental health app Woebot Health are now seeking publication of the findings in a peer-reviewed

Bottom Line...

A developer of digital support tools in mental health has shared what it considers to be unprecedented findings from a study of its app-based program for adolescents.

journal, Woebot Health's Chief Clinical Officer Athena Robinson, Ph.D., told *MHW*.

San Francisco-based Woebot Health, founded in 2017, has developed a series of digitally based emotional support programs that its leaders see as providing an important adjunct to mental health treatment in an environment where long wait times for care are common.

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Symptoms of Poor Mental Health—Quality of Worklife Survey, United States, 2018–2022.”

“Health workers, including clinicians, as well as mental health, public health, long-term care professionals, and those and other support roles have long faced challenges to their well-being and mental health,” Debra Houry, M.D., chief medical officer for the CDC, stated during a press briefing held Oct. 24, the date the report was released.

She added, “CDC’s Vital Signs report spotlights serious health threats, like mental health issues, and the science-based actions that can be taken to address health worker mental health. The COVID-19 pandemic only intensified many health workers’ long-standing challenges and contributed to new and worsening concerns including compassion, fatigue, depression, anxiety, substance use disorders and suicidal thoughts. Burnout among these workers has reached crisis levels.”

Study methods

The study compared health workers with two other groups: essential workers and all other workers across industries. Data from the General Social Survey Quality of Worklife module was analyzed to compare self-reported mental health symptoms among U.S. adult workers from 2018 (1,443 respondents, including

226 health workers) and 2022 (1,952, including 325 health workers). Logistic regression was used to examine associations between health workers’ reported perceptions of working conditions and anxiety, depression and burnout.

Burnout reported

Health worker respondents to the General Social Survey Quality of Worklife module reported more days of poor mental health and were more likely to report burnout in

all three groups of workers: health workers, other essential workers, and all other workers (4.1–4.5 days). Health workers, however, reported a significant increase in poor mental health days in the previous 30 days from 2018 (3.3 days) to 2022 (4.5 days). During this period, the percentage of health workers who reported feeling burnout very often increased from 11.6% to 19%. Overall, 45.6% of health workers reported feeling burnout often or very often in 2022.

“The COVID-19 pandemic only intensified many health workers’ long-standing challenges and contributed to new and worsening concerns including compassion, fatigue, depression, anxiety, substance use disorders and suicidal thoughts.”

Debra Houry, M.D.

2022 than 2018, the CDC report indicated. Positive working conditions, such as trust in management and supervisor help, were associated with lower odds of poor mental health symptoms and burnout.

The overall number of poor mental health days in the previous 30 days in 2022 was similar across

From 2018 to 2022, the percentage of health workers who reported being very likely to look for a new job with another employer increased from 11.1% to 16.5%; overall, 44.2% of health workers reported being somewhat likely or very likely to look for a new job in 2022. In contrast, among all other workers, turnover intention

MENTAL HEALTH WEEKLY

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Publishing Editor Valerie A. Canady

Contributing Editor Gary Enos

Copy Editor Donna Petrozzello

Production Editor Douglas Devaux

Publishing Director Lisa Dionne Lento

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declined from 18.6% to 13.7% during this period.

Health workers reported higher levels of poor mental health days, burnout, intent to change jobs (turnover intention) and being harassed at work in 2022 compared to 2018.

Harassment at work was associated with increased odds of anxiety (5.01), depression (3.38) and burnout (5.83) compared with the rate among health workers who were not harassed. Compared with health workers who reported a poor psychosocial safety climate, the odds of reporting burnout were 0.35 and 0.24 times than those among health workers who reported moderate and good psychosocial safety climates, respectively.

In 2022, the prevalence of reported health worker harassment more than doubled, and the very likely intention to find another job increased by almost 50%. Negative working conditions are associated with higher prevalence of depressive symptoms, self-rated poor health and turnover intention.

“The bottom line is this, we

must take the research we have and act,” Casey Chosewood, M.D., M.P.H., director and senior medical officer, Office for Total Worker Health at the National Institute for Occupational Safety and Health, and senior author of the Vital Signs report, stated during the briefing. “Data such as those presented in this Vital Signs report are giving us crucial and concerning information,” he said.

Chosewood added, “To label our current and long-standing challenge a ‘crisis’ is an understatement. Many of our nation’s health care systems are at their breaking point — staffing crises, lack of supportive leadership, long hours of work and excessive demands and flexibilities in our nation’s health systems, all must be addressed.”

This data supports the imperative for action to create a system in which health workers can thrive, as described in the U.S. Surgeon General’s 2022 report “Addressing Health Worker Burnout,” which notes that distressing work environments contributed to a record high number of health workers quitting their jobs, according to the CDC.

CDC to introduce new initiative

“CDC’s National Institute for Occupational Safety and Health, also known as NIOSH, is actively working to help address this issue through the new health worker mental health initiatives,” Houry stated. One goal of the initiative is to raise awareness of health workers’ mental health issues, particularly focusing on the role that work conditions play and what employers can do, she said.

As part of this initiative, this fall, NIOSH plans to launch a national campaign for hospital leaders focused on providing them with resources to help them think differently about how to identify and remove barriers to health worker well-being, Houry explained.

The new CDC “Vital Signs” report is the first to describe and compare self-reported well-being and working conditions for health workers, other essential workers, and all other workers before the pandemic (2018) and after the start of the pandemic (2022). •

Americans struggling with collective trauma post-pandemic

Global conflict, racism and racial injustice, inflation, and climate-related disasters are all weighing on the collective consciousness of Americans, despite the official end of COVID-19 earlier this year, according to results of the American Psychological Association’s (APA’s) annual “Stress in America” survey released on Nov. 1.

The “Stress in America 2023: A Nation Recovering from Collective Trauma,” survey was conducted among more than 3,000 U.S. adults aged 18 and older by The Harris Poll on behalf of the APA.

Following the end of the national public health emergency around COVID-19 on May 11, 2023, APA psychologists said a superficial characterization of day-to-day life as being more normal has obscured the

Bottom Line...

One-third of survey respondents said they have a diagnosed mental health condition — a five percentage point increase from pre-pandemic levels.

post-traumatic effects that have altered Americans’ mental and physical health.

In its examination of pre- and post-pandemic mental and physical health, “Stress in America 2023” reveals signs of collective trauma among all age cohorts. According to the survey, the long-term stress sustained since the COVID-19 pandemic began has had a significant impact on well-being, evidenced by an increase in chronic illnesses, especially among those between the ages of 35 and 44, which

increased from 48% reported in 2019 to 58% in 2023.

Additionally, adults ages 35 to 44 also experienced the highest increase in mental health diagnoses, from 31% reported in 2019 to 45% in 2023, though adults ages 18 to 34 still reported the highest rate of mental illnesses at 50% in 2023.

“We wanted to get a sense of the pulse of America as we move away from the pandemic. Are people getting better? The answer is no,” Vaile Wright, Ph.D., senior director for the Office of Health Care Innovation at the APA, told *MHW*. Wright noted that it’s very “sobering” that our nation is experiencing high levels of stress, much of it personal, such as finance, the economy, climate change, and mass shootings.

Continues on next page

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“We’re all living through the aftermath of the pandemic,” Wright said, adding that there is much to feel stressed about in the world right now.

Many people are feeling a sense of “collective trauma,” said Wright, coupled with an increase in unhealthy coping skills, and substance abuse issues, especially alcohol, and even unhealthy eating habits. “Our physical health and our mental health are so intertwined,” she said. Not paying attention to our physical health can lead to mental health consequences, Wright noted.

Chronic conditions

When examining this year’s survey data, APA psychologists noted many people had generally positive

be stressed about, because they know others have it worse. Other top reasons that adults reported as to why themselves, or a family member, might not seek treatment included the belief that therapy doesn’t work (40%), their lack of time to attend therapy sessions (39%), or a lack of insurance (37%).

When it comes to stress management, many of those surveyed said they are struggling to cope and are bearing the burden alone. Around three in five adults (62%) said they don’t talk about their stress overall because they don’t want to burden others. Although finances are a top stressor, talking about them is off the table. In fact, only 52% of adults said they are comfortable talking with others about money/finances, and

levels (32% in 2019). Most cited anxiety disorder (24%) or depression (23%).

Age-based stress

A closer look at age-based stress also revealed that though the stress level for the general population has remained relatively steady, the increase is significantly higher for the 35-to-44 age cohort:

- 18 to 34, 2023 vs. 2019, was 6 vs. 5.7;
- 35 to 44, 2023 vs. 2019, was 5.7 vs. 5.2;
- 45 to 64, 2023 vs. 2019, was 5 vs. 4.9; and
- 65+, 2023 vs. 2019, was 3.4 vs. 3.6.

Among the day-to-day stress categories, health-related stressors (65%), money (63%), and the economy (64%) were reported among the top significant sources of stress in adults’ lives. Those ages 35 to 44 reported having the most factors that have caused them significantly more stress in 2023 than in 2019, which include money, the economy, family responsibilities, personal safety, and discrimination. Those ages 65+ was the only age group among those surveyed to cite multiple sources as less stressful in 2023 than 2019.

Maintaining a social connection, and getting enough sleep, are important, Wright said. “I also want to encourage people [to ask themselves] what are some things you can stop doing?” she added. “We have a culture that focuses on the hustle, doing all things all the time. Give yourself some grace. Cut each other some slack right now.”

A key step in alleviating stress is to be able to recognize that you are stressed, said Wright. “Pay attention to how you’re feeling physically and how you’re feeling emotionally,” she said. •

“We wanted to get a sense of the pulse of America as we move away from the pandemic. Are people getting better? The answer is no.”

Vaile Wright, Ph.D.

perceptions of their physical health even when they also reported being diagnosed with a chronic condition. For example, despite high ratings of physical health (81% rated their physical health as good or better), two-thirds of adults (66%) said they have been told by a health care provider that they have a chronic illness, including high blood pressure (28%), high cholesterol (24%), or arthritis (17%), the survey indicated.

More than one-third of survey respondents (37%) said they have a diagnosed mental health condition, a five percentage point increase from pre-pandemic levels in 2019 (32%).

The data also shows a tendency among respondents to downplay stress; around two-thirds of adults (67%) reported feeling like their problems were not “bad enough” to

more than two in five adults (45%) said they feel embarrassed talking about money or their financial situation with others.

Also, two-thirds of adults (66%) said that in the last 12 months they could have used more emotional support than they received, and around a quarter (26%) cited the need for a lot more support. More than two in five adults (44%) said they don’t feel anyone understands what they are going through, and more than half (52%) said they wish they had someone to turn to for advice and/or support.

Further, 81% of adults reported their mental health as good or better, while more than one-third (37%) said they have a diagnosed mental health condition, a five percentage point increase from pre-pandemic

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

APP from page 1

Included in its suite of products, which are grounded in the elements of CBT, is W-GenZD, an app in which a relational agent (also named “Woe-bot”) offers text-based guidance to youths based on the content of the concerns they share with the agent.

Robinson explained that W-GenZD was created with the knowledge that adolescence represents “a fantastically dynamic period of time in one’s life” and youths often need a place to share and to learn emotional regulation skills “in a medium with which they’re familiar and comfortable.”

Virginia hospital setting

The study is believed to be the first to compare an agent-led digital mental health intervention to a therapist-led intervention within a clinical setting. Investigators recruited a racially diverse sample of 141 patients from the Children’s Hospital of the King’s Daughters in Norfolk, Virginia who were seeking outpatient mental health care for mild to moderate symptoms of depression and/or anxiety. Patients’ age range was 13 to 17, with a mean age of 14.5.

The participants went through the customary mental health intake process at the hospital and were then randomized to the W-GenZD digital intervention or a CBT skills group led by a hospital system psychologist and delivered via telehealth. During the course of the four-week study, members of the CBT skills group could attend up to four total sessions, while members of the W-GenZD group were encouraged to use the app as often as they wanted. Robinson said attending two of four groups, or accessing the app on two of the four weeks, were considered the standards for treatment adherence for the respective study groups.

Participants were assessed at baseline, at four-week completion of treatment and again at eight weeks, with depressive symptoms measured using the Patient Health

Questionnaire (PHQ-8) and anxiety symptoms measured using the GAD-7 screen for generalized anxiety disorder.

The researchers found that W-GenZD was non-inferior to the therapist-led skills group in reducing depressive symptoms as measured by the PHQ-8. To be deemed non-inferior, “We had to, at the end of treatment, be within two points of the psychologist-led intervention on the PHQ-8,” Robinson said.

The study resulted in another finding that is arguably even more noteworthy than the finding on depressive symptoms. Participants in the digital agent-led intervention reported a similar level of therapeutic alliance to those in the therapist-led

“This is the first prospective trial to demonstrate similar levels of working alliance.”

Athena Robinson, Ph.D.

group. “This is the first prospective trial to demonstrate similar levels of working alliance,” Robinson said.

She said the study also found no serious adverse events experienced by participants, as well as no unanticipated device-related problems for users of the app.

A news release from Woebot Health quoted a study participant who remarked that accessibility was the program’s greatest asset. The participant said, “If I needed help immediately, I could get it. I think just knowing I had someone or something there to help me out reduced some of my anxiety.”

If companies such as Woebot Health can build a portfolio of efficacy data showing high levels of therapeutic alliance and client satisfaction associated with digital tools,

this could lead to better integration of mental health apps into a treatment field where there remains much concern about the quality of these tools.

Robinson said those who have seen these results, including AACAP conference attendees, have been enthusiastic about the potential of tools that can help the profession reach more youths at a time of soaring need.

“The unprecedented need for child mental health services, along with a national shortage of pediatric mental health providers, requires us to look for innovative approaches to provide support,” Mary Margaret Gleason, M.D., vice chair of pediatrics at the Virginia hospital and the study’s principal investigator, said in the news release from Woebot Health.

Development of the app

Woebot has often been described as powered by artificial intelligence, but company leaders explained that there is no generative AI within the program. W-GenZD was developed with significant input from clinicians to maintain fidelity to a cognitive-behavioral model that is considered the first-line treatment approach for adolescents with depression.

Woebot Health also uses natural language processing technology to allow the digital ally to understand and respond to text in a similar way to humans. The interactions resemble a decision tree approach, as opposed to programs that generate new content.

Robinson emphasized that the intent behind W-GenZD and Woebot Health’s other programs has never been to replace standard therapy. “We believe we can broaden the menu,” she said.

Woebot Health also has a product to support adults with depressive and anxiety disorders. W-GenZD is the first of the company’s tools to demonstrate non-inferiority to a clinician-led intervention, Robinson said. •

Bill to help seniors avoid cost, concerns with ‘ghost networks’

Observing that one in four seniors covered by Medicare lives with mental illness and less than half receive treatment, bipartisan lawmakers last month introduced a bill that helps seniors enrolled in Medicare Advantage avoid the consequences of inaccurate provider directories, also known as “ghost networks.”

The bipartisan legislation, “Requiring Enhanced & Accurate Lists of Health Providers Act” or the “REAL Health Providers Act” establishes provider directory requirements and provides accountability for provider directory accuracy under Medicare.

The new bill, introduced by Sens. Michael Bennet (D-Colo.), Thom Tillis (R-N.C.) and Ron Wyden (D-Ore.), would also work to protect patients from costs associated with such ghost networks.

Wyden, also Senate Finance Committee chairman, on Oct. 18 had convened a committee hearing to hear testimony on “Medicare Advantage Annual Enrollment: Cracking Down on Deceptive Practices and Improving Senior Experiences.”

Many seniors enrolled in Medicare Advantage rely on their health plan’s provider directory to find in-network physicians and practitioners, but inaccurate data can make it harder to find a provider or lead to unexpected costs, a news release from Sen. Bennet’s office stated.

“Far too often, North Carolinians,

especially seniors enrolled in Medicare Advantage and those in need of mental health services, find themselves unable to access the care they need due to inaccurate provider directories,” Tillis said in a news release. “This bipartisan legislation ensures that consumers can access updated provider information enabling them to make informed decisions about their health care.”

Incorrect plan directories

In 2018, the Centers for Medicare & Medicaid Services (CMS) reviewed 52 Medicare Advantage plan directories and found that over a third of providers were incorrectly included, either because the provider did not work at the listed location or because the provider was not in the plan’s network, the release indicated.

These inaccurate provider directories are known as “ghost networks” because some listed health care providers are not in a patient’s network, are not accepting new patients, or in some cases, are no longer in business. Ghost networks make it more difficult for patients to find in-network health care providers, a more acute issue in the mental and behavioral health fields, resulting in unexpected costs or delayed care for patients. These networks also make it harder to establish provider directory requirements and to provide accountability for provider

directory accuracy under Medicare Advantage, Bennet’s release stated.

The REAL Health Providers Act would help prevent ghost networks and protect seniors from unexpected health care costs. Specifically, the bill would:

- Strengthen requirements for Medicare Advantage plans to maintain accurate and updated provider directories;
- Ensure patients do not pay out-of-network costs for appointments with providers that were incorrectly listed in their plan’s provider directory as in-network; and
- Direct CMS to publish guidance for plans to maintain accurate provider directories.

“In the midst of a mental health and substance use crisis, people need to easily and quickly access the help they need,” said Mental Health America Chief Public Policy Officer Mary Giliberti, J.D., in a news release. “The federal government pays Medicare Advantage plans to provide timely services, but their inaccurate provider directories lead to frustration, financial hardship, delay and denial of care.”

Giliberti added, “MHA supports this bill as an important step forward in addressing this persistent problem that causes so much harm to people with mental health and substance use conditions and their families.” •

Seattle’s new CARE pilot to send BH responders to 911 calls

Diversifying emergency response, helping people in need receive appropriate assistance and ensuring that the highest priority incidents receive critical police and fire services are the components aimed for in a Seattle pilot program that will also involve sending behavioral health responders to 911 calls.

While standing with public safety and community leaders, Seattle Mayor Bruce Harrell on Oct. 25 announced

the launch of the Dual Dispatch pilot, a foundational program for Seattle’s newest public safety department, Community Assisted Response and Engagement, or CARE.

“This pilot will not change our systems overnight, but it is another tool to advance safety and an important step forward, a reflection of years of diligent work by city and community leaders to build policies, shared understandings, and, most of

all, trust,” Harrell stated in a news release from his office. “Rooted in bringing people together, this ‘One Seattle’ effort is advancing shared goals of keeping Seattle residents safe and ensuring that people in crisis get the appropriate care.”

The new CARE response team features behavioral health specialists, who all have prior field experience along with a bachelor’s or master’s degree related to the field, the

release stated. Equipped with skills to help people in need, the team includes members with peer counsel or certification who also have served with the Downtown Emergency Service Center (DESC) Mobile Crisis Team, Crisis Solutions Center, King County Behavioral Health Outreach, and as an SPD [Seattle Police Department] Community Service Officer, according to the news release.

The team completed a rigorous training plan collaboratively developed by the DESC, the SPD, and Seattle Fire Department with support from the University of Washington and the Washington Co-Responder Outreach Alliance. The initial five weeks of training included classes and training exercises focused on mental health services, crisis prevention, de-escalation, first aid, and Narcan administration. The curriculum builds on efforts from other successful co-responder programs around the country, the news release stated.

CARE components

The Dual Dispatch pilot pairs CARE responders with SPD officers, with both units dispatched simultaneously by the 911 center, which is also housed in the CARE department. After arriving at the scene and ensuring it is safe, SPD officers can respond to other calls while the CARE responders provide services. This initial pilot model will inform future development of diversified response and is designed to accommodate rapid iteration and continuous improvement. This program allows Seattle to deploy new teams specialized to help people in crisis, safely gather critical data to grow the program responsibly and make an immediate impact freeing up critical and sometimes scarce police and fire resources.

The pilot is initially focused on downtown Seattle, including the Chinatown-International District and SODO [South of Downtown], operating from 11 a.m. to 11 p.m., a schedule that matches where and when the most frequent calls related to mental health crises have occurred.

CARE responders are dispatched by calling 9-1-1 like the city's other emergency services. Trained call takers in Seattle's 911 center will decide which incidents are appropriate for this response. There is no number to call to directly to request a CARE response. Call takers and dispatchers in the 911 center have been trained on new protocols for sending out the CARE responders, and SPD command staff have met with officers across precincts to answer questions about this new approach.

Calls eligible for a CARE response include low-acuity welfare check-ins, calls that don't need enforcement, and others that are non-violent, non-emergent, and non-medical. In the city's dispatch system these calls are coded as "person down" or "wellness/welfare check." There have been 2,686 person down calls and 5,533 wellness/welfare check calls so far in 2023, the mayor's release stated.

CARE will be Seattle's third public safety department, aligning existing community-focused and non-police public safety investments and programs. The new department will have three divisions: emergency call takers and dispatchers in the 911 center; responders, including behavioral health professionals; and leaders working to proactively prevent violence and support violence intervention programs.

Officials expect the pilot program will be evaluated within the following months with help from researchers at Seattle University, according to *The Seattle Times*. •

Mental Health Weekly

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BRIEFLY NOTED

States sue Meta, claiming Instagram, Facebook fueled youth mental health crisis

A group of more than 40 states sued Meta last month, accusing the social media giant of designing products that are deliberately addictive and fuel the youth mental health crisis, National Public Radio reported on Oct. 24. The legal actions allege that Meta has deceived the public about the harms of Facebook and Instagram, which the states' attorneys general said "exploit and manipulate" children. Other attorneys general, including those representing Tennessee and Washington, D.C., filed similar legal actions on Oct. 24 in state courts. Collectively, more than 40 states painted a picture of a company that brushed aside safety concerns about its products in order to addict as many young people as possible as a way of juicing its profits. The authorities said Meta's "dopamine-manipulating" features have poisoned an entire generation's mental health, citing a recommendation algorithm that determines what people see when they log onto Instagram and Facebook, the ability to "like" posts and to scroll without limits. The lawsuits are seeking to have Meta's design features considered unlawful under state consumer protection laws that trigger hefty financial penalties.

STATE NEWS

Indiana University study highlights billions in annual losses from untreated MI in the state

Untreated mental illness in the Hoosier state comes at a cost of more than \$4 billion a year, according to a

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new Indiana University study, the *Daily Journal* reported Nov. 1. The research published by the IU Richard M. Fairbanks School of Public Health found that one in five Indiana residents with mental illness do not receive the treatment they need. Hoosiers who do not receive such treatment are also more likely to experience other chronic health conditions, such as diabetes and cardiovascular disease, researchers said. The economic burden of untreated mental illness in Indiana is estimated to be \$4.2 billion annually, including \$3.3 billion in indirect costs — like unemployment and caregiving — \$708.5 million in direct health care costs, and \$185.4 million in non-health care costs. The largest cost attributable to untreated mental illness was premature mortality, at over \$1.4 billion. Productivity losses were estimated to cost \$885 million each year. “The findings were published Oct. 13 in the *Journal of the American Medical Association*. Researchers worked with the Indiana Behavioral Health Commission to perform their analysis. Through the researchers’ work, they developed a framework that allows Indiana to prioritize key areas in mental health services and treatment. The framework also provides Indiana with a baseline for tracking progress toward improvement efforts. The research was used in support of Senate Enrolled Act 1, which passed during the 2023 legislative session. The sweeping legislation will create a new mental health care system in Indiana, fortifying the relatively new 988 crisis response center and hotline with funding for mental health emergencies. The IU study population consisted of more than 6.1 million individuals of whom an estimated 429,000 had untreated mental illness in 2019, according to the research paper. “One of the most significant impacts of this research is that other states can use this framework to understand the financial burden in their state,” said Justin

Coming up...

The **Federation of Families** is holding its 34th annual conference, “Advancing Social Justice, Equity, and Inclusion for Families and their Children: Accept. Advocate. Act,” **Nov. 9–11 in Chicago**. Visit <https://www.ffcmh.org/2023-conference> for more information.

Going Digital: Behavioral Health Tech will hold its annual conference, in-person and virtually **Nov. 15–17 in Phoenix**. For more information, visit www.behavioralhealthtech.com/annual-conference.

The **National Association for Children’s Behavioral Health** is holding its Emerging Best Practices conference, “Innovations on the Horizon: Exploring Programs, Technology and Services for the Future,” **Nov. 28–30 in St. Pete Beach, Fla.** Visit <https://www.nacbh.org/emerging-best-practices-conference> for more information.

The **American Association for Geriatric Psychiatry** will hold its 2024 Annual Meeting, “Reimagining Geriatric Mental Health: Innovations to promote the well-being of caregivers and patients,” **March 15–18, 2024 in Atlanta**. For more information, visit <https://www.aagponline.org/education-events/annual-meeting>.

The **National Council for Mental Wellbeing** will hold its annual NATCON 24 **April 15–17, 2024 in St. Louis**. Visit <https://natcon24.eventscribe.net> for more information.

Blackburn, Ph.D., associate professor at the Fairbanks School. “There is a scarcity of data on the costs incurred by each state — especially by individuals, families and communities — from untreated mental illnesses in the United States. Policy-makers, clinicians and employers

need this sort of data to determine how we should allocate our societal resources.”

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In case you haven’t heard...

The Ad Council, in partnership with the Centers for Disease Control and Prevention (CDC), National Council for Mental Wellbeing and Shatterproof, is inspiring millions to “Start With Hope” in a national public service campaign, a news release from the Ad Council stated. This vital new effort aims to deliver a message of hope to those living with substance use disorders (SUDs), as well as those at risk of developing an SUD. A focus of the program is supporting Black and Hispanic/Latinx populations by connecting them with harm reduction strategies and treatment resources to start their journeys to well-being and recovery, Ad Council officials stated. Informed by foundational research from the Ad Council Research Institute and experts from the CDC, the National Council and Shatterproof, the new campaign was developed pro bono by Accenture Song, the creative group of the information technology company, Accenture. The campaign leans on research insights that people with SUDs find immense value in hearing from those who have been through similar experiences. This new campaign emphasizes that recovery is not a one-size-fits-all journey, and highlights that working toward well-being often begins with harm reduction strategies like carrying naloxone, using substances less, or engaging in evidence-based treatment options.