

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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Children's behavioral health care costs have surged, now accounting for 40% of all pediatric health spending — up from 22% in 2011, a new *JAMA Pediatrics* study reports. Families paid nearly \$2.9 billion out of pocket in 2022, with costs rising at more than twice the rate of other pediatric care. Researchers warn the trend threatens affordability and access amid persistent insurance gaps and provider shortages.
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Editor's note:

Mental Health Weekly will not publish a Dec. 29 issue. We wish our readers happy holidays. Publication will resume with the Special Preview Issue Jan. 5, 2026.



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Families face rising costs for children's behavioral health care spending

Spending on behavioral health care for children has climbed sharply over the past decade, creating a growing financial strain for families, according to a new study published online Dec. 15 in *JAMA Pediatrics*. Researchers found that these services now account for 40% of all pediatric health expenditures, up from about 22% in 2011.

The study, "Expenditures for Pediatric Behavioral Health Care Over Time and Estimated Family Financial Burden," found that out-of-pocket costs have also increased, leaving many households vulnerable to high or even extreme financial burden. Additionally, the trend reflects rising demand for care amid persistent gaps in insurance coverage and provider shortages,

Bottom Line...

Families are shouldering a growing financial burden as children's behavioral health care costs soar, now consuming nearly half of all pediatric health spending.

researchers stated. They noted that the trend of escalating costs could have long-term implications for access and affordability.

In dollar terms, the shift is striking: total spending on pediatric behavioral health reached \$41.8 billion in 2022, with families paying nearly \$2.9 billion out of pocket, the study indicated. Out-of-pocket costs grew at an average annual rate of 6.4%, more than

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Pennsylvania budget finally clears, with not much optimism ahead

The long wait for a resolution of Pennsylvania's state budget impasse finally ended last month, but budget-related anxiety for the state's mental health provider community lingers.

Very limited expectations for state funding of key initiatives in the mental health sector largely were met in the adopted budget for the

fiscal year that started July 1. Even a \$20 million item that some providers first interpreted as a budget increase, in county-allocated non-managed care dollars for services such as psychiatric rehabilitation and respite care, turned out merely to be a previously approved budget allocation that now can be spent.

In a state with a lengthy history of delays in adopting a budget (see "Pennsylvania providers feel pinch from another state budget delay," *MHW*, Aug. 25, 2025; <https://doi.org/10.1002/mhw.34564>), mental health and other human-services providers will quickly turn their attention to seeking to avert a

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Bottom Line...

Pennsylvania's mental health provider community saw limited reasons to celebrate in the long-awaited resolution of the fiscal 2026 state budget, and there are additional warning signs ahead.

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double the growth rate for other types of pediatric care.

Study method

Researchers conducted a cross-sectional study of U.S. children aged 6 to 17 years, using 2011-2022 Medical Expenditure Panel Survey household component files, with analysis performed from Jan. 11, 2024, to Oct. 15, 2025.

Behavioral health distress

As a pediatric emergency room medical doctor, Ashley A. Foster, M.D., lead author of the study, said she commonly encounters children and adolescents with behavioral health issues and who are often in behavioral health distress. "We are meeting with families struggling to access timely and affordable care," Foster, also assistant professor of emergency medicine and pediatrics in the Department of Emergency Medicine, University of California, San Francisco, told *MHW*. "Seeing that gap firsthand is what motivated the research."

Researchers looked at spending during that time period from 2011 to 2022 and across different health care venues, Foster said. "We're seeing global increases to the spending across the venues," she indicated.

Researchers noted that although pediatric behavioral health

"Taken together, these trends underscore that pediatric behavioral health is no longer a peripheral service but essential health infrastructure, requiring the same level of policy attention, investment, and equitable implementation as physical health care,"

Ashley Foster, M.D.

conditions are common in the United States, many children cannot access timely behavioral health care. Mental health workforce shortages and challenges in accessing outpatient care have led to increases in behavioral health emergency department visits and hospitalizations, they stated. These trends led to national pediatric organizations and the

surgeon general to declare a national emergency in 2021 (see "Physicians declare national emergency in children's MH," *MHW*, Oct. 25, 2021; <https://doi.org/10.1002/mhw.32995>).

The current research noted that historically, expenditures on pediatric behavioral health care have been substantial. In 2012, behavioral health conditions were the highest contributor (\$13.9 billion) to overall pediatric health care expenditures compared with all other pediatric conditions. Researchers pointed to a 2021 study of U.S. children that found that \$31 billion was spent on medical care for children with mental health issues.

Findings

In 2022, national pediatric behavioral health care expenditure for children aged 6 to 17 years was \$41.8 billion. A mean of 8.5 million children had any behavioral expenditure per year, with a mean of 43.1 million behavioral health prescriptions per year (34.5% of all prescriptions for children 6-17 years).

The research also revealed shifts in how and where children receive behavioral health treatment. Spending jumped 25% per year on home health services and 11% per year on in-person outpatient visits. The number of

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Publishing Editor Valerie A. Canady

Contributing Editor Gary Enos

Copy Editor Christine Sabooni

Production Editor Nicole Estep

Publishing Director Lisa Dionne Lento

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telehealth visits spiked 99% per year between 2020 and 2022.

Researchers also found that from 2011 to 2022, both expenditures on behavioral health prescriptions and the number of behavioral health prescriptions decreased.

“Behavioral health has become a central component of pediatric care, now accounting for approximately 40% of all child health spending, with U.S. expenditures reaching nearly \$42 billion annually in 2022,” Foster explained. This growth has been accompanied by significant increases in spending on home health, outpatient and telehealth pediatric behavioral health services, Foster said.

She added, “At the same time, families are facing rising out-of-pocket costs for behavioral health care, costs that are increasing faster than those for other medical services, and having a child with behavioral health needs substantially increases a family’s risk of financial strain.”

“Taken together, these trends underscore that pediatric behavioral health is no longer a peripheral service but essential health infrastructure, requiring the same level of policy attention, investment, and equitable implementation as physical health care,” Foster noted.

Families with at least one child who has behavioral health issues increased a family’s risk of financial stress, said Foster. The study found that 60% were more likely to face a high financial burden and 40% were more likely to have an extreme financial burden — meaning more than 10% of their family income goes toward that care, she said.

The study’s data build on prior work showing that behavioral health conditions are responsible for the largest burden of U.S. child medical spending, researchers stated.

The study’s findings appear to highlight the need for stronger insurance parity and better reimbursement for behavioral health services, such as telehealth. “Some of the prior work I’ve done has shown there are differences among states in terms of comprehension of parity law and regulations,” said Foster. “How do we enhance not just parity but enforcing it as an important component? There’s also in-network vs. out-of-network care. In-network coverage of children with behavioral health issues could assist with access and affordability.”

Foster noted that for clinicians, the biggest takeaway is that the findings underscore the importance of early identification and preventive behavioral health care, such as routine screenings and intensive

intervention, which might have important implications for families.

Behavioral health care accounts for an increasing share of children’s medical expenditures; findings suggest a greater demand and cost for care and underscore the importance of enhancing pediatric behavioral health care access through insurance and clinician capacity, researchers stated.

The research did not determine whether the increase in out-of-pocket spending for families of children with behavioral health issues was due to higher prices per visit, greater utilization or insurance coverage gaps, said Foster. Those questions were outside of the scope of the study, she said. However, next steps in research will involve understanding more about which children are facing the highest costs and what types of care can help families get the support they need without unnecessary family stress, she said.

Researchers noted that having access to public insurance may be protective against family financial burden. To ensure that growing behavioral health spending delivers value, future policy and research should study the relationships between cost and spending, use and outcomes while advancing equitable, affordable access to needed behavioral health care, the researchers concluded. •

DWP grants \$5M to expand culturally responsive youth care

As youth mental health challenges reach unprecedented levels, advocates are calling for solutions that reflect the cultural realities of young people. The Decolonizing Wealth Project (DWP), a nonprofit initiative, is stepping into that gap with its new Youth Mental Health Fund, which has already distributed \$5.07 million to 34 organizations nationwide. The effort prioritizes support for BIPOC (Black, Indigenous and people of color) and LGBTQ+ youth, groups that often face barriers

Bottom Line...

The Decolonizing Wealth Project is investing in community-driven approaches to ensure BIPOC and LGBTQ+ youth get the support they deserve.

to care in traditional systems.

The initiative launched in May 2025 with a \$20 million commitment to advance culturally responsive mental health care for youth across the United States.

Research shows that culturally responsive mental health services can significantly improve engagement and outcomes for marginalized youth. Studies have found that BIPOC and LGBTQ+ youth are more likely to experience stigma, discrimination and systemic barriers when seeking care, contributing to higher rates of anxiety, depression and suicide risk.

Advocates argue that such funding initiatives are essential to

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closing these gaps and ensuring that mental health support is not only accessible but affirming of identity and lived experience.

"This much we know," Rich Harvard, director of the Youth Mental Health Fund at the DWP, told *MHW*. "Young people have been drivers of social change. They help us manage a better world." Harvard noted that at the same time, young people are faced with challenges, such as rampant racism, queer phobia, climate crisis and other adversities. No one, he said, can understand the "brilliance" of young people of color and the queer population.

Many young people, faced with these conditions or challenges, are more likely to experience depression, anxiety and suicide ideation, he said. "The fund helps to recognize the power of young people and helps support culturally responsive care for them," Harvard indicated. DWP is developing an ecosystem where all "queer" and BIPOC youth can receive care, he added.

Overwhelming demand

According to DWP, the overwhelming demand for resources underscores the urgency of expanding access to inclusive mental health support. The organization plans to continue raising additional funds to meet this need and ensure that young people receive care that reflects their identities and experiences. By prioritizing equity and cultural responsiveness, DWP aims to transform the mental health landscape for the next generation.

In advancing culturally responsive care, the Youth Mental Health Fund provides grants and strengthens an ecosystem of organizations that deliver mental health support rooted in cultural identity, language, values, traditions, spiritual practices and lived experiences, DWP officials stated in a news release.

"One of our goals is to highlight and showcase doing this work in equitable and culturally responsive ways and to improve and broaden the field in health care and philanthropy."

Rich Harvard

Rather than forcing communities to fit into existing programs, this approach empowers them to design care that works for their young people, they added. Their research indicates culturally responsive care isn't just a feel-good approach; it is an effective one, DWP officials acknowledged. The fund will also aim to shift perceptions of what community-centered healing and care can look like, while promoting investment in methodologies with proven results.

Inaugural grantees

The 34 grantees will receive a total of \$5.07 million from Liberated Capital, DWP's funding mechanism and donor community. An intergenerational advisory committee of 14 members, including five youth leaders alongside mental health experts, made the final funding decisions for the grants, DWP officials stated in a news release announcing the grants. This significant youth representation, officials noted, comprising over one-third of the committee, reflects the DWP's commitment to centering young voices in decisions that directly affect their communities.

The first cohort of grantees includes these organizations and projects:

National Collaborative for Transformative Youth Policy, uplifting policy solutions that respond to the systemic causes of youth mental health challenges, including poverty, racism, discrimination, community violence and climate change;

Letters to Strangers, the largest youth-for-youth-led mental health nonprofit, working to destigmatize mental illness and increase access to affordable, quality treatment, particularly for youth;

Future Focused Education's Community Care Collective, cultivating youth-led ecosystems of care, healing and civic power in New Mexico;

Hale Kipa, supporting and empowering Hawai'i's youth and families who are navigating trauma, injustice and systemic barriers; and

Gage Park Latinx Council, addressing queer Latinx mental health on Chicago's southwest side.

"One of our goals is to highlight and showcase doing this work in equitable and culturally responsive ways and to improve and broaden the field in health care and philanthropy," Harvard said.

Harvard added, "My hope is this fund helps communicate that youth are powerful and that youth are experiencing pain and that we all have a responsibility to move money in ways that create healing." In the meantime, DWP is actively approaching donors and potential investors to support the fund, he said. •

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
Mental Health Weekly

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Study finds ketamine safe for patients with EDs, mood disorders

Patients with eating disorders often face a double burden: not only do they struggle with the physical and psychological toll of their illness, but many also experience mood disorders that resist standard treatment. Depression and bipolar disorder are common among this population, and when conventional therapies fail, the risks escalate —suicidal thoughts and behaviors become more likely, and mortality rates climb, report the authors of a new study published in the *Journal of Eating Disorders*.

The research, “Ketamine for Treatment Resistant Depression in Individuals with Eating Disorders: A Comparison Study,” explores an emerging option for these complex cases: ketamine. Known for its rapid antidepressant effects and ability to reduce acute suicidality, ketamine has shown promise for treatment-resistant depression (TRD) and bipolar disorder (TRBD). Until now, little was known about its safety and effectiveness for individuals with eating disorders who were receiving care at higher levels of treatment, the research stated.

TRD is a major public health problem despite decades of research into treatments for mood disorders, the researchers stated. Individuals with eating disorders (EDs) are at even higher risk of not responding to treatment for mood disorders than individuals without EDs and have an increased risk of death by suicide when compared to individuals with mental illness without EDs, the study researchers noted. This is an important finding, given the very recent report of increasing suicidal thoughts in young adults, the ages that are often affected by EDs, they added.

The study noted that research has accumulated over the past two decades indicating that ketamine,

a dissociative anesthetic and NMDA-antagonist that has been used for the induction and maintenance of anesthesia for the past 50 years, can have a robust and rapid antidepressant effect when given at subanesthetic doses in a variety of forms. (NMDA stands for N-methyl-D-aspartate, which refers to a specific type of receptor in the brain involved in excitatory neurotransmission.)

These findings could influence clinical decisions for providers seeking new strategies to support patients with co-occurring conditions, where traditional approaches often fall short, researchers stated.

The primary aim of this study, stated the researchers, was to compare changes in depression symptoms at both admission and discharge between patients receiving ketamine and those not receiving ketamine in a higher level of care ED treatment facility.

Study method

The study included 85 adults admitted to an eating disorder treatment facility who received subanesthetic doses of intranasal generic ketamine, compared with a matched group of 85 adults similar in age, sex, gender, race and

diagnosis and level of care at admission admitted to the same facilities who did not receive ketamine.

Participants completed the Eating Disorder Examination Questionnaire (EDE-Q), Patient Health Questionnaire-9 (PHQ-9), suicidal ideation (PHQ-9 Item 9) and Generalized Anxiety Disorder-7 (GAD-7) at admission and at discharge.

Author perspective

In a July *Psychiatric Times* article, “Ketamine Safe for the Treatment of Patients with Eating Disorders: In Conversation with Elizabeth Wassenaar, M.D., MS, DFAPA, CEDS-C,” Wassenaar — lead author of the current *Journal of Eating Disorders* study — emphasized the importance of context: “It is important for psychiatrists and mental health professionals to note that the patient population we studied were in a highly controlled and contained environment with significant support for both their psychological distress and their nutritional needs.”

She added, “This new study tells us that generic subanesthetic doses of intranasal ketamine can be used safely ... when they are in a medically supervised environment.”

Study results

The study found that individuals who received ketamine for the treatment of TRD or TRBD at a higher level of care showed significant improvements in scores of depressive symptoms, suicidal ideation, and ED subscale scores, but not more so than individuals who did not receive ketamine with matched scores on measures of depression.

Individuals who received more doses of ketamine showed greater decreases in depressive symptoms,

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which is consistent with the response of the general population treated with ketamine. Individuals who received ketamine for the treatment of TRD or TRBD had significantly longer lengths of stay in treatment (113 days vs. 92.9 days).

Researchers noted that ketamine can be administered safely to patients with eating disorders — even those who are malnourished

— and may help alleviate symptoms of TRD and TRBD. These findings could influence clinical decisions for providers seeking new strategies to support patients with co-occurring conditions, where traditional approaches often fall short, researchers stated.

In a news release announcing the current research, Wassenaar said individuals with eating disorders may feel as though they have very few options for the treatment

of their depression. “This is the first time evidence has supported that ketamine may be an option for treatment of treatment-resistant depression, even if someone is still active in their eating disorder,” she stated.

Results from this research will help inform eating disorder treatment providers who are considering ketamine to help patients with co-occurring disorders, the researchers concluded. •

Insurance confusion keeps many from mental health care

Despite growing awareness of mental health needs, managing insurance decisions remains a major barrier to care. According to new survey data, 20% of U.S. adults have postponed therapy because they couldn’t make sense of their coverage options during open enrollment. For those already juggling work and family demands, the added complexity of insurance decisions can be overwhelming.

The survey, “Mental Health Benefits Confidence Report [2025],” published Nov. 26 and updated Dec. 16, was prepared by Grow Therapy, a privately held health tech/insur tech company. The company operates a digital platform that streamlines insurance-based mental health care by enabling licensed therapists and psychiatrists to accept in-network insurance. The survey was conducted from Oct. 24–28, 2025, with a total of 2,424 U.S. working-age adults completing the survey.

The survey reported that confidence gaps in selecting mental health benefits leave many behind. Even for those who have insurance coverage, understanding what’s actually covered remains a significant challenge. Less than a third (31%) of survey respondents said they feel very confident selecting a health insurance plan that supports their mental health needs, and that confidence differs

across generations. Gen Z adults are the least likely to report high confidence (20%), with confidence improving slightly among Gen X (27%) and Millennials (31%), showing that coverage literacy improves slightly with age. However, confusion still persists across all age groups.

“Many clients come to therapy unsure of what their insurance covers or what their costs will be. When we make benefits easier to understand, we reduce a major barrier to starting care.”

Cynthia Grant, Ph.D.

Nearly one in four (23%) U.S. adults experienced a mental illness in 2024 (over 60 million people), yet many employees still struggle to navigate their options. When people don’t understand or don’t feel confident about their coverage, those most vulnerable may end up

unable to find the right fit.

Without transparent pricing or easy-to-understand health insurance summaries, many consumers don’t know what they will actually owe for care until after a claim is filed. This uncertainty can discourage people from seeking therapy, highlighting the importance of cost transparency in achieving equal access and timely care, according to the survey.

“Many clients come to therapy unsure of what their insurance covers or what their costs will be. When we make benefits easier to understand, we reduce a major barrier to starting care,” Cynthia Grant Ph.D., VP of Clinical Strategy & Programs at Grow Therapy, told *MHW*. “Transparency isn’t just a financial improvement. It helps people feel more prepared, more confident, and more likely to follow through with getting the support they need.”

Decision-making obstacles

Cost confusion is the single biggest obstacle to confident decision-making: 32% of respondents said copays, deductibles and out-of-pocket costs are the most confusing parts of coverage to understand during open enrollment, according to the survey. These factors make it difficult for employees to accurately predict the cost of therapy.

The survey found that many don’t understand that even when

therapy is covered, high out-of-pocket costs — payments that aren't reimbursed by insurance — can be a barrier to accessing care. The average deductible for single coverage — the amount you must pay for covered services before your insurance begins contributing — has risen by 43% over the past decade.

High-deductible health plans can also require thousands of dollars upfront. Nearly 29% of workers have these plans, and although some have access to Health Savings Accounts that let them use pre-tax dollars to offset these expenses, not everyone can contribute enough to meet rising costs.

The survey also noted that clear

comparison charts and expert guidance could simplify the decision-making process. Nearly 40% of respondents said that clear, visual comparison charts would make it easier to choose a plan. Almost 53% want expert assistance or step-by-step guides to help them sort through their options. •

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similar scenario in fiscal year 2026-2027. Richard Edley, Ph.D., president and CEO of the state's Rehabilitation & Community Providers Association (RCPA), told *MHW* that the broad-based Coalition of Critical Services Providers will meet in January as they attempt to take a proactive approach to advocacy for the next budget process.

"We're already so late into the next budget cycle," Edley said. "We just can't be four or five months out again."

Concerns that some publicly funded providers might have to close operations entirely as a result of the latest delay (see "Pennsylvania providers nervous as state budget impasse drags on," *MHW*, Oct. 27, 2025; <https://doi.org/10.1002/mhw.34639>) did not materialize, although Edley said it was common for agencies to have to suspend some components of programs during the impasse. He said delayed payments to providers have once again flowed, restoring some stability to agencies that he said had been teetering on a financial cliff.

In all, a new state budget that does little more than offer level funding for most mental health initiatives "is not really what the mental health system needs," Edley said.

Budget details

According to a communication from RCPA to its members last month, the approved total \$50.1 billion state budget for fiscal 2025-2026 represents a \$2.3 billion

"We're already so late into the next budget cycle. We just can't be four or five months out again."

Richard Edley, Ph.D.

increase from the previous year's budget but fell short of Gov. Josh Shapiro's original proposal of \$51.5 billion.

Most mental health-related expenditures are being flat-funded in the new budget, and Edley said there is little indication that the budget picture will improve going forward. Most current discussions with state lawmakers begin with a legislator's comment along the lines of, "You realize that there's no [new] money," Edley said.

He said the provider community did experience a few small victories in the process that finally concluded in mid-November. Early intervention services, provided by some members of RCPA, received

around a 7% increase, according to the association.

The \$20 million in previously allocated monies for services not covered under managed care will provide a boost. In addition, Edley said, flexibilities for providers to offer telehealth services are being extended.

The provider community had warned the state's political leadership for months about the implications of a budget impasse and the associated provider payment delays. Edley theorizes that one factor that might have contributed to the political dispute finally ending was "providers were really up against it." Many were warning they were close to not being able to make payroll and were asking for advice on any entities they could possibly turn to for emergency support, he said.

RCPA leaders have long spoken of the cumulative effect of budget delays on agencies' operations. This is why the larger human-services coalition that also includes organizations such as homeless services agencies and food banks wants to act quickly in advocacy around the next budget.

"There is often a feeling among these groups that we want to work

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Share your outlook for mental health in 2026

Mental Health Weekly is preparing its 2026 Special Preview Issue, and we want your perspective. What are your expectations for the year ahead? What challenges and opportunities do you see shaping the mental health field? Please keep your response to **200 words or fewer** and email it to vcanady@wiley.com by **Monday, Dec. 29**. Your responses will appear in our Jan. 5, 2026 issue.

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with government. But once in a while we have to fight,” Edley said. “We have to do a better job of educating the public that this is real.”

Perilous times ahead

As difficult as the past several months have been for human-services providers in Pennsylvania, the anxiety level could intensify very soon, with soaring projections for potential spending cuts. Other states are certainly not immune to this threat either.

Attention quickly will turn to the state-level implications of implementing the federal One Big Beautiful Bill measure. When numbers such as a potential 350,000 people losing mental health coverage get thrown around in discussions at the state level, it soon becomes clear that problems well beyond a line item in the state mental health budget could be looming, Edley said.

Even payment rates for services that are subject to actuarial standards set in federal statute will likely hover around the low end of the acceptable ranges, Edley said.

A federal lobbyist who addressed RCPA members at a conference in September offered few signs of hope, but the quote in the presenter’s final slide gave providers a reason to push on. The comment: “In Washington, there’s always another inning,” Edley said.

But he believes that in the current environment at both the federal and state levels, providers likely will face difficult choices as they consider the viability of their mix of services. Leaders of a provider agency that, for example, currently offers early intervention services for high-risk children, school-based programming for adolescents experiencing depressive symptoms and outpatient mental health treatment might have to ask themselves which of these services is least essential to their community. “They’re all important,” Edley said. •

Coming up...

The **American Psychiatric Association** is holding its 2026 Annual Meeting on **May 16–20 in San Francisco**. For more information, visit <https://psychiatry.org/psychiatrists/meetings/annual-meeting/registration>.

The **New Jersey Association of Mental Health and Addiction Agencies, Inc.**, is holding its annual conference, “Evolving Behavioral Health, Advancing Together for 75 Years,” **April 14–15, 2026 in Iselin, N.J.** For more information, visit <http://www.njamhaa.org>.

STATE NEWS

Young adult suicide rate rises in Washington State

Washington’s young adult suicide rate rose more than 13% from 2014 to 2024, mirroring a national trend, a recent analysis finds, and Axios Seattle reported Dec. 9. The increase underscores the toll of the country’s mental health crisis — particularly in the state of Washington, where the suicide rate among young people remains higher than the national average. The suicide rate for Washington adults aged 18 to 27 climbed 13.3% between 2014 and 2024, reaching 18.8 per 100,000 people, per a new analysis of the Centers for Disease Control and Prevention data from Stateline, a nonprofit newsroom.

Nationwide, the suicide rate among that age group saw a sharper 20% increase. Yet the national rate — 16.4 deaths per 100,000 — remained lower than in Washington. The rising suicide rate among 18- to 27-year-olds comes as Gen Z members enter that age range and the Millennials leave it. “Theories behind the increase range from bullying on social media, since Gen Z was the first generation to grow up with the internet, to economic despair, to cultural resistance to seeking help for depression,” per Stateline. Seattle officials have been looking at ways to address youth mental health. An education levy approved by voters last month will add five new school-based health centers to Seattle, which will help provide K–12 students with mental health care both in-person and virtually. •

In case you haven’t heard...

Letting out a swear word in a moment of frustration might feel cathartic — and research suggests it could be beneficial, too. According to an APA news release, a study published in *American Psychologist* indicates that swearing can boost physical performance by helping people overcome inhibitions and push harder during strength and endurance tests. “In many situations, people hold themselves back — consciously or unconsciously — from using their full strength,” said study author Richard Stephens, Ph.D., of Keele University in the U.K. “Swearing is an easily available way to help yourself feel focused, confident and less distracted, and ‘go for it’ a little more.” Researchers conducted two experiments with 192 participants, asking them to repeat either a swear word of their choice or a neutral word every two seconds while performing a chair pushup. Afterward, participants answered questions about their mental state, including measures of positive emotion, distraction, self-confidence and psychological “flow” — a state of pleasant, focused immersion. Overall, participants who swore supported their body weight significantly longer than those who repeated a neutral word. Combining these results with earlier research, the authors concluded that swearing improves strength through state disinhibition. The article, “Don’t Hold Back: Swearing Improves Strength Through State Disinhibition,” is published in *American Psychologist*.