Denver center becomes first to include human trafficking curriculum

Taking note of the fact that some patients or consumers may be vulnerable to human trafficking in an area that has reported numerous cases, a Colorado-based community mental health center has been identified nationally for a pilot program by the federal government to conduct training sessions for clinical and nonclinical staff. The center is the first in the country to incorporate a human trafficking awareness curriculum into its training program.

The Colorado-based Community Reach Center, located in the Denver Metro Area covering Adams County, was selected by the National Human Trafficking Training and Technical Assistance Center (NHTTAC) because officials recognized the mental health center had patients and clients who are at high risk to human trafficking.

Human trafficking is a severe form of exploitation of another person involving force, fraud or coercion for labor or commercial sexual purposes, according to the Laboratory to Combat Human Trafficking (LCHT). Trafficking does not require transportation of a person(s) across state or country borders, and may involve U.S. citizens and/or foreign nationals, according to the LCHT.

Bottom Line…
NHTTAC is looking for more behavioral health and health organizations to embark on training in human trafficking.

Federal judge’s ruling that ACA no longer constitutional concerns field

On the eve of the deadline for open enrollment in most states, a ruling by a federal district court judge in Texas that the Affordable Care Act (ACA) is unconstitutional has raised some serious concerns in the field regarding the potential consequences such a ruling might have on consumers with serious mental illness and on Medicaid. Advocates are calling for an appeal effort to protect health care for everyone.

Once again, the field has to worry about the fate of the ACA and the loss of important provisions and gains in the law realized for consumers with mental illness and substance use disorders. In this latest challenge to the ACA, Judge Reed O’Connor’s ruling regarding the law’s individual mandate indicates that the entire health care law is invalid. Republicans last year attempted to weaken the ACA with legislation that eliminated the individual mandate penalty for not having health insurance.

Bottom Line…
Federal officials say the judge’s decision does not require any changes to ACA programs.

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Bottom Line…
Federal officials say the judge’s decision does not require any changes to ACA programs.
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The National Human Trafficking Hotline notes that 73 human trafficking cases were reported in Colorado in 2018, along with 247 calls on the crimes.

“The Community Reach Center values innovative ways to better serve the most vulnerable populations in our community, and the data for cases of human trafficking in the Denver Metro Area speaks for itself,” Elaine Cooper, manager of training and supervision at the CRC, told MHW. “We knew survivors of trafficking were entering into our system, and we felt compelled to respond.”

Cooper added, “As a trauma-informed system, the CRC is committed to offering individualized treatment planning and service provision to our clients, and this would also be true for individuals impacted by human trafficking.”

The Community Reach Center conducted its human trafficking training sessions over the past year with support from the NHTTAC’s Survivor Fellowship, she said. Approximately 30 managers and numerous staffers worked to establish initial pilot programs with protocols customized to each treatment center or setting, Cooper noted. “The Community Reach Center became the only behavioral health organization in the nation to have successfully participated in this fellowship,” she said.

Cooper worked with Mary Landerholm, MSW, survivor/consultant, and action plan manager at the LCHT, to identify which programs at the CRC were most likely to intersect with individuals impacted by human trafficking. “For our pilot groups, we identified two of our school-based programs (due to the prevalence of minor sex trafficking), our jail program, our Justice Accountability and Recovery program, our Case Management program, our Front Desk program and our Mobile Crisis program,” she said.

Training application

The NHTTAC works with individuals and communities to identify when individuals are at risk of being trafficked and how professionals can respond in an appropriate way, said Ashley Garrett, NHTTAC director.

Organizations can apply the training using their own learning management systems or they can use the NHTTAC’s system, said Garrett. “If an organization does not have an online learning management system, they can take the trainings through our own system,” she told MHW. “But if they do have one, we encourage them to explore a partnership with us to place the training into their own system. That facilitates easier access by their staff, and also allows the organization to monitor their own completion rates of the training by their staff.”

Representatives from each of these teams were part of a Champion group, and these teams were targeted for training throughout the fellow-

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Mental Health Weekly (Print ISSN 1058-1103; 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 last Mondays in November and December. The yearly subscription rates for Mental Health Weekly are: Print only: $761 (individual, U.S./Can./Mex.), $1471 (individual, U.K.), $596 (individual, Europe), $918 (individual, rest of world), $7478 (institutional, U.S.), $7929 (institutional, Can./Mex.), $4079 (institutional, U.K.), $3158 (institutional, Europe), $7990 (institutional, rest of world); Print & electronic: $837 (individual, U.S./Can./Mex.), $1809 (individual, U.K.), $4445 (individual, Europe), $9959 (individual, rest of world), $19068 (institutional, U.S.), $39911 (institutional, Can./Mex.), $59099 (institutional, U.K.), $64448 (institutional, Europe), $9988 (institutional, rest of world); Electronic only: $608 (individual, U.S./Can./Mex.), $1314 (individual, U.K.), $3896 (individual, Europe), $608 (individual, rest of world), $7748 (institutional, U.S./Can./Mex.), $39911 (institutional, U.S.), $99599 (institutional, Can./Mex.), $149488 (institutional, Europe), $39988 (institutional, rest of world); Print & electronic: $837 (individual, U.S./Can./Mex.), $1809 (individual, U.K.), $4445 (individual, Europe), $9959 (individual, rest of world), $19068 (institutional, U.S.), $39911 (institutional, Can./Mex.), $59099 (institutional, U.K.), $64448 (institutional, Europe), $9988 (institutional, rest of world); Print & electronic: $608 (individual, U.S./Can./Mex.), $1314 (individual, U.K.), $3896 (individual, Europe), $608 (individual, rest of world), $7748 (institutional, U.S./Can./Mex.), $39911 (institutional, U.S.), $99599 (institutional, Can./Mex.), $149488 (institutional, Europe), $39988 (institutional, rest of world); Print & electronic: $608 (individual, U.S./Can./Mex.), $1314 (individual, U.K.), $3896 (individual, Europe), $608 (individual, rest of world), $7748 (institutional, U.S./Can./Mex.), $39911 (institutional, U.S.), $99599 (institutional, Can./Mex.), $149488 (institutional, Europe), $39988 (institutional, rest of world).
three modules currently available in English and Spanish: SOAR to Health and Wellness Online, Trauma Informed Care and Culturally and Linguistically Appropriate Services, are applicable for the aforementioned professionals, said Garrett.

The authors of the training module include survivors, patients, clients, behavioral health specialists, ER doctors, pediatricians and Department of Public Health officials, Garrett said. Health care, behavioral health, social services, public health and school-based professionals will each have their own one-hour module, said Garrett, including anyone that works with Native communities.

The costs for the training are free or nominal. “For organizations, government agencies or health systems that would like to have continuing education/continuing medical education (CE/CME) available to their staff, there is a nominal fee that our accreditor (Postgraduate Institute for Medicine) charges when we place the training modules into a new online system. For those who don’t want to have access to the CE/CMEs, there is no cost,” Garrett said. “For all partnerships, we sign an agreement about how the training will be made available, reporting of use back to us, etc.,” she said.

The NHTTAC intends to involve other community mental health organizations, said Garrett. They are also in discussions with several different organizations, health systems and state government agencies — and would be very interested in partnering with many more, she stated.

Community partnership

The Community Reach Center’s ongoing training brings together local partners and experts, said Cooper. SOAR trainings were organized to support the fellowship initiative, including “Human Trafficking with the Innocence Lost Task Force” (local FBI), “Human Trafficking in Colorado Context with Colorado Department of Human Services” and “Know Your Rights with the United

Human trafficking bill pending

Legislation that provides health care workers across the country needed training on how to recognize, report and potentially intervene when they see patients who are possible human trafficking victims recently passed the Senate and is making its way to the president’s desk.

The bill, H.R. 767 — the SOAR to Health and Wellness Act of 2018 — would direct the Department of Health and Human Services to establish a program, to be known as the Stop, Observe, Ask, and Respond to Health and Wellness Training Program, or the SOAR to Health and Wellness Training Program, to train health care providers and other related providers to identify potential human trafficking victims.

Initially introduced in January 2017 by Rep. Steve Cohen (D-Tennessee), it would allow providers to refer victims to social or victims service agencies or organizations, provide them with coordinated care tailored to their circumstances and consider integrating this training with existing training programs. The program must include the functions of the training program with the same name that was operating before this bill’s enactment and the following initiatives:

• engaging stakeholders to develop a flexible training module,
• providing technical assistance to health education programs and health care professional organizations and
• facilitating the dissemination of best practices.

for a New Economy.”

“It is truly a community partnership that exists as part of the LCHT’s 4 P Framework to combat human trafficking: prevention, partnership, protection, prosecution,” said Cooper. “As part of the final phase of the fellowship, the NHTTAC gifted the CRC with the SOAR modules to implement into our learning management system so that we can continue to increase awareness about the crime of human trafficking.”

Cooper added, “Ongoing training has been identified as part of the next steps in our action plan. Our hope is to have the victimization screening tool in our electronic health record system as soon as possible, and the ongoing trainings are currently being planned.” The SOAR curriculum gifted to the CRC from the NHTTAC is available 24/7, said Cooper.

Leadership credited

“The CRC has been a wonderful leader in helping us put this program together in a way that works for organizations like theirs,” Garrett said. The CRC recognizes that some of its patients and consumers are vulnerable to human trafficking or may have experienced it in the past, explained Garrett.

Garrett added, “They are a strong partner, interested and engaged in tackling the issue of human trafficking from the top down and bottom up to better respond to the needs of their patients and clients.

“We want to help get as many health care, behavioral health, social service and public health professionals to take this training so that they can understand how human trafficking currently impacts the patients, clients and communities they serve and how best to respond to those needs,” said Garrett.

For more information, send an email to info@nhttac.org.
New research examines use, misuse of benzodiazepines

Although previous studies have found that the use of benzodiazepine, medication used to treat anxiety and insomnia is high, particularly among older adults, researchers found in a current study that the rates are even higher than previously reported. Misuse, they said, is highest among the youngest adults.

The study, "Benzodiazepine Use and Misuse Among Adults in the United States," is published online in Psychiatric Services in Advance. Researchers say the study represents the first analysis to find the highest benzodiazepine use among adults 50 to 64 (13 percent); previous studies found the highest use was among those ages 65 and older.

Benzodiazepines are prescribed to over 5 percent of the U.S. adult population, and use is growing, concentrated among middle-aged adults, for whom use increased nearly 50 percent from 1996 to 2013. However, the prevalence of benzodiazepine use among adults ages 65 and older has been shown to be highest, at 8.6 percent, the study stated.

The new research, led by Donovan T. Maust, M.D., M.S., with the University of Michigan, Ann Arbor, noted that prescribing to older adults has been considered potentially inappropriate for decades, given associated harms, including falls and fractures; however, the growth in benzodiazepine prescribing has been accompanied by increases in related adverse events for adults of all ages.

Concerns related to benzodiazepine prescribing have spread beyond older adults and beyond coprescription with opioids, the study indicated. The lack of information about misuse among older adults is particularly striking because they are prescribed benzodiazepines at the highest rates, are most at risk of related adverse events, and have higher rates of use of alcohol and other substances than prior aging cohorts, according to researchers.

“What’s striking about this research, is that the increase in benzodiazepine use has been considerably higher than what we thought before — perhaps as high as 12.6 percent of the population,” Petros Levounis, M.D., MA, professor and chair of the Department of Psychiatry at Rutgers New Jersey Medical School; and chief of service at the University Hospital in Newark,” told Mental Health Weekly. “That’s a major finding,” said Levounis, who was not associated with the current study.

He added, “From a clinical perspective, we’re not at all surprised — a lot of people both use and misuse benzodiazepines.”

Results

The study found benzodiazepine misuse was strongly associated with misuse of or dependence on prescription opioids or stimulants.

Among respondents who reported any benzodiazepine use, 25.3 million reported use as prescribed by their clinician, and 5.3 million reported misuse. Use as prescribed was highest among adults ages 50–64. Misuse was highest among the youngest adults and decreased with age. Most benzodiazepine use among respondents ages 18–25 was misuse (5.2 percent). In contrast, misuse was compared between younger (18-49) and 50 and older adults.

Bottom Line...

Researchers find that the increase in benzodiazepine use is higher than previously reported.

‘A lot of physicians, nurse practitioners and physician assistants erroneously prescribe benzodiazepines as first-line treatments for anxiety disorders.’

Petros Levounis, M.D., MA

groups was from a friend or relative. “The research is impressive,” said Levounis. Previous research indicated that the rate of use and misuse was considerably lower — 4 to 6 percent, he said. “Of course, other studies do use different methodological approaches, which partially account for these differences,” he said. For the younger population, rates of use and misuse of these drugs are about the same. Use goes up, and misuse goes down as people age, said Levounis.

Aging baby boomers, 50 to 64, are on par with the over-65 population in terms of use of benzodiazepines, Levounis said. “The majority of patients use benzodiazepine to relieve tension and relax, but also use [the medication] to help them with sleep,” he said.

There are different versions of benzodiazepines; some of them have shorter activity, others larger, he noted. Some take effect right away and some start working a little later, Levounis said. “Benzodiazepines share a similar mechanism of action in terms of their brain receptor activity,” he said.

### Inappropriate prescribing not addressed

What the study does not address is that a lot of benzodiazepines are being prescribed inappropriately, Levounis stated. Sometimes benzodiazepines are prescribed for good reasons, such as in the management of alcohol withdrawal and acute agitation, he said. However, a lot of times these medications are not being prescribed for their appropriate indications, Levounis noted.

“A lot of physicians, nurse practitioners and physician assistants erroneously prescribe benzodiazepines as first-line treatments for anxiety disorders,” he said.

Levounis added that some physicians bow to pressure from patients who ask for benzodiazepines. “I do have patients who say to me: I’m anxious, I take my Xanax [a benzodiazepine] and I’m not anxious any more. You must be a very mean person not to give me the one thing that takes away my anxiety. You’re not helping me, doc.’”

“It’s a very powerful ‘ask’ from a patient when they put it this way,” said Levounis. A major problem here is that patients resort to benzodiazepine to self-medicate several psychiatric conditions, such as depression, anxiety, and insomnia, he said. “If they had an opportunity to see a psychiatrist or another mental health professional, they could receive an accurate diagnosis and a much safer and more effective treatment,” Levounis said.

### Clinical implications

When the widespread use of benzodiazepines is compounded with alcohol and opioids, it can lead to significant mortality and morbidity, said Levounis. “If patients were to be seen by psychiatrists and other mental health professionals, they could be given appropriate medication,” he said.

Researchers have conducted this study as part of a larger epidemiological study, noted Levounis. “I’m delighted that they’re able to make such a refined analysis of the data, which gives us new insights into the widespread use and misuse of these powerful drugs,” he said.

### Study finds food insecurities linked to binge-eating disorders

Food insecurity, considered the difficulty of affording enough food to support regular, balanced meals, is associated with an increased likelihood of binge-eating disorder and obesity, according to new research published in the November issue of the International Journal of Eating Disorders.

The findings point to a need to devote resources toward policy revisions, preventive interventions and psychiatric treatments aimed at decreasing the overall association of food insecurity binge-eating disorders (BEDs) and obesity among low-income Americans, say Yale University researchers.

The authors of the study, “Household Food Insecurity Is Associated with Binge-Eating Disorder and Obesity,” note the importance of examining potential links between binge-eating disorder and food insecurity because binge eating is associated with more severe mental and physical health problems than overeating or obesity alone, they said.

“Some research has shown a relationship between binge eating and food insecurity, but we wanted to know if food insecurity was related to binge eating that reached the severity level of binge-eating disorder (eating an objectively large amount of food while feeling a loss of control; binge eating must occur at least weekly for at least three months and be upsetting to the individual for a diagnosis to be given),” Janet A. Lydecker, Ph.D., assistant professor for obesity, weight, and eating research at the Yale School of Medicine, told MHW.

Lydecker added that almost no research has been done on eating disorders and food insecurity, but there is a potential link between food insecurity because binge eating is related to restricting food intake (dieting). This study represents the first to compare food insecurity with binge-eating disorder and obesity, she added.

### Study method

To investigate, researchers surveyed 1,250 U.S. adults and categorized them into three groups: healthy weight, binge-eating disorder and obesity. The team assessed financial influences on participants’ food-consumption behaviors over the previous 12 months.

Continues on next page
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Using health weight as a reference group, hierarchical logistic regressions evaluated the extent to which low and very low food security were associated with BED and obesity.

Results

Although food insecurity was present in all three study groups, low and very low food security was more common in BED than healthy weight and obesity groups. Within the BED study group, 28.24 percent of respondents met low food security and 18.82 percent of respondents met very low food security criteria. Food security status did not significantly differ by sex but did significantly differ by age, such that participants with low food security were younger than those with food security, researchers stated.

The study found that a greater proportion of individuals within the BED and obesity study groups endorsed the following food security items relative to participants in the healthy weight group: “Cut size of meal or skipped meal” and “Ate less than felt should.” A larger proportion of individuals within the obesity group endorsed “Food bought did not last,” “Could not afford balanced meal” and “Hungry but did not eat,” compared with participants in the BED and healthy weight groups.

Although the results are what researchers hypothesized, Lydecker said she and her colleagues were still somewhat surprised. “Because we regularly include dietary restriction (skipping meals or cutting back a lot on calories to lose weight) as part of how we think about binge-eating disorder, we thought that dietary restriction because food was not available could also contribute to binge-eating disorder,” she said. “But we did not know whether this would be true — it would have been possible that the cognitive aspects of self-imposed dieting played a role in binge eating that would overcome the actual dietary restriction in terms of associations with disordered eating.”

Clinical implications

“As clinicians, we traditionally think about self-imposed dieting (skipping meals or cutting back a lot on calories to lose weight) as part of the cause of binge eating,” said Lydecker. “Our findings suggest that externally imposed restrictions on food (skipping meals or cutting back on how much you eat because you don’t have food available) is also related to binge eating.”

Lydecker added, “Because binge eating is highly associated with weight gain and obesity, the pattern of fluctuations in meal size and food availability that can come from food insecurity may also contribute to weight gain.” She noted that, clinically, primary care providers should consider asking their patients about both food insecurity and binge eating.

“I would also recommend that psychologists and other mental health providers treating binge-eating disorder ask about food insecurity, because this could be a factor that makes it more difficult for patients to get better if they are not able to address it,” she said. In doing this, clinicians and patients with BED can collaborate more effectively to reduce the barriers to treating binge eating, Lydecker noted.

Should treatment providers be treating patients impacted by these issues any differently than patients with anorexia or bulimia? In general, the same treatment (cognitive behavioral therapy) is recommended for anorexia nervosa and bulimia nervosa, as well as binge-eating disorder, said Lydecker. “For all of these eating disorders, cognitive behavioral therapy begins by focusing on establishing a regular eating pattern,” she said. “Food insecurity, by definition, could interrupt a regular eating pattern. Therefore, as a clinician, I would want to know about the home food environment (including food security) for all of my patients with eating disorders.”

Lydecker added, “However, we do not know whether patients who experience food insecurity are more likely to develop anorexia nervosa or bulimia nervosa.” She added that research should be expanded in this area to include these two important groups of patients.

ACA from page 1

as it had before the court issued its decision. “This decision does not require that HHS make any changes to any of the ACA programs it administers or its enforcement of any portion of the ACA at this time,” officials stated. “As always, the Trump Administration will work with Congress on policy solutions that will deliver more insurance choices, better healthcare, and lower costs while continuing to protect individuals with pre-existing conditions.”

If O’Connor’s ruling were to stand, it would have a profound effect on many. The American Psychiatric Association (APA) released a statement calling for a vigorous appeal to protect consumers. “This ruling has an unconscionable result,”
said APA President Altha Stewart, M.D. “Should this ruling stand, millions of our patients will lose their health care. We cannot afford to go back to the days when Americans were denied coverage due to pre-existing conditions or when insurance companies would not cover mental health and substance use disorders.”

“This harmful ruling must be appealed and overturned,” added APA CEO and Medical Director Saul Levin, M.D., M.P.A. “The court’s decision to invalidate the ACA, including pre-existing conditions protections and the Medicaid expansion, will hurt our patients with mental illness and all illnesses. This decision must be appealed and reversed.”

According to the APA, through private insurance reforms and Medicaid expansion, the law has provided coverage to roughly 2.8 million Americans with substance use disorders and 1.3 million Americans living with serious mental illness. News accounts say roughly 20 million Americans have coverage under the ACA.

**Every American impacted**

“If the ruling is upheld on appeal, it would touch every corner of the health care system and impact virtually every American,” Jennifer Snow, director of public policy for the National Alliance on Mental Illness (NAMI), told *MHW*. Millions of people who benefited from the Medicaid expansion would lose coverage, she said.

Additionally, millions of consumers with insurance through their employer have a right to preventive services and to ensuring that their children will continue to have coverage through the age of 26 — provisions that could be lost through this ruling, Snow noted. Other protections realized by the ACA include lifetime and unreasonable annual limits on benefits. “Those protections would go away,” she said.

Medicare beneficiaries could also be impacted. The ACA addresses the gap in prescription drug coverage under Medicare Part D, commonly referred to as the “doughnut hole.” “The doughnut hole would be reopened,” said Snow. “Beneficiaries would have to pay more for prescription drugs.”

The ruling by O’Connor came as a surprise, says Snow. “No one was expecting that the whole law would be deemed unconstitutional; there are so many ramifications,” she said. “We’re surprised by how expansive that ruling was.”

NAMI, meanwhile, is informing consumers that no one is at risk of losing coverage right now, said Snow. O’Connor did not issue an injunction, she said. The administration will continue to implement the health and addictions disorders, said Covall. The health care law provided a significant increase in behavioral health care service access, especially given the number of states that have expanded Medicaid, Covall said. Anything that occurs in opposition to this health care law is very troublesome, he noted. “We’re concerned about the potential erosion of the ACA,” said Covall.

The situation is a “wait and see,” said Covall, who continues to remain optimistic. “The ACA will continue to be the law of the land,” he said.

Arthur C. Evans, Ph.D., CEO of the American Psychological Association, said that the country is in the midst of an opioid crisis and coverage is especially needed. “[The American Psychological Association] urges swift review of this decision and a congressional response to protect the health care of millions of Americans, particularly those with pre-existing conditions,” he said. •

**Briefly Noted**

**Kaiser Permanente reaches settlement in class action lawsuit**

Kaiser Permanente officials settled a class action lawsuit over mental health patients illegally forced to switch to Medi-Cal. The settlement requires Kaiser to pay plaintiffs $10,000 each and attorneys’ fees of up to $1.2 million, a press release from the National Union of Healthcare Workers (NUHW) stated. “This settlement validates what thousands of Kaiser mental health clinicians were saying [this month] on picket lines across California: Kaiser is illegally denying patients appropriate mental health care, and it must work with clinicians to fix the problem,” NUHW President Sal Rosselli said. “There is no excuse for Kaiser, which has more than $42 billion in cash and investments, to pawn off members who need expensive treatment onto taxpayers.” Earlier this month, approximately 4,000 psychologists,
Continued from previous page

social workers, therapists, psychiatrists, addiction specialists and medical professionals staged pickets outside Kaiser facilities throughout the state (see MHW, Dec. 17). During the strike, it was revealed that Kaiser quietly settled a 2014 class action lawsuit on related issues. Families of patients with serious mental health issues accused the insurer of illegally dumping mental health patients onto Medi-Cal rolls and leaving taxpayers to foot the bill for their treatment. Under the settlement, Kaiser must also confirm that its health plan does cover treatment in locked residential facilities for patients with mental health diagnoses and provide proper instructions to its employees for treating those patients.

STATE NEWS

Oregon may require MH exams for middle, high school students

Oregon lawmakers are attempting to confront mental illness with a proposed bill requiring every student in grades six through 12 to undergo a mental health wellness check once every school year, WLVT 8 reported Dec. 14. According to the Statesman Journal, Oregon ranks as the worst state in the country for the prevalence of mental illness. Under Legislative Concept 2890, every school district and public charter school in the state would be required to participate in the mental health checks. Wellness checks would use “an evidence-based, accessible screening tool” to identify a student’s existing, or risk of, mental health issues. The bill does not clarify who would be conducting the screenings (other than a trained professional), who would pay for the service and what the estimated costs would be. It does not say when the evaluations would need to be completed or how the collected information would be used, other than it would be “evaluated by a qualified counselor or mental health professional.”

Coming up …


Colorado advocates encouraging men to seek treatment

Colorado mental health advocates are stepping up efforts to encourage men to seek mental health treatment for issues like depression and anxiety. Men represent about 80 percent of the lives lost to suicide in Colorado in 2017, Denver7 KMGH-TV reported Dec. 17. “Men experience mental health differently than women and they seek help differently than women,” said Dr. Glenn Most, a clinical psychologist and executive director at West Pines Behavioral Health. “One of the first barriers is finding the courage to be open about what they’re experiencing.”

The silent struggle for men is the subject of ABC’s new fall show A Million Little Things, which began with a successful business and family man taking his own life. Jim Gosselin, a husband, father and business owner who has suffered from depression since he was a teenager, said he believes there are many successful men masking their depression. At one point, he worked 70 hours a week to distract himself. Now, as the president of human resources company Amcheck, he encourages his own employees to be open about their mental health. He even allows them to see counselors on company time.

CALL FOR PROPOSALS

The National Association for Rural Mental Health (NARMH) is seeking proposal submissions to present at the 45th Annual NARMH Conference, “From Surviving to Thriving: Embracing Connections.” Proposals can be submitted online at www.narmh.org. Registration for the conference, to be held Aug. 26–29, 2019, in Santa Fe, New Mexico, will open March 15.

Renew your subscription today.
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In case you haven’t heard…

Fear of being judged and embarrassed are among the reasons patients lie to their doctors, Science Daily reported Nov. 30. Up to 80 percent of those surveyed have lied to their doctor about information that could impact their health, including accurately describing their diet and how often they exercise. Besides lying about diet and exercise, more than a third of respondents didn’t speak up when they disagreed with their doctor’s recommendation. When survey participants explained their reasoning for doing so, they said they wanted to avoid being judged and didn’t want to be lectured about how bad certain behaviors were. The study’s first author, Andrea Gurmankin Levy, Ph.D., MBe, an associate professor in social sciences at Middlesex Community College in Middletown, Connecticut, added: “If patients are withholding information about what they’re eating, or whether they are taking their medication, it can have significant implications for their health. Especially if they have a chronic illness.”