

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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A new University of North Carolina pilot study reveals that children as young as age 5 can experience suicidal thoughts, challenging long-held beliefs about early childhood mental health. Published in the *Journal of the American Academy of Child & Adolescent Psychiatry*, the research explores how caregivers and clinicians can assess these thoughts safely and effectively. It also offers a closer look at how researchers approached this sensitive topic and what it could mean for future mental health care.

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UNC pilot study finds suicidal thoughts in children as young as age 5

The notion that children as young as age 5 can experience suicidal thoughts is deeply unsettling but increasingly supported by emerging research, according to a new pilot study from the University of North Carolina (UNC). The research, published in the *Journal of the American Academy of Child & Adolescent Psychiatry*, notes that children as young as 5 years old may experience thoughts about suicide, but these behaviors are not well understood.

The new research, "Suicidal Thoughts and Behaviors in Elementary School-Aged Youth: A Pilot Study in 5- to 10-Year-Olds," published in the *Journal of the American Academy of Child & Adolescent Psychiatry*, was designed to obtain

Bottom Line...

The early emergence of suicidal thoughts and behaviors (STBs) in young children is vastly understudied, say researchers, noting that the identification of early emergence of STBs in childhood may be critical for the prevention of suicide attempts and death.

critical preliminary data to understand the feasibility and acceptability of commonly used suicidal thoughts and behaviors measures with caregivers and young children, researchers stated.

Recent data shows that suicide was the seventh leading cause of death among children ages 5 to 11 years of age, the study indicated.

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Pennsylvania providers nervous as state budget impasse drags on

As a political stalemate over passage of Pennsylvania's state budget approaches its fourth month, the state's mental health provider community is growing increasingly concerned over potential long-term damage to safety-net services.

Amid increasing warnings that some provider agencies will not survive a protracted delay in government payments for care, the

budget impasse involving Gov. Josh Shapiro and the two houses of the state's General Assembly shows no tangible sign of a resolution. Providers continue to urge the state's political leaders to adopt a fiscal 2026 budget with adequate investment in essential health and human service programs.

"It is pretty dire right now," Richard S. Edley, Ph.D., president and CEO of the Rehabilitation & Community Providers Association (RCPA), told *MHW* last week. "It's as if the legislature really doesn't believe that providers will hit a wall. They will, and if it continues much longer services will be impacted."

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Bottom Line...

Mental health and other human-services providers in Pennsylvania are warning of dire consequences for agencies and their clients if a lengthy state budget delay is not resolved soon.

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Given that developmental studies suggest that children's concept of death begins to crystallize around age 5 years, the transition from early to middle childhood may be a vulnerable period for the early emergence of STBs, researchers stated. Children who develop STBs are at risk for experiencing recurrent, persistent and escalating STBs as they grow older and are at higher risk for future suicidal behavior and impaired functioning into adulthood, they added.

Emerging evidence suggests that elementary school-aged children may experience suicidal thoughts and behaviors (STBs) at rates higher than previously expected, researchers stated, adding that STBs, and developmentally appropriate STB measurement, in children are vastly understudied. "We conducted a preliminary study to determine the feasibility, acceptability, and safety of asking about STBs and STB rates in a sample of children enhanced for potential adversity exposure," researchers wrote.

Study method

To assess lifetime suicidal thoughts and behaviors, the Suicidal Ideation Questionnaire–Junior and the Self-Injurious Thoughts and Behaviors Interview–2 was administered to 98 children 5 to 10 years of age and

their caregivers (reporting about their child) during an in-home visit. Researchers completed a phone follow-up one week later to assess potential iatrogenic effects —any unintended negative consequences that might result from the research itself — in this case, from asking young children about suicidal thoughts and behaviors. The children had been recruited due to possible adversity exposure.

No significant decline

Adam Bryant Miller, Ph.D., associate director of the Child and Adolescent Anxiety and Mood Disorders Program and associate professor in the Department of Psychiatry at the UNC School of Medicine, noted that despite a decade of research focused primarily on adolescent suicide, the data consistently shows that suicide rates have not significantly declined.

Miller pointed to a roundtable discussion a few years ago by the National Institute of Mental Health (NIMH) that sought to explain this. NIMH, he noted, released a "notice of special interest" in administrative supplements to begin investigating the question of how to ask young children about suicide. "That was the supplement grant that funded our pilot study," Miller told *MHW*.

Miller added that NIMH also released a request for applications to specifically form a consortium

of larger R01 research projects to investigate preteen suicide. "That is the other grant I have focused on 8-11 year olds. It is one of four other R01s that were funded around the country to study this," he said.

Meanwhile, Miller indicated that there have only been a handful of studies in the area of his current research. "My colleagues at Washington University St. Louis worked with pediatric depression populations," he said. "So those are very specific (and important samples)."

He added, "My colleagues at Rochester worked with children who had a parent who had attempted suicide in the past. Again, both were very important samples. However, we recruited youth for increased risk for mental health problems based on prior exposure to primarily traumatic events."

Researchers explained that there has been a longstanding misconception that elementary school-aged children do not experience STBs. However, data across clinical, at-risk and population-based samples of children 10 years of age and younger suggests that 11% to 19% have experienced suicidal ideation and about 1.6% to 2.4% have attempted suicide, they stated. Moreover, although it is still rare, data suggests that rates of suicide in children under 12 years are increasing.

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Study results

Results revealed that 33% of children reported thinking about wanting to kill themselves, and 5% reported having made a plan, with no harmful effects observed from asking these questions.

All 98 children were able to complete all assessments successfully, suggesting the feasibility of asking children about STBs, researchers stated. The average caregiver rating for the likelihood of future participation in this type of study was a 6.28 on a scale from 1 (not at all likely) to 7 (extremely likely). In addition, 85 caregivers (87%) responded “no” to the question asking whether any portion of the study visit made them uncomfortable, and 13 caregivers (13%) responded “yes” to this question.

Overall, most caregivers expressed positive feedback about their experience participating in the study visit with their child (59%). However, 7% expressed negative feedback about their participation experience, and 16% expressed mixed feedback consisting of both positive and negative comments. Fourteen caregivers (14%) expressed neutral feedback.

Feasible, safe approach

Researchers stated that findings from their study suggest that assessing STBs in children as young as 5 years of age is feasible and safe.

An important takeaway, noted Miller, is that, of the nearly 100 children involved, he and his fellow researchers saw no evidence of increases in thoughts of suicide or death among any of the children. A handful of the children are curious about suicides and deaths, but that type of curiosity is normal when they learn about death for the first time, he explained.

When asked whether mental health providers should be asking families about STBs in very young children, Miller noted that it's too preliminary. “However, if a provider is concerned, a parent is concerned or a child has experienced lots of traumatic events in development (i.e., child maltreatment, traumatic loss), then providers may consider asking families about suicide thoughts,” he said. “There is no data to suggest it would be harmful.”

Future research

Miller said he hopes to address

specific novel treatments to help with early intervention in future research. “It's too early to say anything definitive, but we are eager to identify novel ways to support parents in asking their children about suicidal thoughts and equipping them with tools to help their kids stay safe,” said Miller. “Family is among the most important factors to help protect children.”

More data is needed. “We need so much data,” said Miller. “We work with kids who are exposed to so much trauma. If you combined all our samples of young children (ages 5-8ish), we'd only have a few hundred youth,” he said. “We need data on the order of several thousand kids in multiple different types of studies before we can begin to identify the developmental course of suicidal thoughts and behaviors in childhood.”

Miller has two similar ongoing studies that follow from this initial pilot study. One involves 300 families with children between ages 5 to 7 and the other is a preteen sample with 200 girls between ages 8 to 11. •

AAP clinical report urges MH screening starting in infancy

Recognizing that pediatricians are often the first to notice signs of emotional or behavioral challenges in children, the American Academy of Pediatrics (AAP) has issued new guidance to support early identification and intervention. A new clinical report from the AAP outlines recommended screening practices for mental, emotional and behavioral health concerns in children and adolescents — starting as early as infancy.

AAP's clinical report, “Promoting Optimal Development: Screening for Mental Health, Emotional, and Behavioral Problems,” is published in the September 2025 issue of *Pediatrics* and offers practical strategies for pediatricians to integrate screening into routine care.

Bottom Line...

The AAP's new guidance offers practical strategies to integrate these screenings into routine pediatric care.

This clinical report incorporates and expands on recommendations from the 2019 American Academy of Pediatrics policy statement, “Mental Health Competencies for Pediatric Practice,” as well as “Recommendations for Preventive Pediatric Health Care.”

It addresses the rising mental, emotional and behavioral (MEB) health needs of youth since the previous clinical report, “Promoting Optimal Development: Screening for Behavioral and Emotional Problems,” was published in 2015.

In 2016, AAP issued a clinical report highlighting the need for collaborative care with mental health professionals and for suicide prevention training for health care providers (see “AAP urges pediatricians to screen adolescents for suicide risk,” *MHW*, July 11; <https://doi.org/10.1002/mhw.30675>).

This current report outlines specific guidance for MEB problems screening, identification and care of children in pediatric primary care. Screening, as part of regular health supervision visits and surveillance, begins within the first month of life to identify postpartum depression in caregivers, the report stated.

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Magnitude of the challenge

MEB problems during childhood are common and have reached crisis proportions, yet they often go undetected and untreated despite being responsible for significant morbidity and mortality, researchers stated.

By current estimates, approximately 13% to 20% of children in the United States have a behavioral or emotional disorder at any given time, including young children ages 2 to 8 years. The report noted that a substantial number of children have subthreshold MEB problems that cause impairment or distress that do not meet diagnostic criteria for a specific disorder within the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.

MEB problems, researchers stated, are among the top five chronic pediatric conditions causing functional impairment. Between 37% and 39% of children will have an MEB disorder diagnosed by 16 years of age, with the most common diagnoses being disruptive behavior problems, attention-deficit/hyperactivity disorder (ADHD), anxiety and mood disorders.

The COVID-19 pandemic exacerbated the prevalence of MEB problems in children. More than 140,000 children lost their primary or secondary caregiver to COVID-19, significantly increasing their psychosocial stress burden, the report indicated. Unprecedented numbers of children presented to emergency departments with serious mental health problems and suicidal ideation.

Clinical guidance

AAP recommends, that during the first three years of life, the medical home should complete MEB (6-, 12-, 24- and 36-month), developmental (9-, 18- and 30-month) and autism spectrum disorder (18-, 24-month) screenings as a part of a comprehensive, integrated systems approach to pediatric care.

Additionally, MEB screening should be completed annually after age 3 for asymptomatic children at preventive health care visits and whenever concerns are raised by the patient, caregiver or the pediatrician. MEB screening should also be completed at urgent or subspecialty care visits when concerns are raised or there is clinical indication.

Recommendations for policy and advocacy include identifying and addressing barriers to MEB screening in the medical home that include payment for MEB screening and case management, insufficient time to complete screenings and have discussions with families, lack of interprofessional collaboration and discussion of specific children, challenges with telehealth screening, lack of professional and staff knowledge, inflexible EHR systems and inefficient office workflows to achieve universal screening of all children and adolescents.

Report authors point to promising strategies that have been developed over the last decade to help organize pediatric practices to improve MEB access and treatment strategies within primary care settings, including learning collaboratives, ECHO (Extension for Community Healthcare Outcomes) trainings, remote subspecialty consultation and integration of MEB providers within pediatric practice. A strength-based approach is paramount with promotion of resilience and wellness for children and families, the report stated.

According to the report, pediatricians are ideally situated to prevent, intervene and ameliorate MEB problems, especially given the 2- to 4-year window that exists between initial presentation of symptoms and the development of a disorder.

MEB screening is optimized when it is coupled with regular surveillance, AAP stated, adding that using reliable and valid MEB screening tools is essential. Screening should also occur whenever caregivers or children express MEB

concerns or behaviors are displayed that suggest an MEB problem, according to AAP.

Missouri agency weighs in

The Director of Behavioral Health at Lutheran Family and Children's Services of Missouri (LFCS), Lindsay Jeffries, said that, given the state's own mental and behavioral health challenges, the social services agency has the full support of AAP's new clinical report and recommendations.

The AAP report "really highlights the need for children's mental health and the importance of screening early and early intervention for the child's wellbeing," Jeffries told *MHW*.

"Missouri has a high rate of child and youth suicide," added Jeffries. "We're the 10 or 11th in the nation." The high rates of anxiety and depression are impacting young people, she said.

Since COVID, the state has witnessed a growing rate of mental health issues, including trauma, she noted. "We encourage families to talk to their pediatricians early on if they recognize some concerns with their child," said Jeffries. Some parents may not even know if their child is experiencing behavioral health-related changes, she said. "Mental health professionals can provide a deeper dive," Jeffries noted.

Once a screening has been completed by a pediatrician, the child is then referred to an organization like LFCS, she indicated. "We help provide additional support to the family," said Jeffries.

The St. Louis, Missouri-headquartered statewide agency serves Missouri families with adoption, behavioral health, parenting education, pregnancy support, foster care and childcare. The agency refers to mental health professionals to develop a treatment plan, she said. "The sooner we can intervene for children, [the sooner] we can cope with what might be going on and have success," Jeffries said. "We can help manage mental health symptoms or

alleviate them.”

The agency’s mental health providers complete extensive, annual training in their field, Jeffries noted, adding that rigorous evidence-based screening tools are used.

Jeffries emphasized the importance of collaboration between pediatricians and behavioral health providers in ensuring the success of early intervention efforts. “It is vitally important to have input from pedia-

tricians, schools, and families when treating our clients,” she said. Children may exhibit different behaviors at school than they do at home, she added. “Parents are the primary observers of a child,” Jeffries noted. •

The Trevor Project: LGBTQ+ youth face mental health crisis

LGBTQ+ youth are experiencing rising rates of anxiety, depression and suicidal ideation — particularly among transgender, nonbinary and gender-questioning youth, according to a first-ever longitudinal study released by The Trevor Project, the leading suicide prevention and crisis intervention organization for LGBTQ+ young people.

Project SPARK (Studying Protective And Risk factors) Interim Report: A Longitudinal Mental Health and Experiences Study Among LGBTQ+ Young People is currently planned for five waves, following 1,689 LGBTQ+ youth (ages 13–24) across the United States. The analyses in this report draw on data collected every six months between September 2023 to March 2025.

This report presents interim findings over one study year, based on data from the first three waves (Waves 1 through 3) tracking the mental health, well-being and lived experiences of LGBTQ+ youth. The sample is diverse across race/ethnicity (68% youth of color), sexual orientation (23% bisexual, 15% pansexual, 11% queer and 8% asexual) and gender identity (53% transgender, nonbinary or gender-questioning).

According to the report, experiences such as discrimination, physical threats and inability to meet basic needs led to higher odds of later anxiety, depression and suicidal thoughts, while supportive actions from family, friends and affirming environments improved mental health and suicide risk over time.

“We’ve known for a very long time that LGBTQ+ youth have a significant higher risk of suicide than their cisgender peers,” Ronita Nath,

Ph.D., vice president of research for The Trevor Project, told *MHW*. However, following current cross-sectional studies, she noted, “limits our understanding of how this plays out over months and years.”

Those types of research provide a snapshot of one point in time, whereas The Trevor Project’s longitudinal study follows LGBTQ+ youth over time, she noted. Nath explained that longitudinal studies enable one to delineate cause and effect patterns. “It makes our interpretation more robust and meaningful,” she said. The use of a generalized linear mixed model helped to uncover a worsening mental health crisis among LGBTQ+ youth.

Nath added, “The model helped us understand exposures driving this increase as well as improvements in mental health.”

Key findings

The Project SPARK Interim Report examined risk factors and protective factors that impact participants’ mental health. In the first year of data collection and analysis for the study, mental health distress increased substantially. After one year:

- LGBTQ+ youth reporting recent anxiety symptoms rose from 57% to 68%;
- LGBTQ+ youth reporting depressive symptoms climbed from 48% to 54%; and
- LGBTQ+ youth reporting suicidal ideation grew from 41% to 47%.

Although past-year suicide attempts among the sample declined from 11% to 7%, the rate observed remains higher than national estimates for cisgender heterosexual youth, according to the report. Transgender

and nonbinary (TGNB) youth and participants ages 13 to 17 reported the poorest mental health outcomes and represented the highest risk for suicide. TGNB youth were nearly twice as likely to report anxiety (70% vs. 42%) and suicidal ideation (53% vs. 28%) compared with cisgender peers, a pattern that persisted a year later.

LGBTQ+ youth reported widespread experiences of victimization and discrimination, both at the start of the data collection period and one year later. An estimated 55% of participants reported being physically harassed or threatened because of their sexual orientation, and 66% of transgender and nonbinary respondents said they were physically harassed or threatened because of their gender identity.

The report also found barriers to care. While 80% of youth who wanted mental health care were able to access it at baseline, this dropped to 60% the following year. The top barriers included affordability, fear of not being taken seriously and fear of involuntary hospitalization. Access to transgender health care improved for some transgender and nonbinary youth, but significant disparities by age and identity persisted, the report indicted.

“Discrimination, in areas such as economic stability and conversion practices, is [also] driving the problem with the mental health outcomes,” Nath said.

Protective factors and risk factors

Nath noted that protective factors such as family support and access to legal and social support can play a key role in reducing anxi-

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ety, depression and suicide ideation. Equally important are supportive family environment, friends and having access to transgender health care, she said.

The report found that over the course of the year, more LGBTQ+ youth reported feeling supported at school, with school affirmation of LGBTQ+ identities increasing from 53% at baseline to 58% one year later. However, LGBTQ+ affirmation at home remained unchanged at 51%, indicating that many LGBTQ+ young people continued to lack support in their home environments.

Economic insecurity and housing instability magnify all other risks. National survey data reveals that LGBTQ+ young people who experience houselessness or unstable housing have two to three times the

odds of considering or attempting suicide compared with peers in stable housing, the report stated.

Sustainable funding for LGBTQ+-inclusive rapid rehousing programs, drop-in centers and basic needs stipends must accompany any mental health strategy, and mental health supports should be embedded directly into these programs to reduce access barriers, according to the report.

Community level safety nets also matter. Twenty-four-hour crisis lines, chat and text services staffed by LGBTQ+-affirming responders must be preserved as core public health infrastructure. The report noted that in July 2025, federal officials ended the 988 Suicide & Crisis Lifeline's national "Press 3" pathway that routed LGBTQ+ youth to specially trained counselors — removing a dedicated option at the very moment

need is rising (see "JED responds to proposal to cut 988 services for LGBTQ+ youth," *MHW*, June 16; <https://doi.org/10.1002/mhw.34491>).

The Trevor Project is recommending that states and the federal government should restore and sustain specialized services for at-risk populations within 988. "Given the clear growth in help-seeking in our data, ensuring that youth who reach out actually reach someone equipped to help is both urgent and achievable," report authors wrote.

Meanwhile, the ongoing study is still following LGBTQ+ youth. The SPARK project is currently at Wave 5. The Trevor Project is encouraging all participants to remain involved through the final waves, as their contributions will directly inform future resources, advocacy and support for LGBTQ+ young people nationwide. •

Psychological approaches most effective for loneliness, study finds

Efforts to reduce loneliness can be beneficial, but they are not yet sufficient to fully address what researchers are calling a mounting public health challenge, according to a study published by the American Psychological Association (APA).

"Loneliness is increasingly recognized as a serious public health issue, associated with depression, anxiety, heart disease, and even premature death," lead author Mathias Lasgaard, Ph.D., of the Central Denmark Region and University of Southern Denmark, said in an APA news release. "Our research demonstrates that interventions can help, but their overall effectiveness is limited. There's no universal remedy for loneliness."

Nearly half of U.S. adults report experiencing loneliness, according to the U.S. Department of Health and Human Services, which warns that lacking social connection can be as detrimental to health as smoking 15 cigarettes a day. In response, communities nationwide are testing innovative, grassroots strategies to

build social bonds, while governments around the world are beginning to treat loneliness as a public health priority through initiatives ranging from local pilot programs to national strategies.

The study, "Are Loneliness Interventions Effective for Reducing Loneliness? A Meta-Analytic Review of 280 Studies," published in *American Psychologist*, analyzed data from 280 studies involving more than 30,000 participants globally. Researchers examined five main types of interventions:

- Social support (e.g., regular companionship and care);
- Social network enhancement (e.g., creating opportunities for interaction);
- Social and emotional skills training;
- Psychological approaches (e.g., therapy targeting thoughts, behaviors or emotions); and
- Psychoeducation (e.g., programs to raise awareness about loneliness and its effects).

Despite small to moderate effect

sizes, researchers found that these interventions generally helped reduce loneliness across diverse populations and approaches. Psychological interventions emerged as the most effective strategy, though their impact was still moderate and varied across different groups.

Results

This is the first meta-analytic review to include data from the academic and the gray literature examining the effects of loneliness interventions across different age groups, intervention types and study designs. "Our findings show that an increasing number of interventions for loneliness are now available to people across different age groups," researchers wrote. "Further, our results indicate that, regardless of whether interventions for loneliness are evaluated using an RCT, multicohort, or single-arm cohort design, they are generally effective in both the short and long term."

The authors caution that while interventions appear to work across

the life span, the overall strength of the evidence is limited by methodological concerns in existing studies. Compared to treatments for depression — which consistently yield large reductions in symptoms — loneliness interventions lag behind, underscoring the need for continued innovation and refinement.

Stratified analyses further suggest that psychological interventions hold the most promise for alleviat-

ing loneliness across age groups. However, it remains unclear which populations benefit most, highlighting the importance of tailoring approaches to individual needs.

The findings of the meta-analytic review indicate that loneliness interventions are effective for reducing loneliness across the life span, researchers stated. “However, caution is warranted when interpreting the magnitude of our

effects because we have concerns about the methodological quality of the existing research in the field, which reduces the certainty of the evidence,” they stated. Stratified analyses indicated that psychological interventions are the most promising for reducing loneliness across all ages, but it remains unclear whom the interventions would help the most, the report researchers concluded. •

PENNSYLVANIA from page 1

Providers have tried to highlight the cumulative effect of state budget delays that have become commonplace in Pennsylvania (see “Pennsylvania providers feel pinch from another state budget delay,” *MHW*, Aug. 25, 2025; <https://doi.org/10.1002/mhw.34564>). Some providers that had to take out loans to meet their expenses during past budget conflicts are still paying back those monies, exacerbating the crisis in which they again find themselves.

“Each day of inaction drives organizations closer to collapse and jeopardizes the well-being of hundreds of thousands of Pennsylvanians,” RCPA wrote in an Oct. 14 letter to Shapiro and members of the General Assembly. “Providers cannot borrow indefinitely, and communities cannot withstand more service closures.”

There is precedent in the state for extended delays in adopting a final budget. In 2015, the state budget was not finalized for nine months.

Quantifying the impact

The Oct. 14 letter followed a similar communication that RCPA delivered to the state’s political leaders on Sept. 30. That letter stated that several counties in Pennsylvania had responded to the budget impasse by delaying payments to service providers.

RCPA wrote in the letter sent just two weeks later that “the situation has grown even more dire.” The association attached to the October letter an

analysis of the current impact on providers, based on a survey of 205 human-services providers that represent a broad diversity of focus areas, including behavioral health. A broad-based coalition of organizations that includes RCPA (called the Coalition of Critical Service Providers) conducted the survey.

According to the survey, two-thirds of agencies will have been forced to utilize cash reserves by the end of October, and nearly half reported having to take out loans or lines of credit by the end of this month.

In addition, nearly half of respondents said they will be reducing program services as a result of the budget delay, and 11.5% indicated they will close operations altogether until a budget is adopted (that percentage had been only around 3% when providers were surveyed in August).

“These numbers are not abstract — they represent children missing early intervention, seniors without home-care aides, families losing housing supports, and individuals left untreated for mental health and substance use disorders,” the Oct. 14 letter from RCPA states. “The damage is human, systemic and growing.”

Another political layer

Still, there is no apparent resolution in sight to the budget dispute involving the Democrat-majority House and Republican-majority Senate, with some indications that the impasse could drag on much longer.

Another political variable in the conflict involves Shapiro and Republican State Treasurer Stacy Garrity, who is planning to run against Shapiro in the next gubernatorial election. Garrity announced this month that she was initiating a loan program for counties and some nonprofit groups in response to the budget delay. But some providers have said interest terms and a requirement to pay back the money within 15 days of the signing of the state budget are too onerous, the nonprofit news service Spotlight PA reported. Garrity said state law requires the charging of interest in such loan programs.

RCPA’s Edley said the provider community has had “not a great overall reaction” to the latest loan proposal, suggesting providers see it as a hollow response to the financial squeeze being caused by the inability to pass a state budget.

The survey of Pennsylvania providers estimates that necessary loans to get through the current crisis will result in \$2 million in unreimbursed interest payments.

“Yes, the budget is complex. But complexity is no excuse for inaction,” RCPA’s September letter states. “Lawmakers must pass a final state budget that invests appropriately in health and human services before there are no providers left to care for Pennsylvania’s most vulnerable citizens.”

RCPA is requesting bipartisan cooperation to enact a final budget that restores halted payments to

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counties and community-based organizations, stabilizes the provider workforce via reimbursement rates that support competitive pay and prevents irreversible service disruptions by committing to timely appropriations for essential functions.

“We recognize the challenges before you and believe in Pennsylvania’s capacity to lead with compassion and resolve,” the RCPA October letter to the state’s political leaders states in summary. “We respectfully urge you to act with urgency and unity — to pass a responsible budget that reflects Pennsylvania’s values, protects its people, and preserves the essential providers who hold our communities together.” •

BRIEFLY NOTED

Oklahoma University receives \$50 million grant to lead national suicide prevention center

Continuing the University of Oklahoma’s leadership in combating suicide, the Southwest Prevention Center (SWPC) at OU Outreach last week received a five-year, \$50 million grant to head the national Suicide Prevention Resource Center (SPRC), a university news release stated. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) funds the resource center and provides the award. For nearly 40 years, SWPC has worked to improve behavioral health outcomes in Oklahoma and across the nation. Through the grant, its team will guide and refine SPRC in offering support and training to communities, health systems, institutions and organizations nationwide, equipping the people who do the frontline work in suicide prevention. The new grant also renews OU’s management of the center. SWPC assisted with the OU Health Campus application for SAMHSA’s previous five-year grant in 2020, and it was

Coming up...

The **ADHD (Attention Deficit Hyperactivity Disorder) Coaches Organization**, the **Attention Deficit Disorder Association** and the **Children and Adults with Attention-Deficit/Hyperactivity Disorder** are hosting its Annual International Conference, ADHD 2025 “Connect, Learn & Thrive,” **Nov. 13–15 in Kansas City, Mo.** Visit <https://chadd.org> for more information.

designated as a major partner in the Health Campus’s work. “The significance of this award is national in scope, but deeply personal in its impact — it is about offering hope, reducing suffering, and ensuring that every life is valued and protected,” said Belinda Biscoe, OU senior associate vice president for outreach.

NAMES IN THE NEWS

The American Psychiatric Association (APA) on Oct. 22 announced that **Justin Singh, M.B.A.**, has joined as its new senior vice president of operations, finance and transformation, an APA news release stated. As part of a leadership restructuring, Singh will report to the CEO and medical director, overseeing many of the daily operations of the association and establishing

its technology and innovation agenda. He will also facilitate the roll-out of the APA’s newly approved strategic plan, *Psychiatry 2030: A Vision For Our Future*, which emphasizes three key areas for the APA: medical leadership, member success and organizational strength. Singh comes to the APA with close to 20 years of experience in business and health care innovation. Most recently, he was a senior principal at Roivant Sciences, where he developed new artificial intelligence health technology products and business ventures. His extensive background in health care innovation ranges from clinical research and care delivery, large academic medical centers and independent private practices and across therapeutic areas.

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Does obesity affect mental health? Obesity is a chronic health condition that’s caused mostly by lifestyle, hormonal and genetic factors. However, obesity can also be caused by psychological factors, including mental health, CNN Health reported last week. Many studies have found links between obesity and mental health conditions such as depression and anxiety, suggesting that those living with obesity may also experience adverse mental health conditions. Studies suggest that because obesity promotes chronic inflammation throughout the body, people who have obesity are more at risk for physiological and neurological conditions such as depression. Moreover, people with obesity often face stigma, discrimination and societal judgments, which can lead to negative feelings. These experiences can contribute to the development or worsening of depression and anxiety disorders and higher cortisol levels. One 2021 study examined the impact of weight stigma on mental health and found that people who experienced weight-based discrimination reported higher levels of psychological distress and reduced quality of life. Obesity can be linked to mental health issues, including stress and anxiety. A medical professional is the best source to determine the next steps to balance maintaining a moderate weight and navigating mental health treatment, the report authors suggest.