MENTAL HEALTH WEEKLY
Essential information for decision-makers

Volume 35 Number 33
August 25, 2025
Online ISSN 1556-7583

In This Issue...

Mental health advocates convened at Georgia's state Capitol in Atlanta to urge Insurance Commissioner John King to intensify enforcement of the state's parity law. Days earlier, King's office announced $20 million in fines for 6,000 violations by insurers. The timing of these parity-related actions coincided with Mrs. Rosalynn Carter's birthday on Aug. 18, underscoring her legacy in advancing mental health equity.
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Georgia advocates rally for full enforcement of 'historic' MH parity law

Mental health advocates from across Georgia gathered at the state Capitol last week for a "Rally for Parity," urging Insurance Commissioner John King to fully enforce the state's Mental Health Parity Act, HB 1013. The rally comes on the heels of King's announcement that his office will fine 22 health insurance companies a combined $20 million for over 6,000 violations of the law — marking the first major enforcement action since the legislation was signed in 2022.

Bottom Line...
Insurance commissioner aims to hold insurers accountable for violation of Georgia's Mental Health Policy Act by announcing fines against health insurance companies for failing to comply.

Three years ago advocates and state leaders applauded the passage of the state Mental Health Parity Act, comprehensive legislation — that passed unanimously in both the House and Senate — to enforce parity, support the workforce and provide equitable reimbursement and loan cancellation for behavioral health providers (see "Georgia advocates celebrate 'historic' passage of state mental health parity law," *MHW* May 30, 2022; https://doi.org/10.1002/mhw.33236).

Advocates hailed the fines as a step forward but stressed that more must be done to ensure insurers treat mental health care on par with physical health services. The Georgia Parity Law, they said, is designed

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State Budget Watch

Pennsylvania providers feel pinch from another state budget delay

In most states with a fiscal year that starts on July 1, an annual state budget gets approved long before summer turns to fall. But a troubling trend of protracted delays has emerged in Pennsylvania over the past decade, and the state's mental health provider community is feeling the impact of another delay this year — in the form of suspended payments and the possibility of having to curtail some services.

Bottom Line...
A legislative impasse over the fiscal 2026 state budget in Pennsylvania is forcing the state's mental health providers to explore emergency funding mechanisms to keep certain programs afloat.

A budget impasse involving the state's Democrat-majority House and Republican-majority Senate is fast approaching its third month, with little noticeable action publicly in what remains a quiet state capital. Human services providers already had been put on notice that the 2026 fiscal year looked difficult for any substantial increases in funding, but now they are having to deal with more immediate concerns around sustaining core operations while key payments from the state remain in limbo.

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to protect families by ensuring access to vital mental health services. Yet Georgia ranks 47th in the nation for mental health access.

"The Georgia Mental Health Parity Act is an historic bill to reform mental health in the state," Kim H. Jones, executive director for the National Alliance on Mental Illness (NAMI), told *MHW*. "We want to ensure that the Insurance Commission was truly and fully enforcing the parity law and that people with mental health conditions and their families are getting what they paid for."

Jones indicated that NAMI Georgia has been asking for a meeting with the insurance commissioner to determine why some of their requests have not happened, such as an easily assessable website with information that explains parity for consumers. "The law states this stipulation," she said.

"We know that most of the public do not know what 'parity' means," added Jones. Hundreds of consumers have reported difficulty even finding a provider, Jones noted. "That has been the number one complaint," she said.

Jones noted that one of the reasons for provider unavailability is because they are often busy and underpaid by insurance companies. Many are unwilling to sign up with an insurance company because they could make more on their own versus insurance companies paying them, she indicated.

Meanwhile, advocates want to make sure that the Office of Insurance and Safety Fire Commissioner follows through and creates an easy-to-access website for consumers to register complaints and to educate them about parity, added Jones.

Parity violations

Jones noted that in a July 28 letter to Commissioner King, the Georgia Mental Health Policy Partnership (GMHPP) — a coalition of organizations committed to advancing mental health care across the state — pointed to an Aug. 15, 2024 parity report from the Office of Insurance and Safety Fire Commissioner about parity violations.

The report, sent to the governor, lieutenant governor and speaker of the House, found that:

- 22 of 23 insurers are now under special investigations;
- Each is expected to face a corrective action plan; and
- None provided enough data to prove compliance with non-quantitative treatment limit rules, and 19 submitted poor documentation for their 2023 reports indicated in a report one year earlier.

A July 28 letter to Commissioner King from the Georgia Mental Health Policy Partnership, of which NAMI Georgia and its local affiliates are members, indicated they are "deeply concerned that insurers continue to ignore the clear language of the Parity Act, especially the legal definition of 'medically necessary' care. Most insurers openly admit in reports filed with your office that they apply narrower definitions than the law allows."

They wrote, "This clear violation of the law leads to unfair limits on care and wrongful denials — violating the rights of Georgia families, who have paid for coverage that is supposed to comply with the Parity Act."

"If your doctor has prescribed a medication for you that's what insurance companies should cover," said Jones.

Jones pointed to other legislation, HB 612, that among its provisions, would establish a parity compliance review panel; to provide for its composition and duties; to require health care providers to report suspected mental health parity violations to the panel; to provide for evaluation of complaints; and to provide for recommendations for punitive actions.

Imposing penalties

Commissioner John King's August 15 announcement of more than $20 million in fines against health insurers for violating mental health parity laws follows initial examinations that uncovered over 6,000 violations across 22 companies, revealing widespread noncompliance with Georgia's Mental Health Parity Act.

MENTAL HEALTH WEEKLY
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Mental Health Weekly (Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the first Monday in April, the second Monday in July, the first Monday in September, and the first and last Mondays in December. The yearly subscription rates for **Mental Health Weekly** are: Online only: $672 (personal, U.S./Can./Mex.), £348 (personal, U.K.), €438 (personal, Europe), $672 (personal, rest of world), $8,717 (institutional, U.S./Can./Mex.), £4,456 (institutional, U.K.), €5,627 (institutional, Europe), $8,717 (institutional, rest of world). For special subscription rates for the National Council for Mental Wellbeing, USPRA, The College for Behavioral Health Leadership, NACBHDD and Magellan Behavioral Health members, go to http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/(ISSN)1556-7583. **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at +1 877 762 2974; email: cs-journals@wiley.com.

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WILEY

"Nobody knows what the word 'parity' means. People with mental health conditions fail to realize that when they are denied care, there is a parity law."

Kim H. Jones

Common violations include:

- Inconsistent identification and application of benefit classifications;
- Application of prior authorization for services not identified as requiring such authorization;
- Concurrent review authorization is applied for services not identified as requiring such authorization; and
- Claims being reprocessed due to post-service review for medical necessity when the triggering event for such review is unclear.

"The 6,000 violations found in the report speaks highly to the problems we have out there," Jones said. The "Rally for Parity" that occurred in the days following King's announcement had been planned two weeks earlier, she said.

Advocates are encouraged by the fines, noted Jones; however, in a response to the commissioner's announcement, NAMI Georgia wrote: "The fines are a good start; however, if the fines are spread across the more than 20 non-compliant insurers from last year's report, the per insurer fine is underwhelming."

They added, "The risk is that health insurers view the fines as the cost of doing business — much cheaper to pay fines than to become compliant with the Parity Act."

Jones said advocates traveled to other parts of the state, such as Augusta and Cobb County, to teach the public about parity. "Nobody knows what the word 'parity' means," she said. "People with mental health conditions fail to realize that when they are denied care, there is a mental health parity law," Jones said. •

FDA panel debates SSRI risk label; APA raises concerns

A recent Food and Drug Administration (FDA) expert panel meeting has reignited debate over the safety of selective serotonin reuptake inhibitors (SSRIs) during pregnancy, with discussions centering on whether to add a Black Box warning to these commonly prescribed antidepressants.

The American Psychiatric Association (APA) has responded with concern, warning that such a move could deter treatment and exacerbate maternal mental health risks, including suicide — one of the leading causes of maternal death in the United States.

In a July 25 letter to FDA Commissioner Marty Makary, M.D., M.P.H., Marketa Wills, M.D., MBA, FAPA, CEO and medical director of the APA, said the APA is "alarmed and concerned by the misinterpretations and unbalanced viewpoints shared by several of the panelists for the *Expert Panel on Selective Serotonin Reuptake Inhibitors (SSRIs) and Pregnancy* panel on July 21."

Bottom Line…

FDA panel discussions have received pushback from the American Psychiatric Association and other groups citing the dangers of untreated maternal depression and the importance of evidence-based treatments during pregnancy when needed.

Mood and anxiety disorders occur in one in five pregnancies, yet they remain largely undiagnosed, untreated or undertreated, Wills wrote, adding that suicide is a major cause of mortality for women in the perinatal period, accounting for 5% to 20% of maternal deaths.

"The dissemination of inaccurate and unbalanced information by a federally sanctioned public panel has the potential to cause harm," Wills wrote. "It can undermine public confidence in mental health treatment, exacerbate stigma and deter pregnant individuals from seeking necessary mental health care."

Wills added, "We urge the FDA to review the composition and scientific rigor of its expert panels, particularly those influencing public health messaging."

The FDA declined to be interviewed. In a comment to *MHW*, a spokesperson indicated, "We are not commenting on any potential future policy decisions."

'Overemphasizing risks'

"The panel overemphasized the risks of the treatment itself," Nancy Byatt, D.O., MS, MBA, DFAPA, FACLP, member of the Council on Women's Mental Health at the APA, told *MHW*. "They overemphasized the risk of antidepressants and underemphasized the risk of not treating [depression, anxiety] with an antidepressant." The evidence base for the illness was underemphasized, she said.

During the FDA panel discussion, one of the panelists, Dr. Kay Roussos-Ross, of the University of

Continues on next page

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Florida Health, pushed back, emphasizing that untreated maternal depression poses significant risks — including suicide, preterm birth and impaired child development.

"During the discussion Dr. Roussos-Ross's comments were very balanced and she provided a valid view about the scientific evidence concerning the risks of going without treatment for pregnant women," noted Byatt, who is also executive director of Lifeline for Families Center and Lifeline for Mom Program, Department of Psychiatry and Behavioral Sciences at UMass Chann Medical School/UMass Memorial Health.

"During their discussion, the panelists did not take into account the best scientific evidence — they were far more focused on the risk of treatment versus what we know about the risk of no treatment," Byatt indicated.

"Mental health and substance use disorders are the leading cause of maternal mortality in the U.S.," said Byatt. Untreated mental illness would have a negative impact on the mothers. "Those of us who are experts understand the data. These are lifesaving treatments."

In the APA's letter to the FDA commissioner, the APA noted that research reveals the risk to the mother and child from untreated mental health disorders may lead to harmful outcomes. "This underscores the need for widespread and standardized screening practices with validated tools such as the Edinburgh Postnatal Depression Scale (EPDS), the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder-7 (GAD-7) and a greater commitment by the field to developing and implementing specific prevention and treatment initiatives."

Misconceptions, misunderstandings

Byatt noted significant misconceptions and misunderstandings surround the use of antidepressant treatment during pregnancy. "We look at the data and SSRIs do not cause birth defects," she indicated. An example of a misconception or misunderstanding regarding the treatment of depression and anxiety for pregnant women is that the risk of antidepressants outweighs the benefits of treatment, said Byatt. "On the contrary, untreated mood and anxiety disorders can have a negative impact. Untreated illness has been linked with numerous negative pregnancy, birth, infant and child outcomes," she explained.

Byatt added, "When serving pregnant individuals, we need to consider the risks of no treatment. When an antidepressant is clinically indicated, the benefits of treatment often outweigh the risks of no treatment."

"During their discussion, the panelists did not take into account the best scientific evidence — they were far more focused on the risk of treatment versus what we know about the risk of no treatment."

Nancy Byatt, D.O., MS, MBA, DFAPA, FACLP

Another misconception or misunderstanding is that pregnant individuals are helping their baby by not taking antidepressants during pregnancy, she noted. "This is not the case," said Byatt. "The best thing that a pregnant individual can do for themselves and their baby, is to get the mental health treatment that they need. Such treatment includes treatment with an antidepressant when it is clinically indicated."

"Women need access to the accurate information to make health care decisions, including whether to take an antidepressant during pregnancy," Byatt stated. "If the providers who serve pregnant women are misinformed about the risk and benefits of treatment with antidepressants, it will make it harder for pregnant women to find evidence-based mental health care."

Other groups such as the American College of Obstetricians and Gynecologists (ACOG) expressed concerns about the FDA panel's conclusions. In a statement, the ACOG indicated that the FDA discussion was "alarmingly unbalanced" and that "outlandish and unfounded claims" were made by some panelists.

ACOG emphasizes that untreated maternal depression carries significant risks, and that SSRIs are a safe and effective treatment option for many pregnant patients.

The APA's Wills in her letter added, "The FDA has a duty to ensure that its public health guidance is rooted in science and transparency. As the largest organization worldwide for psychiatric physicians, we would like to partner with your agency to inform your policy decisions and to educate the public on the treatment of maternal mental health disorders." •

Pennsylvania from page 1

"This is such a fragile system that, literally, every day matters," Richard Edley, Ph.D., president and CEO of the state's Rehabilitation & Community Providers Association, told *MHW*.

This is by no means the state-funded provider community's first experience with a long budget delay. In 2015, a state budget was not finalized for nine months. Edley believes this historical context has

contributed to a dangerous perception that human services providers will work their way through the latest challenge because, after all, they have managed to do so in the past.

"But each time this happens, it chips away at that [ability]," Edley said.

Some provider agencies, he said, are still repaying loans they had to take out to maintain services during past budget delays. "Some agencies are tapped out already in lines of credit and loans," Edley said. "And the days of 'grabbing from reserves' are gone."

Services affected by delay

A late July letter from the Pennsylvania Office of the Budget to health and human services providers that receive state funding informed the provider community of numerous state payments that would have to be delayed over the following six weeks as a result of the budget impasse.

Under the state Department of Human Services, payments that cannot be distributed on time include $15 million in quarterly advance payments for behavioral health services, $5.6 million in quarterly payments for homeless assistance, $390 million in county child welfare payments covering the months of July and August, and approximately $10 million for community-based family centers for July and August.

"I recognize this information is concerning, and it is equally concerning to both me and the governor," wrote state Secretary of the Budget Uri Z. Monson. "Our administration continues to work diligently to find agreement between the House and Senate and we will work to support you and your organization as you manage the current situation."

There remains considerable work to do to reconcile differences between the House and Senate over the 2026 budget framework. Some of the main issues of contention involve areas such as school and transportation funding, but all areas that depend on state money are caught up in the process when a budget is not adopted on time.

Medicaid funding is not affected by the state budget delay, so the service areas that are capturing mental health provider agencies' attention at the moment are non-Medicaid services such as mental health crisis care, residential mental health treatment and psychiatric rehabilitation.

Edley said that while no provider agencies have formally announced plans to curtail services, all are asking for advice on what their options are amid the funding delay. He noted the provider community might need to lobby for some emergency funding authority at the state level, given that few are predicting that a resolution of the budget impasse is imminent.

"Some agencies are tapped out already in lines of credit and loans. And the days of 'grabbing from reserves' are gone."

Richard Edley, Ph.D.

Earlier this year, Edley said, there was some hope for funding increases in certain areas, such as services for patients with traumatic brain injury. Now the provider community's attention has had to turn to maintaining core functions, with no end in sight to the budget dispute.

Providers urge action

A letter from a coalition of providers to members of the legislature paints a picture of a community mental health system in crisis, marked by prolonged wait times for services, patient boarding in hospital emergency departments and continued justice involvement for many persons with mental illness. The letter from the Mental Health Safety Net Coalition urges legislators to take numerous actions, including:

- Investing $100 million "to help rebuild our county-based mental health system";
- Funding a proposed early intervention/early learning initiative for children from birth to age 5. "This sector has little voice but some of the greatest needs," the letter states;
- Appropriating $15 million to support 21 freestanding psychiatric hospitals; and
- Investing $100 million for school-based mental health services delivered "in a way that ensures coordination and builds the existing infrastructure of the school districts and community-based providers."

The letter refers to a budget impasse in 2022 that forced some providers to take out loans to maintain services and meet payroll. "In most cases, the interest and other costs associated with these lines of credit were never fully recouped," the letter states. "Providers are in no position to absorb these additional costs."

The letter continues, "The status quo is not sustainable. The failure to act on the budget and invest in behavioral health services continues to lead to both higher overall costs for the Commonwealth and less favorable outcomes for individual Pennsylvanians and their families."

Edley believes that to some degree, the flurry of recent advocacy activity around the Big Beautiful Bill at the federal level diverted some needed attention to the importance of the state budget. Hurdles to overcome at both the federal and state levels have left the provider community searching for a remedy. But unfortunately at this point, there has been no update that would offer hope. •

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Carter Center wraps up parity awareness campaign

In the wake of The Carter Center's recently concluded mental health awareness campaign and the growing momentum behind Georgia's "Rally for Parity," Sarah Phillips, the center's associate director of public policy for its mental health program, discussed the ongoing fight for mental health parity and how community-driven advocacy continues to shape the future of mental health care in Georgia.

The Carter Center concluded its second, nearly two-month mental health public awareness campaign on July 27. Both campaigns followed the historic and unanimous passage of the Georgia Mental Health Parity Act (HB 1013) in 2022 (see "Carter Center launches MH parity public awareness campaign," *MHW*, May 12; https://doi.org/10.1002/mhw.34446).

The final report of the campaign, containing its data and metrics, is expected to be released within the next two weeks, said Phillips. "The major goals of the campaign were to increase awareness of your right to mental health parity if you have behavioral health insurance coverage that should be available on the same level as physical health coverage," she told *MHW*.

The campaign was also targeted to populations that historically had not sought care, had been denied coverage or were in fear of being stigmatized, she noted. The campaign focused on women, particularly Black women, for the aforementioned reasons as well as their concerns over affordability, Phillips noted.

"We feel the campaign went very positive," said Phillips. Campaign materials were available for everyone, she added.

Collaborative

The Carter Center has led the Georgia Parity Collaborative, which includes more than 70 state and national organizations interested in seeing parity implemented to its fullest effectiveness, Phillips stated. "We're ensuring that all consumers seeking care recognize and know they have the right to coverage at all times," she said. The organization's "unlikely suspects" include mental health advocates, providers and representatives from disability groups and pharmaceutical companies, she said.

"Through that collective, we engage policymakers and state regulators, and the Office of Insurance and Safety Fire Commission and Department of Community Health to ensure that parity is embedded in all practices," said Phillips. "The Carter Center stands ready to provide support and encouragement," she said.

Penalizing insurers

Georgia's Insurance and Safety Fire Commissioner John F. King announced Aug. 15 that he will fine health insurance companies over $20 million dollars for violating mental health parity laws.

Phillips said that The Carter Center is extremely encouraged by King's announcement. "It sends a strong message of the importance of parity compliance and holding [insurers] accountable and ensuring Georgians receive the care that they are entitled to," she said.

On Aug. 18, in the days following the commissioner's announcement, the National Alliance on Mental Illness (NAMI) Georgia held a "Rally for Parity," a public advocacy event aimed at promoting mental health parity that brought together advocates, community members and mental health organizations to raise awareness and push for equitable access to mental health care (see related story beginning on page 1).

Coverage as a right

Phillips said that during The Carter Center campaign she found it personally rewarding to see people feel that they know how to advocate for themselves. "It is scary to receive a denial of coverage in the mail," she said. "Our campaign provides a pathway for people who are in that situation knowing that they have a right to the coverage."

Some of the provider groups in Georgia provided their clients with information from the campaign. They also helped navigate the appeals process with insurers and, if appropriate, submit complaints to the insurance department, said Phillips.

"We want to make sure they are getting the coverage that they need when they have the resources to help get them through the process," she said. "We realize that as part of our awareness campaign, we're promoting information through billboards and on radio and other places and spaces where they can see the message."

Parity advances align with Mrs. Carter's birthday

Phillips noted that Rosalynn Carter's birthday was Aug. 18. Mrs. Carter, a trailblazing mental health advocate and co-founder of The Carter Center, along with her husband, Jimmy, would have been 98 years old. Phillips indicated that the first enforcement actions in this state occurred right around her birthday. "Parity was Mrs. Carter's biggest legacy issue, something she had rallied for, for many decades," she said.

"I think the timing was serendipitous," said Phillips of the recent actions, such as the "Rally for Parity" and Commissioner King's announcement to push for enforcement and fining insurers if they fail to comply. "She would have been so excited that mental health parity is closer to reality in her home state of Georgia," said Phillips. •

Study: 1 in 10 Medicaid youths in crisis held in EDs for days

One in 10 Medicaid-enrolled youths in crisis are held in emergency departments across the country, according to researchers examining Medicaid claims data from 2022, in a study published Aug. 15 in the *JAMA Health Forum*.

America's youth mental health crisis has escalated to the point that thousands of children primarily suffering from suicide-related behaviors and depression are boarded in hospital emergency departments for three days or more, the research study, "Variations in Psychiatric Emergency Department Boarding for Medicaid-Enrolled Youths," indicated.

Emergency department (ED) boarding — the practice of holding patients in the ED while awaiting an inpatient bed — has become an increasing issue for youths with mental health conditions, according to the study, led by John McConnell, Ph.D., director of the Oregon Health & Science University Center for Health Systems Effectiveness. Boarding may disproportionately affect youths enrolled in Medicaid, which covers more than 35 million children and adolescents (almost half of all youths in the United States), the research stated.

Study method

The Oregon Health & Science University Institutional Review Board approved this cohort study. The study population included Medicaid enrollees aged 5 to 17 years, excluding those dually eligible for Medicare or with missing or conflicting demographic records. Researchers followed the Strengthening the Reporting of Observational Studies Epidemiology (STROBE) reporting guideline.

Results

Among 255,000 hospital ED visits for mental health conditions involving Medicaid-enrolled youth, more than 1 in 10 visits resulted in patients being "boarded" — kept in the ED because an acute care bed was not available in the hospital — for three to seven days.

In the case of young patients in mental health crisis, there may not be an available hospital bed or it may not be possible to discharge them home or to a more appropriate residential facility focused on behavioral health.

"In a perfect world, boarding wouldn't happen at all," McConnell stated in a news release announcing the new research. "If you're a parent and your child is having a crisis, you may go to the emergency department and then ideally find a more suitable place to get care after that. Unfortunately, this study reveals that there is often no place to send them."

The research found that boarding was prevalent among individuals with primary diagnoses of suicide-related behaviors and depressive disorders.

Boarding rates varied substantially across states, with those in the bottom quintile having rates below 7.6% and those in the highest quintile above 15.4%. Arkansas had the lowest rate (2.7%) of mental health ED visits resulting in a boarding event, whereas Iowa had the highest (27.3%). In Montana, North Carolina, Maine, Florida and Iowa, boarding occurred in more than one in five such visits (21.8%–27.3%).

"These findings suggest that ED boarding is a considerable issue for Medicaid-enrolled youths, with more than 1 in 10 mental health–related ED visits lasting more than 2 days," researchers stated. "In five states, boarding occurred in more than 1 in 5 such visits."

Boarding poses a substantial emotional toll on patients, families and staff; it also may result in challenges related to patient and staff safety and restraint use, and it suggests an inability to find timely and appropriate care for youths in crisis, the researchers indicated.

Care delays and outcomes

According to the study, "the high levels of boarding observed in our study and the substantial state-level variation should warrant concern, particularly given evidence that boarding can lead to care delays, clinical deterioration, and increased costs — outcomes that may disproportionately affect low-income children who face systemic barriers to timely and coordinated behavioral health care."

A variety of factors at the individual, state and Medicaid program levels may contribute to variations in boarding rates. These factors include the prevalence and severity of mental health conditions among youths, the level of Medicaid coverage and psychiatric bed capacity, researchers indicated.

"The substantial state-level differences we observed suggest that state-level policies — including an assessment of the continuum of care that includes inpatient and residential beds, subacute beds, non-ED crisis support, and accessible outpatient care — could play a key role in reducing boarding and its impact on youths and their families," researchers concluded. •

Correction

In our July 28 story, "New data reveals uneven growth in U.S. MH provider density," we misspelled the name of Adam Mariano, president and GM of Healthcare for LexisNexis Risk Solutions. *MHW* apologizes for the error.

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State News

Texas adds reason people can be detained for mental illness

In Texas, a new criterion will be added to the list of reasons for which officers are allowed to detain an individual for evaluation by a mental health professional, the *Houston Chronicle* reported Aug. 18. Starting Sept. 1, anosognosia, the inability to recognize one's psychiatric condition, will be grounds for a law enforcement officer to detain an individual if it could lead to harm to self or others. In such cases, a doctor would evaluate the patient's mental health within 12 hours and, if deemed necessary, could initiate a series of steps that could lead to a judge deciding whether to court-order treatment. Anosognosia is a result of physical changes to the brain, according to the National Alliance on Mental Illness, and is common with schizophrenia and bipolar disorder. The shift is being hailed by families, health professionals, law enforcement and city officials as a game changer that can lead to individuals getting lifesaving care. But those who have sought treatment for issues as innocuous as panic attacks and found themselves trapped in facilities with their rights stripped away worry the measure could be abused. The new criterion also puts Texas at the front of a larger shift in mental health law, which has been driven less by pleas from families than by frustration with homelessness. Pressure on officials to address the issue of homelessness has had the rare ability to rally both sides of the political aisle to look more closely at mental health issues. In July, President Donald Trump signed an executive order calling on states to "(shift) homeless individuals into long-term institutional settings" or issue court orders for the individuals to take medication and see a doctor for mental illness (see "Advocates disturbed by direction of White House order on homelessness," *MHW*, Aug. 4; https://doi.org/10.1002/mhw.34539).

Coming up...

The **Alliance for Rights and Recovery** is holding its 43rd Annual Conference, "Unbreakable! Harnessing Our Power, Building Our Resilience, Inspiring Hope and Courage," **Sept. 29** to **Oct. 1** in **Callicoon, N.Y.** For more information, visit **https://rightsandrecovery.org/annual-events/annual-conference/2025-annual-conference**.

Mental Health America is holding its annual conference, "Turn Awareness into Action," **Oct. 16–17** in **Washington, D.C.** Visit **https://mhanational.org/conference** for more information.

The **New Jersey Association of Mental Health & Addiction Agencies, Inc.** is holding its fall conference, "Harvesting Hope: A Vision for Behavioral Health," **Oct. 21** in **Iselin, N.J.** For more information, visit **http://www.njamhaa.org**.

The **National Association of Children's Behavioral Health** is holding its annual Emerging Best Practices Conference, "The Resilient Mindset: Navigating Organizational Health in Behavioral Healthcare," **Dec. 3–5** in **St. Pete Beach, Fla.** Visit **https://www.nacbh.org/emerging-best-practice-conference** for more information.

Mental Health Weekly

welcomes letters to the editor from its readers on any topic in the mental health field. Letters no longer than 350 words should be submitted to:

Valerie A. Canady, Publishing Editor
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Email: vcanady@wiley.com

Letters may be edited for space or style.

In case you haven't heard...

Rural young people experience depression and anxiety at the same rates as their suburban and urban peers but are significantly less likely to use digital mental health resources that could provide support, according to new research from Hopelab, a nonprofit researcher, investor and convener dedicated to fostering greater mental health and well-being outcomes for Brown, Black, and Queer young people. The study, *Rural Realities: Young People, Digital Technology, and Well-being*, reveals that rural young people are less likely to use mental health apps and attend online therapy sessions, even when experiencing moderate to severe symptoms of depression or anxiety, a news release stated. Several factors contributed to lower digital mental health engagement among young rural people, including limited internet connectivity, stigma around mental health discussions, lack of parental support and concerns about privacy in small communities. Among the key findings: Rural young people use social media less frequently than their suburban/urban peers (75% vs. 85% daily use) but are more likely to prefer communicating through social media rather than in person (49% vs. 38%). Additionally, rural young people were significantly less likely to use apps for depression (13% vs. 19%), anxiety (15% vs. 21%), sleep (14% vs. 36%) and stress reduction (17% vs. 24%). The survey involved 1,274 young people aged 14–22 from October to November 2023.